

Board of Trustees Meeting

<u>Wednesday, April 14, 2021</u> 6:30 p.m.

Via Zoom Technology



Revised Agenda & Minutes

North Los Angeles County Regional Center Board of Trustees Meeting - Via Zoom Wednesday, April 14, 2021 6:30 p.m.

~ REVISED <u>AGENDA</u> ~

1. Call to Order & Welcome – Lety Garcia, Board President

2. Housekeeping

- A. Spanish Interpretation Available
- B. Public Attendance (please note name in Chat)
- 3. Board Member Attendance Yesenia Martinez, Board Secretary
- 4. Introductions Ana Quiles, Board Treasurer and Kim Rolfes, Deputy Director & CFO
- 5. Public Input & Comments (3 minutes)

6. Consent Items

- A. Approval of Revised Agenda (Packet 2, Page 126)
- B. Approval of February 10th Board Meeting Minutes (Packet 1, Page 9)
- C. Approval of March 10th Board Meeting Minutes (Packet 2, Page 129)
- 7. CPA Presentation of IRS Form 990 Tax Return (Packet 2, Page 148)
 - A. Acceptance of NLACRC's IRS Form 990 Tax Return (Packet 2, Page 215)

8. Committee Action Items

- A. Administrative Affairs Committee Ana Quiles
 - 1. Approval of Contracts
 - a) Symphony Behavioral Health (PL1993-612) (Packet 1, Page 26)
 - b) Symphony Behavioral Health (PL1994-615) (Packet 1, Page 31)
 - c) Elwyn Wyse (PL2031-999) (Packet 1, Page 36)
 - d) Elwyn Quartz (IP-1819-11-999 First Amendment) (Packet 1, Page 40)
- B. Consumer Services Committee Gabriela Herrera
 - 1. Approval of Aging Adult Services and Supports Policy (Packet 1, Page 44)
- C. Executive Committee Lety Garcia

- 1. Approval of Revised Board Member Travel Reimbursement Policy (Packet 1, Page 59)
- 2. Approval of Revised Board Member Support Policy (Packet 1, Page 64)
- Approval to Terminate Board Member Expenses Policy (Packet 1, Page 69)
- 9. Association of Regional Center Agencies Angelina Martinez
 - A. Report on ARCA Meetings
- **10.** Executive Director's Report Ruth Janka (Packet 2, Page 217)
- 11. Self-Determination Program (SDP) Report Jesse Weller
- 12. Ad Hoc Bylaws Committee Lety Garcia
 - A. Minutes of March 1st Meeting *deferred*

13. Administrative Affairs Committee – Ana Quiles

- A. Minutes of the February 24th Meeting (Packet 2, Page 250)
- B. Minutes of the March 31st Meeting
- C. B-2 Contract Changes (Packet 2, Page 260)
- D. FY 2020-21 Financial Report (Packet 2, Page 267)
- E. FY 2020-21 Provider Relief Funds Financial Statement (Packet 2, Page 275)
- F. 3rd Quarter Human Resource Report (Packet 1, Page 71)

14. Consumer Advisory Committee – Caroline Mitchell

- A. Minutes of the April 7th Meeting *deferred*
- B. Disability Voices United Self-Determination Conference Friday, April 16th Sunday, April 18th

15. Consumer Services Committee – Gabriela Herrera

- A. Minutes of the February 17th Meeting (Packet 1, Page 73)
- B. Minutes of the March 17th Meeting (Packet 2, Page 276)
- C. April Virtual Town Hall "School Age Services" Thursday, April 22nd from 1:30 p.m. to 3:00 p.m.
- D. Purchase of Service (POS) Expenditure Data Meeting Friday, April 23rd from 10:00 a.m. to 12:00 p.m. (Spanish) and from 1:00 p.m. to 3:00 p.m. (English)

16. Executive Committee – Lety Garcia

A. Minutes of the February 24th Meeting (Packet 1, Page 82)

- B. Minutes of the March 31st Meeting
- C. Common Language/Anti-Racism Workshop and Training Friday, May 7th from 3:00 p.m. to 6:00 p.m.
- D. NCI Presentation May Board Meeting

17. Government & Community Relations Committee – Jeremy Sunderland

- A. Minutes of the February 17th Meeting (Packet 1, Page 92)
- B. Minutes of the March 17th Meeting (Packet 2, Page 283)
- C. ARCA Grassroots Day Tuesday, April 20th

18. Nominating Committee – Curtis Wang

- A. Minutes of the February 3rd Meeting (Packet 1, Page 99)
- B. Minutes of the March 9th Meeting (Packet 1, Page 102)
- C. Minutes of the March 16th Meeting (Packet 1, Page 104)
- D. Minutes of the March 23rd Meeting (Packet 1, Page 106)
- E. Minutes of the March 30th Meeting *deferred*
- F. Status of Board & VAC Member Recruitment

19. Post-Retirement Medical Trust Committee – Lety Garcia

A. Next Quarterly Meeting: April 28th at 5:30 p.m.

20. Strategic Planning Committee – Marianne Davis

A. Next Quarterly Meeting: May 3rd at 6:00 p.m.

21. Vendor Advisory Committee - Sharoll Jackson

- A. Minutes of the March 4th Meeting (Packet 2, Page 291)
- B. Minutes of the April 1st Meeting *deferred*

22. Old Business/New Business

- A. Board and Committee Meeting Attendance Sheets (Packet 1, Page 110)
- B. Revised Board and Committee Meetings Time Report (Packet 2, Page 306)
- C. Updated Acronyms Listing (Packet 1, Page 117)
- D. Meeting Evaluation (Packet 1, Page 123)

23. Announcements/Information/Public Input

A. Next Meeting: Wednesday, May 12th at 6:30 p.m.

24. Adjournment

C.

Minutes of Regular Meeting of North Los Angeles County Regional Center Board of Trustees

Draft

The Board of Trustees of North Los Angeles County Regional Center, Inc., a nonprofit corporation, held their regular board meeting via Zoom on March 10, 2021.

| Trustees Present | Trustees Absent | Guests Present |
|----------------------|---------------------------|--------------------------|
| Nicholas Abrahms | All Present | Cathy |
| Christina Cannarella | | Bill Abramson |
| Marianne Davis | Presenters | Kimberly Bermudez |
| Leticia Garcia | Jeffrey Ehlers | Diane Bernstein |
| Gabriela Herrera | Tom Huey | Victoria Berrey |
| Sharoll Jackson | | Robert Boden |
| Nelmonika Jones | <u>Staff Present</u> | S. Zylan Brooks |
| Jennifer Koster | Ruth Janka | Elizabeth Cooper |
| Angelina Martinez | Michele Marra | Gladis Espino |
| Lillian Martinez | Yesenia Martinez | Jordan Feinstock |
| Caroline Mitchell | Ana Maria Parthenis-Rivas | Jacqueline Gaytan |
| Ana Laura Quiles | Jose Rodriguez | Joseph Hernandez |
| Jeremy Sunderland | Kim Rolfes | Marisol Holcomb |
| Curtis Wang | Jesse Weller | Monique Jones |
| - | Liliana Windover | Nicolas Marquevich |
| | | Nicholas Marquez |
| | | Erika Mazza |
| | | Annie Mowrer |
| | | Angela Ofojie |
| | | Kellie Ongie |
| | | Securriti Ray |
| | | Olga Reyes |
| | | Enrique Rogel |
| | | Zonia Sanchez |
| | | Claudia Sicarios Beltran |
| | | Jennifer Siguenza |
| | | Deshawn Turner |
| | | |

1. Call to Order & Welcome – Leticia (Lety) Garcia, Board President

Lety Garcia, president, called the meeting to order at 6:33 p.m.

2. Housekeeping

J. G. Watts

A. <u>Spanish Interpretation Available</u>

Lety and Michele announced that Spanish interpretation is available for those who are interested. Please see a note in the Chat on how to access it.

B. <u>Public Attendance</u> (please note name in Chat)

Ruth requested meeting attendees to please note their name in the Chat so we can capture public attendance.

3. Board Member Attendance – Yesenia Martinez, Board Secretary

Yesenia took the attendance of board members.

4. Introductions – Jeremy Sunderland, Board Vice President and Dr. Jesse Weller, Chief of Program Services

Lety Garcia shared that in an effort to help the board become more familiar with each other we have two volunteers, one board member and one staff member, give us a brief introduction of themselves. The volunteers for today's meeting are Jeremy Sunderland and Dr. Jesse Weller.

Jeremy shared about his early life, education, occupation, and the other organizations for which he volunteers. He shared that his motivation to join the NLACRC Board of Trustees is his son, who was diagnosed with autism at the age of two.

Dr. Weller shared about his early life in the Bay Area. He also talked about his about his education and experience. Additionally, he mentioned his passion for police response to individuals with mental health issues and that he was first introduced to the regional center system through his work with the national suicide hotline.

5. Public Input & Comments (3 minutes)

Ana Quiles suggested that, since we are in the process of interviewing potential board members, this might be the time to revisit the new board member orientation

information and training materials. She feels that we can use the lessons learned throughout the year to guide the further development.

Victoria Berry shared that the Family Focus Resource Center (FFRC) has sixteen (16) parent support groups and is launching the Men's Roundtable on March 25th. We are hoping that it will evolve into a regular men's group. Additionally, we have five educational workshops that include family fun activities. She added that she is looking forward to hearing about the older adult policy.

Elizabeth Cooper shared that she appreciates hearing the board meeting. She told Ruth Janka that she has a fabulous staff that have helped her to be able to participate in the board meeting. She has listened to some of the FFRC groups and she thinks they are great too. In addition, she is grateful to the center for all that they have done to help the community with COVID-19 vaccine access. She thanked Ruth and the staff that were instrumental in helping her listen to the meeting.

Marianne Davis mentioned the ALOUD program that the Los Angeles Public Library (LAPL) publishes. She added that they have many different topics. She shared her opinion that the current voting system needs to be adjusted to better suit our consumers and families.

Lety agreed that the voting system is an important topic that we should keep contacting our legislators about.

6. Consent Items

A. <u>Approval of Revised Agenda</u> (Packet 2, Page 268)

M/S/C (J. Sunderland/M. Davis) To approve the revised agenda as presented.

B. <u>Approval of January 13th Board Meeting Minutes</u> (Packet 2, Page 271)

M/S/C (A. Martinez/G. Herrera) To approve the minutes of January 13th meeting as presented.

C. <u>Approval of February 10th Board Meeting Minutes</u> – *deferred*

The minutes of the February 10th meeting will be presented at the April board meeting.

7. Windes Training and Presentation of FY 2019-20 Audited Financial Statements (Packet 1, Page 9)

A. <u>Acceptance of NLACRC's FY 2019-20 Audited Financial Statements</u> (Packet 1, Page 74)

Kim introduced the two presenters, Tom Huey and Jeffrey Ehlers of Windes, who provided copies of the Center's audited financial statements. She informed that the first part of the presentation will be a training about financial statements and the information that board members should be looking for in the financial statements.

Tom Huey gave a quick overview of his organization and he shared that his organization provides auditing services to other regional centers as well (16 out of 21 regional centers). He presented the training to the Board of Trustees and the public. Subsequently, he reviewed highlights of the FY 2019-20 statements and reported that the center had an excellent audit with no audit findings or management letter.

Kim informed the board that once the financial statements are accepted, Windes will finalize and send them to the Department of Developmental Services. Additionally, the statements will be published on our website and will be shared with other entities to which we must also send a copy.

M/S/C (J. Sunderland/M. Davis; no oppose; no abstentions) To accept the Windes FY 2019-2020 Audited Financial Statements as presented.

8. Committee Action Items

A. <u>Ad Hoc Bylaws Committee</u> – Lety Garcia

- 1. Presentation of Proposed Bylaws Changes (Packet 1, Page 76)
- Presentation of Board of Trustees Code of Conduct (Packet 1, Page 103)

Lety presented a quick overview of the suggested revisions to the NLACRC Bylaws. The revisions cover Conflict of Interest (COI), Strategic Planning Committee (SPC), rotating the board meeting location, and adding virtual attendance to board meeting.

Ruth informed that the updates to the bylaws add information about the board member requirements as it relates to COI statements and plans for those individuals that have a COI that could not be eliminated. We removed the reference to area boards since they are no longer in existence. Additionally, we added the SPC to the bylaws, which is a committee that was part of our board policies; however, not specifically identified in our bylaws.

Lety added that in addition to the aforementioned, we included a reference to the new Board Member Code of Conduct in the Bylaws.

M/S/C (A. Martinez/A. Quiles; no oppose; no abstentions) To approve the revisions to the Bylaws and the new Board Member Code of Conduct as presented.

- B. <u>Administrative Affairs Committee</u> Ana Quiles
 - 1. Approval of Contracts
 - a) Child Development Institute (HL0020-805) (Packet 1, Page 104)

M/S/C (M. Davis/J. Sunderland; Abstentions: C. Cannarella) To approve the Child Development Institute contract as presented.

C. <u>Executive Committee</u> – Lety Garcia

1. Approval of Executive Committee Critical Calendar (Packet 1, Page 113)

The Executive Committee agenda item was deferred until further notice.

D. <u>Government & Community Relations Committee</u> – Jeremy Sunderland

1. Approval of Legucator Contract (Packet 1, Page 116)

Michele informed that the Legislative Educator contract was revised per the committee's suggested parameters during a previous committee meeting. The committee reviewed the revised agreement and is recommending to the Board of Trustees to approve the contract.

M/S/C (A. Martinez/N. Jones; Opposed: L. Martinez; Abstentions: C. Cannarella) To approve the Legislative Educator contract as presented.

9. Additional Action Items

1. Brilliant Corners (PL1864-999) – First Amendment (Packet 1, Page 108)

M/S/C (C. Mitchell/M. Davis; Opposed: N. Jones; Abstentions: C. Cannarella) To approve Brilliant Corners first amendment contract as presented.

10. Association of Regional Center Agencies – Angelina Martinez

A. <u>Report on ARCA Meetings</u>

It was reported that ARCA distributed a letter that discussed the realization that the COVID-19 data that DDS is reporting is not accurate. This is because we are slowly learning about the positive cases. Therefore, the 15,024 positive cases that have been reported to DDS is not the final amount.

The COVID-19 positive numbers are going down due to the vaccinations. The Los Angeles County Health and Human Services agency is working and continuing to give vaccines to those individuals that are at high risk due to medical conditions. The next vaccine eligibility group is 16-64 years old, starting on March 15th. NLACRC is continuing to send letters to confirm eligibility for our consumers and families.

DDS conducted the Family and Self Advocate survey to help the department understand how COVID-19 has impacted the community and changed services. The results informed that close to 90% of individuals who participated in the survey responded that the regional centers were "helpful" or "very helpful" to consumers and families during the pandemic.

The opportunity was seized to invite the board to ARCA's Web Academy taking place on Saturday.

Ruth shared that part of what ARCA does is evaluate legislation for regional centers. They recently presented the priorities for 2021, which are part of their strategic plan. She read some of the priorities to the board and the public.

In response to a question, Ruth explained that the Community Resource Development Program (CRDP) is separate from the Self Determination Program (SDP). The CRDP funding is set up separately by DDS and is used to fund resources like crisis homes, enhanced behavior service homes, and mobile crisis teams. These are the types of services that are referred to as safety net services across the state and are used to develop Community Placement Plans (CPPs). These services are developed to help individuals transition from the developmental centers into the community with the services and supports needed to live safely in the community. Since we have transitioned everyone from the general areas of developmental centers, we no longer are engaging in community placements and thus, have moved to CRDP. We are still developing resources to meet the needs of individuals with complex, challenging needs.

Christina inquired if ARCA focused on anything looking forward in terms of the healthcare challenges that we have faced. The importance of coordination with

healthcare needs and our disability community. There is a lot that the Department and Regional Centers have recognized the need that our community is not forgotten when health issues arise.

An additional question was asked regarding ARCA's involvement in looking into the healthcare challenges that are faced by the community. Ruth informed that there has not been any discussion about this at this time. However, she can make the inquiry. Angelina suggested that this concern could also be taken to Daniel and Amy of ARCA.

11. Executive Director's Report – Ruth Janka (Packet 2, Page 285)

Ruth gave her Executive Director's report, which included information on legislation; COVID-19 statistics, testing, and vaccination eligibility and dispensing sites; DDS directives; Personal Protective Equipment (PPE); regional center operations; and community and systems activities. The center's monthly quality assurance, consumer statistics, and special incident reports were included with her report.

Christina shared that the sheriff's department is working on getting some of the one shot Johnson and Johnson vaccines to offer to our community. Access will provide transportation to and from vaccination sites.

Lety shared that Assembly member Luz Rivas, in the city of San Fernando (SFV), is offering vaccinations for anyone that lives in the city of SFV. There is more information on her website and Facebook page.

Ruth informed that 16 - 18 year olds will need parent's consent to get the Pfizer vaccine, which is the only one available for this age group. Our CSCs will have this information as well, including coordinating transportation to and from their appointments. Please know this is the priority and this is the focus for the Center.

Caroline shared that Kaiser has started administering vaccines to individuals with health conditions. She encouraged everyone to get their vaccines right now.

Jeremy shared that the City of Long Beach and different cities have different eligibility requirements. He suggested for all to stay aware so we can find out about the sites and their eligibility requirements.

In response to a question from Sharoll regarding the plans for reopening, Ruth shared she believes that is going to be up next in the planning as we learn that more of the community is reopening. She added that she has heard from other regional centers and providers that until individuals are vaccinated, providers will not be returning to inperson services. The feedback that is that it is too soon, not the planning, but the physical in-person services.

Christina shared her opinion that NLACRC should provide training to our board about SDP so that they know what the program is about.

In response to a question regarding identification for the vaccine, Ruth informed that LA County Public Health will accept alternative forms of ID to facilitate individuals getting the vaccinations. The ID does not have to be government issued. Additionally, she informed that conservators need to make vaccinations decisions, if they have been awarded right to make those decision, otherwise the individual makes the decision.

Jeremy and Marianne shared that their children did not have to provide an ID in order to receive the vaccination.

Marianne shared her disappointment with the "POS" (Purchase of Services) postcard. She stated that the description of POS was too far down the card due to the negative connotation associated with acronym. Information for our consumers should not start with POS. In addition, in her opinion, the abstract graphic is not helpful and it does not meet the criteria that was discussed in previous meetings.

In response to Marianne's comment, Ruth agreed that the acronym was spelled out a couple of years ago. She will take the feedback to our team.

12. Ad Hoc Bylaws Committee – Lety Garcia

A. <u>Minutes of February 12th Meeting</u> (Packet 1, Page 177)

The minutes were included in the meeting packet; please see Lety with any questions.

B. <u>Minutes of March 1st Meeting</u> – *deferred*

The minutes of the March 1st meeting will be presented at the April board meeting.

13. Administrative Affairs Committee – Ana Quiles

A. <u>Minutes of the January 27th Meeting</u> (Packet 1, Page 183)

The minutes were included in the meeting packet; please see Ana Quiles with any questions.

B. <u>Minutes of the February 24th Meeting</u> – *deferred*

The minutes of the February 24th meeting will be presented at the April board meeting.

C. <u>Board Member Support/Expenses (Respite/1099) Update</u>

Kim reviewed the board member support policy revision that is in progress. The revision is due to an inquiry as to why board members receive a 1099-NEC (Non-Employee Compensation) for reimbursement of expenses. She informed the board members that the IRS requires all payments over \$600 made to individuals, who are not employees, be reported to the IRS on a 1099-MISC form, now called 1099-NEC form. However, the IRS recently made changes to this requirement by providing an exception called the IRS Accountable Plan that allows organization to forgo a 1099 form, if certain criteria are met. One criterion is that expense reimbursements be submitted within 60 days of the expense date, along with proper documentation such as a receipt or documentation of payments made. Another criterion is, in the case where the Regional Center reimburses more than the actual expense, the difference must be returned to the

Regional Center within 120 days of the over payment. If the payments made to individuals do not meet the stated criteria, then a 1099-NEC must be issued.

Additionally, we are changing board policies through Executive Committee to expand the policies to include the supplies that the regional center will be providing to board members. Further, the policy will allow for the provision of providing devices to board members in order to support board members in fully participating in board meetings and activities virtually or remotely, since due to COVID-19 we are using Zoom to conduct board and committee meetings. Further, we anticipate we will continue conducting board and committee meetings virtually; and as we navigate out of COVID-19, possibly providing a hybrid model of conducting board and committee meetings using remote/virtual means into the future. Since the devices will be purchased with state funding, they will be state-tagged and, when a board member departs, the device will need to be returned to the center.

In terms of presenting the revised policies, the typical procedure is to present them at the March 31st Executive Committee meeting for review and recommendation to the board to review at the April 14th board meeting. Typically, no action would occur at the April 14th board meeting to provide board members the time to review and to provide feedback. Then, the policies would return to Executive Committee for review and recommendation for the Board to approve the policies at the May Board meeting. However, the other option would be to expedite the typical process and present the policies for Board approval at the April 14th board meeting. Kim asked the board if they would like to expedite the approval process at the April Board meeting. The board did not oppose the expedited policy approval.

Kim informed that the new board member training and review of board policies at the beginning of each fiscal year will include information on the 1099 requirement.

D. <u>FY 2020-21 Financial Report</u> (Packet 1, Page 190)

The January 2021 financial report showed that the Center's projected operations budget allocation was \$59,506,672 and the purchase of service (POS) budget was \$562,706,730 for a total budget of \$622,213,402.

E. <u>FY 2020-21 Provider Relief Funds Financial Statement</u> (Packet 1, Page 194)

Kim informed that this statement is brand new and will be presented to the board at the end of each month. The statement shows the funds received from the CARES Act that must be spent by June 2021 for COVID-19 related expenses.

14. Consumer Advisory Committee – Caroline Mitchell

A. <u>Minutes of the January 6th Meeting</u> (Packet 1, Page 196)

The minutes were included in the meeting packet; please see Caroline with any questions.

B. <u>Minutes of the February 3rd Meeting</u> (Packet 1, Page 198)

The minutes were included in the meeting packet; please see Caroline with any questions.

C. <u>Minutes of the March 3rd Meeting</u> (Packet 1, Page 200)

The minutes were included in the meeting packet; please see Caroline with any questions.

15. Consumer Services Committee – Gabriela Herrera

A. <u>Minutes of the January 20th Meeting</u> (Packet 1, Page 203)

The minutes were included in the meeting packet; please see Gabriela with any questions.

B. <u>Minutes of the February 17th Meeting</u> – *deferred*

The minutes of the February 17th meeting will be presented at the April board meeting.

C. <u>POS Expenditures Meeting (Virtual) – March 11th</u>

Ruth informed that the Purchase of Service Expenditures (POS) meeting is a requirement from DDS. The purpose of the meeting is to address disparity in how services are provided. NLACRC is working on increasing equity by gathering recommendations on how we can increase equity in accessing regional center services from the community to report them to the Department, along with our recommendations. We encourage participation through surveys and we make a significant effort to make our community our aware and to participate.

D. <u>Virtual Town Hall – March 18th – Regional Center Services</u>

The upcoming Virtual Town Hall is about regional center services and will take place on March 18th from 1 p.m. to 2:30 p.m. The topic was a recommendation from one of our board members. It will be presented by Chris Arroyo from State Council and will be a 45-minute presentation with the remainder of the time for questions. We anticipate that the next Virtual Town Hall will focus on the Fair Hearings process.

16. Executive Committee – Lety Garcia

A. <u>Minutes of the January 27th Meeting</u> (Packet 1, Page 213)

The minutes were included in the meeting packet; please see Lety with any questions.

B. <u>Minutes of the February 24th Meeting</u> – *deferred*

The minutes of the February 24th meeting will be presented at the April board meeting.

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C. <u>Thank You Letter to Governor Newsom</u> (Packet 1, Page 220)

Michele shared that a Thank You letter was sent to Governor Newsom. The letter thanked him for his support in getting our community on the March 15th vaccine eligibility list.

D. <u>ARC Public Policy Conference – Seats Available</u>

The ARC Public Policy Conference taking place on March 15th – 18th focuses on politics, power, policy, and advocacy for our community. We have some tickets available for board members. If you are interest, please contact Yesenia.

17. Government & Community Relations Committee – Jeremy Sunderland

A. <u>Minutes of the January 20th Meeting</u> (Packet 1, Page 222)

The minutes were included in the meeting packet; please see Jeremy with any questions.

B. <u>Minutes of the February 17th Meeting</u> – *deferred*

The minutes of the February 17th meeting will be presented at the April board meeting.

18. Nominating Committee – Curtis Wang

A. <u>Minutes of the February 3rd Meeting</u> – *deferred*

The minutes of the February 3rd meeting will be presented at the April board meeting.

B. <u>Status of Board & VAC Member Recruitment</u>

Curtis informed that the committee interviewed Board and VAC applicants yesterday. Lety added that the committee had good interviews and has good candidates. We are excited about the interviews that are coming up over the next three weeks.

C. <u>Next Meeting</u>: March 16th Board & VAC Applicant Interviews

19. Post-Retirement Medical Trust Committee – Lety Garcia

A. <u>Minutes of January 27th Meeting</u> (Packet 2, Page 316)

The minutes were included in the meeting packet; please see Lety with any questions.

B. <u>Next Quarterly Meeting</u>: April 28th at 5:30 p.m.

20. Strategic Planning Committee – Marianne Davis

A. <u>Minutes of the February 1st Meeting</u> (Packet 2, Page 322)

The minutes were included in the meeting packet; please see Marianne with any questions.

B. <u>Next Quarterly Meeting</u>: May 3rd at 6:00 p.m.

21. Vendor Advisory Committee - Sharoll Jackson

A. <u>Minutes of the January 7th Meeting</u> (Packet 1, Page 228)

The minutes were included in the meeting packet; please see Sharoll with any questions.

B. <u>Minutes of the February 4th Meeting</u> (Packet 1, Page 240)

The minutes were included in the meeting packet; please see Sharoll with any questions.

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C. <u>Minutes of the March 4th Meeting</u> – *deferred*

The minutes of the March 4th meeting will be presented at the April board meeting.

D. Aging Adult Specialist Presentation Report (Packet 2, Page 328)

Sharoll reported that Jesse was able to lead the completion of the Aging Adult survey and the proposed Aging Adult policy changes. She shared her thought that the information is very comprehensive and that she is very thankful for the work that was done. It was a year's worth of work and it addresses many of the issues for our aging adult consumers

Dr. Weller thanked the Vendor Advisory Committee (VAC) for the very thoughtful policy they helped prepare. He encouraged everyone to look at it and added that it includes a high-level summary of the position that is actively being recruited. The VAC proposed policy is being reformatted to be presented to the Consumer Services Committee for their approval and to share it with the board. Please note that the policy's name changed from "Older Adult" to "Aging Adult" per feedback from the community.

22. Old Business/New Business

A. <u>Board and Committee Meeting Attendance Sheets</u> (Packet 1, Page 251)

Updated attendance sheets are always included in the meeting packet. Board members cannot miss five (5) meetings in a 1-year period or three (3) meetings in a row, by meeting type.

B. Board and Committee Meetings Time Report (Packet 1, Page 255)

An updated list of board and committee meeting times and meeting length is always included in the meeting packet.

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C. <u>Updated Acronyms Listing</u> (Packet 1, Page 258)

An updated list of acronyms is always included in the board meeting packet.

D. <u>Meeting Evaluation</u> (Packet 1, Page 264)

Please email any comments or questions about tonight's meeting to Lety Garcia or Yesenia Martinez.

23. Announcements/Information/Public Input

Ana Quiles thanked Michele Marra for the board packet review meeting that she provides. She encouraged board members that have not participated in the meeting to do so as she feels it makes a big difference, especially for those of us that are learning. Angelina Martinez echoed Ana's thoughts and appreciation for the review meeting.

Christina Cannarella shared her appreciation for Dr. Weller and Ruth Janka for addressing the issues that come up. After she read an article from the New England Journal of Medicine, she shared her sentiment that collectively we can make a difference. To read the article, please visit: <u>https://medicalxpress.com/news/2021-03-age-intellectual-disability-greatest-factor.html</u>

Chat Questions and Answers:

Question: On Board Packet 2, page 293, February 2021 Caseload Ratio. Since we have such high case load #s is there a limit to how many brand new cases a case manager has on their caseload? Is there any training hours completed requirement prior to a new case manager receiving a new family casefile?

Answer: We assign within the respective age groups and review caseload data when making assignments. For new hires, staff go through training, new staff orientation (i.e., including a three part person centered planning orientation) before they conduct IPPs. We also use a buddy system to help assist mentor and shadow if families agree.

Question: What are the categories that the Nominating Committee is trying to fill with new board members? Or, are we ok on composition and only need new members with varied specialties?

Answer: The committee is looking for members from SCV, AV also early start, residential, financial, legal expertise, and consumers, and people comfortable working with/advocating to elected officials, as well as, increasing our number of Latinos on the board due to the large population of Latino consumers we serve.

A. <u>Next Meeting</u>: Wednesday, April 14th at 6:30 p.m.

24. Adjournment

Leticia Garcia adjourned the meeting at 9:16 p.m.

Submitted by,

Yesenia Martinez

Yesenia Martinez Executive Assistant

for:

Lillian Martinez Board Secretary

[bdmin_mar10_2021]



NLACRC's IRS Form 990 Tax Return

WINDES, INC. P.O. BOX 87 LONG BEACH, CA 90801-0087

> NORTH LOS ANGELES COUNTY REGIONAL CENTER, INC. 9200 OAKDALE AVENUE, NO. 100 CHATSWORTH, CA 91311

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CLIENT'S COPY



AUDIT | TAX | ADVISORY

April 13, 2021

Kim Rolfes, Deputy Director-CFO Northern LA Regionaal Center 9200 Oakdale Avenue No. 100 Chatsworth, CA 91311

Dear Kim:

Enclosed are the organization's 2019 Exempt Organization returns. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 17, 2021.

FORM 990-T RETURN:

Form 990-T has an overpayment of \$640 and the entire amount will be refunded.

Please sign and mail on or before May 17, 2021.

Mail to - Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed on or before May 17, 2021 to:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Enclose a check or money order for \$300.00, payable to Department of Justice.

The report should be signed and dated by the authorized individual(s).

If the organization received a postcard from the Registry of Charitable Trust confirming eligibility to file Form RRF-1 online, you may create an account using the Account Code or Registration Code provided on the postcard to electronically complete and submit Form RRF-1. Input the information from the enclosed printed RRF-1 onto the online version. The RRF-1 is not required to be filed electronically and you may continue

filing the paper version. Any attachments that need to be filed with the RRF-1 will need to be uploaded to the website. For more information, visit: https://oag.ca.gov/charities/ online-renewal-checklist.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Donita M. Joseph, CPA WINDES, INC.

| | ***** THIS IS NOT A IRS e-file Signa | A FILEABLE COPY ***** ature Authorization opt Organization | | OMB No. 1545-1878 |
|---|---|--|----------------|--|
| Form 8879-EO | | | | |
| | For calendar year 2019, or fiscal year beginning JUI | | , 20 <u>20</u> | 2019 |
| Department of the Treasury Internal Revenue Service | | e IRS. Keep for your records. 18879EO for the latest information. | | |
| Name of exempt organization | | isoraco for the latest mormation. | Employer | identification number |
| | ELES COUNTY REGIONAL | | | |
| CENTER, INC. | | | 23-7 | 351340 |
| Name and title of officer | | | • | |
| KIM L ROLFES | | | | |
| DEPUTY DIRECT | | | | |
| | Return and Return Information (Wh | | | |
| on line 1a, 2a, 3a, 4a, or 5 | rn for which you are using this Form 8879-EO a, below, and the amount on that line for the r ank (do not enter -0-). But, if you entered -0- o | return being filed with this form was blank | , then leave | line 1b, 2b, 3b, 4b, or 5b, |
| 1a Form 990 check here | b Total revenue, if any (Form § | 990, Part VIII, column (A), line 12) | 1b | 572,582,908. |
| 2a Form 990-EZ check he | ere b Total revenue, if any (Fo | orm 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check | | 0-POL, line 22) | | |
| 4a Form 990-PF check he | | nt income (Form 990-PF, Part VI, line 5) | | |
| 5a Form 8868 check here | ▶ b Balance Due (Form 8868, lir | ne 3c) | 5b | |
| Deut II De slavet | | 0// | | |
| | ion and Signature Authorization of I declare that I am an officer of the above org | | | |
| payment. I have selected a organization's consent to Officer's PIN: check one | | | | |
| X I authorize WI | NDES, INC. | | to enter m | y PIN 21329 |
| | ERO firm na | me | | Enter five numbers, bu do not enter all zeros |
| is being filed wit | on the organization's tax year 2019 electronic h a state agency(ies) regulating charities as pa the return's disclosure consent screen. | - | | |
| indicated within | he organization, I will enter my PIN as my sigr this return that a copy of the return is being fi nter my PIN on the return's disclosure consen | led with a state agency(ies) regulating ch | | |
| Officer's signature 🕨 🔭 | *** THIS IS NOT A FILEA | ABLE COPY *** Date ► | | |
| Part III Certifica | tion and Authentication | | | |
| ERO's EFIN/PIN. Enter yo | our six-digit electronic filing identification | | | |
| number (EFIN) followed by | your five-digit self-selected PIN. | 3375592132 Do not enter all zero | | |
| - | neric entry is my PIN, which is my signature o ng this return in accordance with the requirem ss Returns. | - | • | |
| ERO's signature MIND | ES, INC. | Date ▶ 04 | /13/21 | |
| | | is Form - See Instructions he IRS Unless Requested To D | o So | |
| HA For Paparwork Pag | luction Act Notice, see instructions. | | | Form 8879-EO (2019) |
| 923051 10-03-19 | מסמסוז אסנ חסמספ, פכפ ווופנו עטנוטוופ. | | | |

09510413 794084 21329 2019.05091 NORTH LOS ANGELES COUNTY RE 21329_1 152

| | | | | EXTENDED TO MAY 17 | , 2021 | | | | |
|--------------------------------|----------------------------|--------------------------------|------------------------------|---|------------------|---------------------|----------------------|--------------|-----------------------|
| | 0 | 00 | Return o | f Organization Exemp | t From | n Income | Tax | OM | B No. 1545-0047 |
| For | " У | 90 | | 527, or 4947(a)(1) of the Internal Reve | | | | ns) 2 | 'N19 |
| • | | uary 2020) | | nter social security numbers on this f | | | | | en to Public |
| Depa Interr | artment c nal Reve | of the Treasury nue Service | | www.irs.gov/Form990 for instructions | | | | | nspection |
| | | | ar year, or tax year be | | | JUN 30, | | | |
| | Check if | | f organization | , , , , , , , , , , , , , , , , , , , | | D Employe | | cation nur | nber |
| a | pplicabl | | | ES COUNTY REGIONAL | | | | Jacon na | |
| | Addre chang | | ER, INC. | | | | | | |
| | Name Chang | | usiness as | | | - 23- | 73513 | 40 | |
| | _Initial _return | <u>v</u> | | f mail is not delivered to street address) | Room/su | | | | |
| | Final | 1 9200 | OAKDALE AVE | | 100 | | | -1900 | |
| L | ⊥return, termin ated | / | | country, and ZIP or foreign postal code | | G Gross recei | | | 582,908. |
| | Ameno | | SWORTH, CA | 91311 | | H(a) Is this | | | |
| | | | | officer:RUTH JANKA | | | ordinates | | Yes X No |
| | pendir | | AS C ABOVE | | | H(b) Are all su | | | , <u> </u> |
| 1 1 | [ay.ey | empt status: | | l(c) () ◀ (insert no.) 🛄 4947(a) |)(1) or 4 | | | | nstructions) |
| | | | NLACRC • ORG | | | H(c) Group | | - | - |
| | | | | rust Association Other ► | ΙY | ear of formation: | | | |
| | | Summary | | | | | | | |
| | | | | ssion or most significant activities: PRO | OVIDE | SERVICES | ТО Р | ERSON | S WITH |
| ЗCe | · · | DEVELOP | MENTAL DISAE | STLTTTES. | | | 10 1 | | |
| Activities & Governance | | | | ization discontinued its operations or di | sposod of m | oro than 25% o | fite not as | eote | |
| ver | | | • | | | | | 5615. | 18 |
| ദ് | | | | bers of the governing body (Part VI, line 'a) | | | | | 17 |
| کە م | | | | | | | | | 606 |
| tie | | | | l in calendar year 2019 (Part V, line 2a) | K | | | | 18 |
| tivi | | | of volunteers (estimate | | | | | | 0. |
| Ac | | | | n Part VIII, column (C), line 12 | | | | | 0. |
| | D D | Net unrelated | business taxable incom | ne from Form 990-T, line 39 | ····· | | | 0 | |
| | | Contributions | and avants (Daut)/III lia | | - | Prior Ye 498,202 | | | rent Year 164,266. |
| anı | | | | ne 1h) | | 8,608 | | | 963,310. |
| Revenue | | - | ce revenue (Part VIII, lin | e 2g) (A), lines 3, 4, and 7d) | | | , <u>42</u> 9. | | 416,216. |
| Re | | | • | | | | , <u>399</u> . | - | <u>39,116.</u> |
| | | | | ines 5, 6d, 8c, 9c, 10c, and 11e) | | 507,296 | <u>, 355.</u> 070 | 572 | 582,908. |
| | | | | 1 (must equal Part VIII, column (A), line 1 | 2) | 446,054 | | | 222,347. |
| | | | | t IX, column (A), lines 1-3) | | <u>440,034</u> | <u>, 100.</u> 0. | 500,7 | $\frac{222,3+7}{0}$ |
| | | | to or for members (Part | | | 49,368 | • • | 53 | 677,813. |
| Expenses | | | undraising fees (Part IX, | vee benefits (Part IX, column (A), lines 5- | Ī | 49,000 | <u>,,,,,,</u> | 55, | 0. |
| ben | | | ing expenses (Part IX, c | | 0. | | | | |
| Ĕ | | | • • • • | ines 11a 11d, 11f 24e) | | 11,867 | 079. | 10 | 670,963. |
| | | | | it equal Part IX, column (A), line 25) | | 507,289 | 885 | | 571,123. |
| | | - | | e 18 from line 12 | | | ,185. | 5727 | 11,785. |
| SS | 19 | Revenue less | expenses. Subtract line | | | Beginning of Cur | - | Ene | d of Year |
| Net Assets or Fund Balances | 20 | Total appate (| Dort V line 16) | | - | 159,290 | | | 185,207. |
| Asse Ball | 20 | | | | I | 173,025 | | | 132,682. |
| Vet / | 21 | | (Part X, line 26) | t line 01 from line 00 | | -13,734 | | | 947,475. |
| | <u>22</u> art | Signature | | t line 21 from line 20 | | 13,734 | , , , , , , , | ч у , | <u></u> |
| | | • | | ned this return, including accompanying sche | dules and sta | tements and to th | e hest of m | knowledge | and helief it is |
| | | | | | | | | y Knowledge | ; and belief, it is |
| u ue, | , conec | | . Declaration of preparet (0 | ther than officer) is based on all information of | or writeri prepa | aiti nas any know | euye. | | |
| <u>.</u> | - | Signatur | e of officer | | | Date | 9 | | |
| Sig | | - | | DEPUTY DIRECTOR-CFO | | Date | - | | |
| Her | e | | Dirint name and title | DEFOIL DIRECTOR-CFU | | | | | |
| | | Print/Type pre | | Preparer's signature | | Date | Check | PTI | v |
| | | Lerun rahe hte | paigi 5 Hallie | Preparer's signature | | | | | - |

| | · · | | | |
|-------------|--|------------------------------------|------|--------------------------|
| | Print/Type preparer's name | Preparer's signature | Date | |
| Paid | DONITA M. JOSEPH | DONITA M. JOSEPH | | self-employed P00286656 |
| Preparer | Firm's name 🕨 WINDES , INC . | | | Firm's EIN 🕨 95-3001179 |
| Use Only | Firm's address ▶ P.O. BOX 87 | | | |
| | LONG BEACH, CA 9 | 0801-0087 | | Phone no. (562) 435–1191 |
| May the IF | RS discuss this return with the preparer shown abo | ove? (see instructions) | | X Yes No |
| 932001 01-2 | 20-20 LHA For Paperwork Reduction Act Notic | ce, see the separate instructions. | | Form 990 (2019) |

| Form | NORTH LOS ANGELES COUNTY REGIONAL 990 (2019) CENTER, INC. | 23-75 | 351340 | Page 2 |
|-------|--|----------------|---------------|----------------|
| | t III Statement of Program Service Accomplishments | | 001010 | Fayer |
| | Check if Schedule O contains a response or note to any line in this Part III | | | X |
| 1 | Briefly describe the organization's mission: | | | |
| | NORTH LOS ANGELES COUNTY REGIONAL CENTER, WITH INTEGRIT | Y AND | | |
| | TRANSPARENCY, PROVIDES LIFELONG PARTNERSHIPS AND PLANNI | NG TO | PERSON | S |
| | WITH DEVELOPMENTAL DISABILITIES BY PROMOTING THEIR CIVI | L AND | PERSON | AL |
| | RIGHTS, PROVIDING COMPREHENSIVE INFORMATION, ADVOCATING | IN CC | OPERAT | ION |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | | |
| | prior Form 990 or 990-EZ? | | Yes | XN |
| | If "Yes," describe these new services on Schedule O. | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services | ? | 🗌 Yes | XN |
| | If "Yes," describe these changes on Schedule O. | | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, a | | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | iers, the tota | al expenses, | and |
| | revenue, if any, for each program service reported. | | | |
| 4a | (Code:) (Expenses \$ 561,603,763. including grants of \$ 508,222,347.) (Reve | | | 310. |
| | THE CENTER WAS ORGANIZED IN ACCORDANCE WITH THE PROVISI | | | |
| | LANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT (THE | | | |
| | OF THE WELFARE AND INSTITUTIONS CODE OF THE STATE OF CA | | | |
| | ACCORDANCE WITH THE LANTERMAN ACT, THE CENTER WORKS IN | | | WITH |
| | PEOPLE WITH DEVELOPMENTAL DISABILITIES, THEIR FAMILIES, | | | <u> </u> |
| | COMMUNITIES, SERVICE PROVIDERS AND THE GOVERNMENT. ITS | | | 0 |
| | ENABLE PERSONS WITH DEVELOPMENTAL DISABILITIES TO LIVE | | | |
| | PRODUCTIVE AND SATISFYING LIVES IN THEIR COMMUNITY. THE STRIVES TO LESSEN DEVELOPMENTAL DELAYS IN INFANTS AND Y | | | |
| | AND MINIMIZE THE RISK OF DEVELOPMENTAL DISABILITIES. AM | | | |
| | AND SUPPORT THE CENTER PROVIDES OR COORDINATES ARE DIAG | | | ICED |
| | ASSESSMENT, INDIVIDUALIZED PLANNING AND SERVICE COORDIN | | | • |
| 4b | (Code:) (Expenses \$ including grants of \$) (Reve | - | | |
| 40 | (code) (Expenses \$) (neve | iue a | | |
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| | | | | |
| | | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Reve | nue \$ | | |
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| | | | | |
| | | | | |
| 4d | Other program services (Describe on Schedule O.) | | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | |) | |
| 4e | Total program service expenses ► 561,603,763. | | | 00 / |
| | | G) | Form S | 90 (201 |
| 32002 | 2 01-20-20 SEE SCHEDULE O FOR CONTINUATION (| 3) | | |
| 10 | 413 794084 21329 2019.05091 NORTH LOS ANGELES C | | ይፑ ጋ1ጋ | 20 |
| тU | 415 /94084 21529 2019.05091 NORTH LOS ANGELLES C | JOINTI | 1/12 213 | و |

NORTH LOS ANGELES COUNTY REGIONAL CENTER, INC.

| | | | Yes | No |
|--------|--|-----------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 5 | | |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | 37 |
| _ | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | - | | |
| - | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | х | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 44.5 | | x |
| h | Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11a | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | x |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | x | |
| 100 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | ~ | |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | v |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States? | 13 14a | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 140 | | |
| 5 | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | İ |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | | x |
| 18 | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17 | | <u> </u> |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> | 19 | | x |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 000 | X |
| 932003 | 3 01-20-20 | Form | 990 | (2019) |

09510413 794084 21329

Form 990 (2019)

Part IV Checklist of Required Schedules

3

NORTH LOS ANGELES COUNTY REGIONAL

| Part IV | Che | cklist of Required Schedules (continued) |
|----------|--------|--|
| Form 990 | (2019) | CENTER, INC. |
| | | Nonth Dob Intonnob |

| | | | Yes | No |
|-------|---|------|------|--------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | x | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | x | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No," <i>go to line 25a</i> | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| :5a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 27 | | x |
| 8 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28a | | x |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28c | x | |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 0 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | x |
| 1 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 2 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II | 32 | | x |
| 3 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 33 | | x |
| 4 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 34 | | x |
| 5a | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> | 35b | | |
| 6 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | v |
| 7 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | X |
| ~ | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | X |
| 8 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | x | |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a2879Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0 | _ | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | (0010) |
| 32004 | 4 01-20-20 4 | rorm | 1990 | (2019) |
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NORTH LOS ANGELES COUNTY REGIONAL

| - 2.3 - | 7351 | 340 | Page 5 |
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| | | | I age |

| Form | 990 (2019) CENTER, INC. 23-7351 | 340 | Р | age 5 |
|------------|--|----------|-----|--------------|
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 606 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | 37 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | - | | v |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section $170(c)$. | _ | | v |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | - | | x |
| | to file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | 70 | | x |
| - | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X |
| t a | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | N/ | |
| g b | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7h | N/ | |
| 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 70 | 11/ | <u> </u> |
| 0 | NT/Δ | 8 | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? <u>N/A</u> Sponsoring organizations maintaining donor advised funds. | 0 | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? N/A | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 0.0 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders N/A 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? N/A | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| | Enter the amount of reserves on hand 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Form **990** (2019)

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NORTH LOS ANGELES COUNTY REGIONAL

23-7351340 Page **6**

| | 990 (2019) CENTER, INC. 23-735 | | | age |
|--------|--|-----------|--------------|----------|
| Par | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for | a "No" i | respor | ise |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | | | 172 |
| | Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management | <u></u> | | X |
| bec | tion A. Governing body and Management | | Yes | N |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 1 | 8 | 100 | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b | 7 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | <u> </u> |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | X X |
| 6 - | Did the organization have members or stockholders? | 6 | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | 7- | | X |
| h | more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 7a | | |
| D | | 76 | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 70 | | 23 |
| | The governing body? | 8a | x | |
| | Each committee with authority to act on behalf of the governing body? | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| • | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | N |
| 0a | Did the organization have local chapters, branches, or affiliates? | 10a | | Σ |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> | | v | |
| ~ | in Schedule O how this was done | 12c | X X | |
| 3 ⊿ | Did the organization have a written whistleblower policy? | | X | \vdash |
| 4 5 | Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent | 14 | | |
| 5 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | x | |
| | Other officers or key employees of the organization | | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| ec | tion C. Disclosure | | | |
| 7 | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright{	ext{CA}}$ | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) | (3)s only | y) avai | labl |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| _ | X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 9 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a | and fina | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records KIM L. ROLFES - (818)778-1900 | | | |
| | 9200 OAKDALE AVENUE, NO. 100, CHATSWORTH, CA 91311 | | | |
| | | Forn | n 990 | (20) |
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| NORTH LOS ANGELES COUNTY REGION |
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| Form 990 (2 | .019) | CENTER, | INC. | | | | 23-73 |
|-------------|---------------|--------------|------------|-----------|----------------|---------|-------------|
| Part VII | Compensation | of Officers, | Directors, | Trustees, | Key Employees, | Highest | Compensated |
| | Employees, an | d Independe | ent Contra | ctors | | | |

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

INC.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

CENTER,

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|---|------------------------|---|-----------------------|-------------------------------|--------------|---------------------------------|------------|---------------------------------|-----------------|--------------------------|
| Name and title | Average | Position (do not check more than one | | | | one | Reportable | Reportable | Estimated | |
| | hours per | per box, L | | ficer and a director/trustee) | | | h an | compensation | compensation | amount of |
| | week | | | | | | 166) | from | from related | other |
| | (list any hours for | irecto | | | | | | the | organizations | compensation |
| | related | e or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | truste | l trus | | yee | mpen | | (W 2/1000 1000) | | and related |
| | below | Individual trustee or director | Institutional trustee | <u> </u> | Key employee | Highest compensated employee | ш | | | organizations |
| | line) | Indivi | Institu | Officer | Key e | Highe | Former | | | 0 |
| (1) CARLO DE ANTONIO | 40.00 | | | | | | | | | |
| CLINICAL SERVICES DIRECTOR | | | | | | Х | | 290,710. | 0. | 60,826. |
| (2) MARGARET SWAINE | 40.00 | | | | | | | | | |
| MEDICAL SERVICES SUPERVISOR | | | | | | Х | | 239,364. | 0. | 33,669. |
| (3) KIM ROLFES | 40.00 | | | | | | | | | |
| DEPUTY DIRECTOR-CFO | | | | Х | | | | 212,565. | 0. | 48,519. |
| (4) GEORGE STEVENS III | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR (THRU 07/2019) | | | | Х | | | | 202,514. | 0. | 51,902. |
| (5) RUTH JANKA | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR (AS OF 07/2019) | | | | Х | | | | 195,913. | 0. | 60,258. |
| (6) MALORIE LANTHIER | 40.00 | | | | | | | | | |
| IT DIRECTOR | | | / | | | Х | | 191,655. | 0. | 20,122. |
| (7) MICHELE MARRA | 40.00 | | | | | | | | | |
| CHIEF ORGANIZATIONAL DEV. OFFICER | | | | Х | | | | 186,046. | 0. | 34,533. |
| (8) VINI MONTAGUE | 40.00 | | | | | | | | | |
| DIRECTOR OF FINANCE | | | | | | Х | | 171,689. | 0. | 20,407. |
| (9) JENNIFER WILLIAMSON | 40.00 | | | | | | | | | |
| POLICY & PROCEDURE MANAGER | | | | | | Х | | 156,296. | 0. | 19,471. |
| (10) JESSE WELLER | 40.00 | | | | | | | | | 10 510 |
| CHIEF OF PROGRAM SERVICES | | | | Х | | | | 143,880. | 0. | 18,713. |
| (11) ELENA BURNETT | 3.50 | | | | | | | | _ | • |
| BOARD MEMBER (PRESIDENT) | | X | | X | | | | 0. | 0. | 0. |
| (12) ANNA HAMILTON | 3.50 | | | | | | | | | 0 |
| BOARD MEMBER (1ST VP) | | Х | | X | | | | 0. | 0. | 0. |
| (13) ANA LAURA QUILES | 3.50 | 37 | | 37 | | | | | | 0 |
| BOARD MEMBER (TREASURER) | 3.50 | Х | | X | | | | 0. | 0. | 0. |
| (14) LILLIAN MARTINEZ | 3.50 | v | | v | | | | 0. | 0. | 0. |
| BOARD MEMBER (SECRETARY) (15) DEBRA NEWMAN | 3.50 | Х | | X | | | | 0. | 0. | 0. |
| | 3.50 | x | | | | | | 0. | 0. | 0. |
| BOARD MEMBER (ARCA DELEGATE) (16) CAROLINE MITCHELL | 3.50 | | | <u> </u> | | | | 0. | 0. | 0. |
| BOARD MEMBER | 5.50 | x | | | | | | 0. | 0. | 0. |
| (17) SHAROLL JACKSON | 3.50 | | - | - | | | | 0. | 0. | <u> </u> |
| BOARD MEMBER | 5.50 | x | | | | | | 0. | 0. | 0. |
| | | 1 22 | I | L | | | | . 0. | 0. | Form 990 (2019) |
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2019.05091 NORTH LOS ANGELES COUNTY RE 21329_1

Form 990 (2019) CENTER, INC. 23-7351340 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (A) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list anv or director the organizations compensation hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization ndividual trustee organizations rest comp(employee and related below organizations ormer Officer line) (18) NICHOLAS ABRAHMS 3.50 0 BOARD MEMBER Х 0. 0. (19) IVETTE ARRIAGA 3.50 Х 0 0 0. BOARD MEMBER 3.50 (20) DENA BOGROW х 0 0 0. BOARD MEMBER (21) ADAM BREALL 3.50 BOARD MEMBER Х 0 0. 0. (22) CHRISTINA CANNARELLA 3.50 BOARD MEMBER х 0 0. 0. 3.50 (23) MARIANNE DAVIS BOARD MEMBER х 0 0. 0. (24) LETICIA GARCIA 3.50 Х 0 0. 0. BOARD MEMBER (25) GABRIELA HERRERA 3.50 BOARD MEMBER Х 0 0. 0. (26) ANGELINA MARTINEZ 3.50 BOARD MEMBER Х 0 0 0. 1,990,632 0. 368,420. 1b Subtotal ► Ō. 0. 0 Total from continuation sheets to Part VII, Section A С ► 1,990,632. 0. 368,420. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 2 29 compensation from the organization No Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on З х line 1a? If "Yes," complete Schedule J for such individual З For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization 4 and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation RIGHT CHOICE IN-HOME CARE PERSONAL ASSISTANCE 7104 OWENSMOUTH AVE., CANOGA PARK, CA 91303 SERVICES, IN-HOME RE 27,760,476. ACCREDITED RESPITE SERVICES, 5955 DE SOTO PERSONAL ASSISTANCE

AVE. #160, WOODLAND HILLS, CA 91367 SERVICES, IN-HOME RE 22,900,643. CHOICE HOMECARE, INC., 14101 VALLEY HEART IN-HOME RESPITE DR. #200, SHERMAN OAKS, CA 91423 SERVICES, HOME HEALT 19,415,943. TIERRA DEL SOL FOUNDATION ADULT DEVELOPMENT 9919 SUNLAND BLVD., SUNLAND, CA 91040 SERVICES, COMMUNITY 13,178,711. KEOLIS TRANSIT SERVICES, LLC, 6053 W TRANSPORTATION CENTURY BLVD., 9TH FLOOR, LOS ANGELES, SERVICES 12,215,245. CA Total number of independent contractors (including but not limited to those listed above) who received more than 379 \$100,000 of compensation from the organization

| SEE | PART | VII, | SECTION | А | CONTINUATION | SHEETS | Form 990 (2019) |
|-----------------|------|------|---------|---|--------------|--------|------------------------|
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NORTH LOS ANGELES COUNTY REGIONAL CENTER, INC.

| Form 990 CENTER, | INC. | 10 | 0. | | | | | | 23-735 | 1340 |
|---|--|------------------|-----------------------|-----------------|--------------------|------------------------------|-----------|--|--|--|
| Part VII Section A. Officers, Directors, | | mple | oyee | es, a | nd I | ligh | est | Compensated Employ | | |
| (A) Name and title | (B) Average | | | (C Pos | C) ition | 1 | | (D) Reportable | (E) Reportable | (F) Estimated |
| | hours per week (list any hours for related organizations below line) | stee or director | Institutional trustee | officer Officer | that Key employee | Highest compensated employee | Former (A | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| (27) JEREMY SUNDERLAND | 3.50 | x | | | | | | 0. | 0. | 0. |
| BOARD MEMBER (28) CURTIS WANG | 3.50 | ^ | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 5.50 | x | | | | | | 0. | 0. | 0. |
| (29) MANUEL ALFARO | 3.50 | <u> </u> | | | | | | | | |
| BOARD MEMBER (UNTIL 3/2020) | | x | | | | | | 0. | 0. | 0. |
| (30) ELIZABETH BADGER | 3.50 | | | | | | | | | |
| BOARD MEMBER (UNTIL 1/2020) | | x | | | | | | 0. | 0. | 0. |
| (31) ADELINA CASTELLANOS | 3.50 | | | | | | | | | |
| BOARD MEMBER (UNTIL 7/2019) | | X | | | | | | 0. | 0. | 0. |
| (32) MELISSA FERMAN | 3.50 | | | | | | | | 0 | 0 |
| BOARD MEMBER (UNTIL 6/2020) (33) MEAGAN MILLER | 3.50 | X | | | | | | 0. | 0. | 0. |
| BOARD MEMBER (UNTIL 7/2019) | 5.50 | x | | | | | | 0. | 0. | 0. |
| (34) CLAUDIA PICERNI | 3.50 | | | | | | | | 0. | 0. |
| BOARD MEMBER (UNTIL 6/2020) | | x | | | | | | 0. | 0. | 0. |
| (35) ELIZABETH PINEDA | 3.50 | | | | | | \sim | | | |
| BOARD MEMBER (UNTIL 7/2019) | | x | | | | | | 0. | 0. | 0. |
| (36) TODD WITHERS | 3.50 | | | | | \mathbf{N} | | | | |
| BOARD MEMBER (UNTIL 2/2020) | | Х | | | | | | 0. | 0. | 0. |
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| Total to Part VII, Section A, line 1c | | <u></u> | | | | | | | | |
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NORTH LOS ANGELES COUNTY REGIONAL CENTER, INC.

| | | | 2019) CENTER, INC. | | | | 23-7351 | 340 Page 9 |
|---|--------|------------------|---|--|--|-------------------|---|------------------------|
| Pa | rt ۱ | | | | | | | |
| | | | Check if Schedule O contains a response | or note to any lin | ie in this Part VIII (A) Total revenue | Related or exempt | (C) Unrelated business revenue | from tax under |
| Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts | | b d e f | Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f INTERMEDIATE CARE FACILITY | 562,164,266. ► Business Code 900099 | 562,164,266. 9,963,310. | 9,963,310. | | sections 512 - 514 |
| rogi | | е | | | | | | |
| Ъ | | | All other program service revenue | | 9,963,310. | | | |
| | 3 | | Total. Add lines 2a-2f Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p | est, and wroceeds | 416,216. | | | 416,216. |
| | 5 6 | a b | Royalties (i) Real Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c | (ii) Personal | | | | |
| е | 7 | а | Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and cales expresses | (ii) Other | | | | |
| Other Revenue | 8 | d | and sales expenses 7b Gain or (loss) 7c Net gain or (loss) 7c Gross income from fundraising events (not including \$ of contributions reported on line 1c). See of | | | | | |
| | 9 | с | Part IV, line 18 8a Less: direct expenses 8b | | | | | |
| | 10 | c a | Less: direct expenses9bNet income or (loss) from gaming activitiesGross sales of inventory, less returnsand allowancesLess: cost of goods sold | ▶ | | | | |
| | | С | Net income or (loss) from sales of inventory | | | | | |
| aneous | 11 | a b | OTHER INCOME | Business Code 900099 | 39,116. | | | 39,116. |
| Miscellaneous Revenue | | c d | All other revenue | | 39,116. | | | |
| | 12 | | Total. Add lines 11a-11d | | 572,582,908. | 9,963,310. | 0. | 455,332. |
| 93200 | | | | | ,002,000, | 2,200,010 | | Form 990 (2019) |

10

09510413 794084 21329 2019.05091 NORTH LOS ANGELES COUNTY RE 21329_1 162

23-7351340 Page 10

| Form 990 (2019) | CENTER, INC. |
|-----------------|--------------|
| | |

Part IX Statement of Functional Expenses

| ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). |
|---|
|---|

| | Check if Schedule O contains a respo | nse or note to any line ir | this Part IX | , , , | |
|----------|---|----------------------------|------------------------------------|--|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | 508,222,347. | 508,222,347. | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,041,549. | 886,204. | 155,345. | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 32,112,222. | 27,191,789. | 4,920,433. | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 3,178,894. | 2,759,665. | 419,229. | |
| 9 | Other employee benefits | | 14,655,340. | 2,226,338. | |
| 10 | Payroll taxes | 463,470. | 398,806. | 64,664. | |
| 11 | Fees for services (nonemployees): Management | | | | |
| | Legal | 697,681. | 632,676. | 65,005. | |
| | Accounting | 91,214. | | 91,214. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 1,188,033. | 1 161 716 | 26 217 | |
| 10 | column (A) amount, list line 11g expenses on Sch O.) | 1,100,033. | 1,161,716. | 26,317. | |
| 12 13 | Advertising and promotion | 390,608. | 346,308. | 44,300. | |
| 13 14 | Office expenses | 831,297. | 510,500. | 831,297. | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 4,009,544. | 3,454,462. | 555,082. | |
| 17 | Travel | 341,084. | 286,907. | 54,177. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 19 | for any federal, state, or local public officials Conferences, conventions, and meetings | 71,496. | | 71,496. | |
| 20 | Interest | | | , _ , _ , _ , _ , _ , | |
| 21 | Payments to affiliates | | | | |
| 22 22 | Depreciation, depletion, and amortization | 354,416. | 257,698. | 96,718. | |
| 23 24 | Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | 237,030. | | |
| а | UBTI TAX PAID | 989. | | 989. | |
| b | GENERAL EXPENSE | 1,736,580. | 706,322. | 1,030,258. | |
| с | COMMUNICATION | 329,867. | 299,274. | 30,593. | |
| d | EQUIPMENT PURCHASES | 231,618. | 208,930. | 22,688. | |
| | All other expenses | <u>396,536.</u> | 135,319. | 261,217. | ~ |
| 25 | | ɔ/∠,ɔ/⊥,⊥∠3• | 561,603,763. | 10,967,360. | 0 . |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| | Check here Fight if following SOP 98-2 (ASC 958-720) | | | | |
| 93201 | 0 01-20-20 | | | | Form 990 (2019 |

11

Form **990** (2019)

| Form | 990 | (2019) | |
|------|-----|--------|--|

NORTH LOS ANGELES COUNTY REGIONAL CENTER, INC.

| Pa | rt X | Balance Sheet | | | |
|-----------------------------|----------|--|--------------------------|----------|--------------------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | X |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 81,772. | 1 | 100,098. |
| ets | 2 | Savings and temporary cash investments | 26,268,082. | 2 | 34,237,129. |
| | 3 | Pledges and grants receivable, net | 22,543,543. | 3 | 20,483,452. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| 4 | 9 | Prepaid expenses and deferred charges | 1,842,561. | 9 | 781,996. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | 108,555,031. | 14 | 110 502 522 |
| | 15 | Other assets. See Part IV, line 11 | 159,290,989. | 15 | <u>119,582,532</u> . 175,185,207. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 50,160,363. | 16 17 | 61,003,536. |
| | 17 | Accounts payable and accrued expenses | 50,100,505. | 17 | 01,003,330. |
| | 18 | Grants payable | | 18 | |
| | 19 20 | Deferred revenue | | 20 | |
| | 20 | Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D | 3,203,023. | 20 | 2,761,727. |
| ú | 22 | Loans and other payables to any current or former officer, director, | 5720570200 | <u> </u> | |
| Liabilities | ~~ | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| abil | | controlled entity or family member of any of these persons | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 119,662,578. | 25 | 155,367,419. |
| | 26 | Total liabilities. Add lines 17 through 25 | 173,025,964. | 26 | 219,132,682. |
| 6 | | Organizations that follow FASB ASC 958, check here 🕨 🗴 | | | |
| icei | | and complete lines 27, 28, 32, and 33. | | | |
| alar | 27 | Net assets without donor restrictions | -13,734,975. | 27 | -43,947,475. |
| Ä | 28 | Net assets with donor restrictions | | 28 | |
| ŭ | | Organizations that do not follow FASB ASC 958, check here 🕨 📖 | | | |
| н Б | | and complete lines 29 through 33. | | | |
| ts c | 29 | Capital stock or trust principal, or current funds | | 29 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| ž | 32 | Total net assets or fund balances | -13,734,975. | 32 | -43,947,475. |
| | 33 | Total liabilities and net assets/fund balances | 159,290,989. | 33 | 175,185,207. |

Form **990** (2019)

932011 01-20-20

| NORTH LOS ANGELES COUNTY REGION |
|---------------------------------|
|---------------------------------|

| Form | 990 (2019) CENTER, INC. | 23- | -7351 | L340 | Pa | ge 12 |
|------|--|----------|-------|----------------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | Χ |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 2,582 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 572 | 2 , 57: | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 85. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | -1: | 3,73 | 4,9 | <u>75.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -30 |),224 | 4,2 | 85. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | -43 | 3,94 | 7,4 | <u>75.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | ĺ |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer | d on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | ĺ |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | te basis | s, | | | ĺ |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ne audit | , | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | hedule | 0. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Au | ıdit | | | ł |
| | Act and OMB Circular A-133? | | | 3a | Х | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | iired au | dit | | | l |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | Х | |

Form **990** (2019)

932012 01-20-20

| SCHEDULE A (Form 000 or 000 FZ) Public Charity Status and Public Support | | | | | | | OMB No. 1545-0047 | | |
|---|---|--|--|------------------|-------------------------------------|-------------|--|--|--|
| (Form 990 or 990-EZ) | Complete if the orga | nization is a section 50 ⁻ | ation is a section 501(c)(3) organization or a section | | | | | | |
| Department of the Treasury | | 47(a)(1) nonexempt cha Attach to Form 990 or F | | | | | Open to Public | | |
| Internal Revenue Service | - | v/Form990 for instruction | | | nformation | | Inspection | | |
| Name of the organization | NORTH LOS ANGE | ELES COUNTY R | EGION | AL | 1 | Employer | identification number | | |
| | CENTER, INC. | | | | | | 3-7351340 | | |
| Part I Reason for Pu | ublic Charity Status | (All organizations must co | omplete th | is part.) S | ee instructions. | | | | |
| The organization is not a private | e foundation because it is: | (For lines 1 through 12, c | heck only | one box.) | | | | | |
| 1 A church, convention | n of churches, or associati | on of churches described | d in sectio | on 170(b)(| 1)(A)(i). | | | | |
| | in section 170(b)(1)(A)(ii). | | | | | | | | |
| | erative hospital service org | | | | - | | 1 | | |
| | organization operated in co | onjunction with a nospita | describe | a in sectio | on 170(d)(1)(A)(| III). Enter | the hospital's name, | | |
| city, and state: 5 An organization oper | rated for the benefit of a co | ollege or university owner | d or opera | ted by a d | overnmentalu | ait describ | ed in | | |
| | (iv). (Complete Part II.) | Shege of aniversity owned | | led by a g | | in describ | | | |
| | cal government or govern | mental unit described in a | section 1 | 70(b)(1)(A) |)(v). | | | | |
| . | normally receives a substa | | | | | e general | public described in | | |
| • | (vi). (Complete Part II.) | | Ũ | | | U | | | |
| | lescribed in section 170(b) |)(1)(A)(vi). (Complete Par | t II.) | | | | | | |
| 9 🔲 An agricultural resea | arch organization described | d in section 170(b)(1)(A)(| ix) operat | ed in conju | unction with a l | and-grant | college | | |
| or university or a nor | n-land-grant college of agrid | culture (see instructions). | Enter the | name, cit | y, and state of | the colleg | e or | | |
| university: | | | | | | | | | |
| - | normally receives: (1) mor | | 7 | | | - | | | |
| | ts exempt functions subje | | | | | | - | | |
| | ed business taxable income | e (less section 511 tax) fr | om busine | esses acqu | uired by the org | janization | after June 30, 1975. | | |
| | (Complete Part III.) anized and operated exclusion | eively to test for public es | foty Soo | section 5 | 00(2)(4) | | | | |
| | anized and operated exclusion | | | | | rry out the | purposes of one or | | |
| 0 0 | orted organizations describ | | | | | | | | |
| | d that describes the type | | | | | | | | |
| | ng organization operated, | | | | | - | giving | | |
| the supported org | anization(s) the power to re | egularly appoint or elect a | a majority | of the dire | ctors or trustee | es of the s | upporting | | |
| organization. You | must complete Part IV, S | ections A and B. | | | | | | | |
| b III. A support | ing organization supervise | d or controlled in connec | tion with i | ts support | ed organizatior | n(s), by ha | ving | | |
| • | ment of the supporting or | | ame perso | ons that co | ontrol or manaç | ge the sup | ported | | |
| | ou must complete Part IV, | | | | | | | | |
| = = | Illy integrated. A supportir anization(s) (see instruction | • • • | | | | y integrate | ed with, | | |
| | tionally integrated. A sup | , . | | , | , | od organi | zation(c) | | |
| •• | nally integrated. The organi | | | | | 0 | | | |
| | nstructions). You must co | | | | | anaton | | | |
| | he organization received a | • | | | | I, Type III | | | |
| functionally integra | ated, or Type III non-function | onally integrated support | ing organi | zation. | | | | | |
| f Enter the number of supp | oorted organizations | | | | | | | | |
| | rmation about the support | | (iv) is the org | inization listed | | | | | |
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in vour govern | ing document? | (v) Amount of r support (see ins | • | (vi) Amount of other support (see instructions) | | |
| | | above (see instructions)) | Yes | No | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Total | | | | | | | | | |

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19
 Schedule A (Form 990 or 990-EZ) 2019

 14
 09510413 794084 21329
 2019.05091 NORTH LOS ANGELES COUNTY RE 21329_1
 Z) 2019

| υ | 2 | т. | TA | U | 17 | т |
|---|---|----|----|---|----|---|
| | | 16 | 6 | | | |

Schedule A (Form 990 or 990 EZ) 2019 CENTER, INC.

23-7351340 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 375,100,619.424,051,170.453,576,062.498,202,340.562,164,266.23 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 375,100,619.424,051,170.453,576,062.498,202,340.562,164,266.23 3 The value of services or facilities furnished by a governmental unit to the organization without charge 424,051,170.453,576,062.498,202,340.562,164,266.23 | i) Total 13094457. 13094457. |
|---|---|
| membership fees received. (Do not include any "unusual grants.")375,100,619.424,051,170.453,576,062.498,202,340.562,164,266.232Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf375,100,619.424,051,170.453,576,062.498,202,340.562,164,266.233The value of services or facilities furnished by a governmental unit to the organization without charge375,100,619.424,051,170.453,576,062.498,202,340.562,164,266.234Total. Add lines 1 through 3375,100,619.424,051,170.453,576,062.498,202,340.562,164,266.235The portion of total contributions111111 | |
| include any "unusual grants.") 375,100,619. 424,051,170. 453,576,062. 498,202,340. 562,164,266. 23 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions 375,100,619. 424,051,170. 453,576,062. 498,202,340. 562,164,266. 23 | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Image: Constraint of the organization is behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the organization without charge 4 Total. Add lines 1 through 3 375,100,619. 424,051,170. 453,576,062. 498,202,340. 562,164,266. 23 5 The portion of total contributions Image: Constraint of total contributions | |
| ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 375,100,619. 424,051,170. 453,576,062. 498,202,340. 562,164,266. 23 5 The portion of total contributions | L3094457. |
| or expended on its behalf Image: Constraint of the value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the value of the value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the value of the value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the value of services or facilities furnished by a governmental unit to the value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 Image: Imag | L3094457. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Constraint of the organization without charge 4 Total. Add lines 1 through 3 375,100,619. 424,051,170. 453,576,062. 498,202,340. 562,164,266. 23 5 The portion of total contributions Image: Constraint of total contributions | 13094457. |
| furnished by a governmental unit to the organization without chargeImage: Constraint of the organization without chargeImage: Constraint of the organization without charge4 Total. Add lines 1 through 3375,100,619.424,051,170.453,576,062.498,202,340.562,164,266.235 The portion of total contributionsImage: Constraint of the organization without chargeImage: Constraint of the organization without chargeImage: Constraint of the organization without charge | 13094457. |
| the organization without charge 375,100,619. 424,051,170. 453,576,062. 498,202,340. 562,164,266. 23 5 The portion of total contributions 6 6 6 6 6 | 13094457. |
| the organization without charge 375,100,619. 424,051,170. 453,576,062. 498,202,340. 562,164,266. 23 5 The portion of total contributions 6 6 6 6 6 | 13094457. |
| 4 Total. Add lines 1 through 3 375,100,619. 424,051,170. 453,576,062. 498,202,340. 562,164,266. 23 5 The portion of total contributions | 13094457. |
| 5 The portion of total contributions | |
| | |
| | |
| governmental unit or publicly | |
| supported organization) included | |
| on line 1 that exceeds 2% of the | |
| amount shown on line 11, | |
| column (f) | |
| | 13094457. |
| Section B. Total Support | • |
| |) Total |
| | 13094457. |
| 8 Gross income from interest, | |
| | |
| dividends, payments received on securities loans, rents, royalties, | |
| | 8,093. |
| | <u>, , , , , , , , , , , , , , , , , , , </u> |
| 9 Net income from unrelated business | |
| activities, whether or not the | |
| business is regularly carried on | |
| 10 Other income. Do not include gain | |
| or loss from the sale of capital assets (Explain in Part VI.) 309,678.128,560.141,644.144,399.39,116.76 | 2 207 |
| | 14745947. |
| | <u>3,776.</u> |
| | 5,770. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) | |
| organization, check this box and stop here Section C. Computation of Public Support Percentage | 🕨 📖 |
| | •93 % |
| | 0.0 |
| ,,, , | .93 % |
| 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and | ►X |
| stop here. The organization qualifies as a publicly supported organization | |
| b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | |
| and stop here. The organization qualifies as a publicly supported organization | ▶∟ |
| 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or mo | |
| and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | ۰ . ۲ |
| meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | ► |
| b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% of | r |
| more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the | . — |
| organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ▶ |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | |

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 CENTER, INC.

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|---|--------------|--------------------------------|-----------------------|--------------------------|--------------------|-------------------|
| Calendar year (or fiscal year beginning in |) ► (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do no | ot | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per | - | | | | | |
| formed, or facilities furnished in any activity that is related to the | | | | | | |
| organization's tax-exempt purpos | e | | | | | |
| 3 Gross receipts from activities that | t | | | | | |
| are not an unrelated trade or bus | - | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ | - | | | | | |
| ization's benefit and either paid to | D I | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit | to | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, a | ind | | | | | |
| 3 received from disqualified perso | ons | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6 | i.) | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in |) ▶ (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from busines | ses | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated busine | | | | | | |
| activities not included in line 10b, | | | | | | |
| whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gai | n | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and | | | | | | |
| 14 First five years. If the Form 990 i | | <u>.</u> s first second thi | rd fourth or fifth ta | i ax vear as a sectio | n 501(c)(3) organ | ization |
| check this box and stop here | • | | | • | | |
| Section C. Computation of P | | | | | | ······ • |
| 15 Public support percentage for 20 | | - | column (f)) | | 15 | (|
| 16 Public support percentage from 2 | | | | | 16 | (|
| Section D. Computation of In | | | | | | |
| 17 Investment income percentage for | | | | | 17 | (|
| 18 Investment income percentage fr | | | | | 18 | (|
| 19a 33 1/3% support tests - 2019. If | | | | | 33 1/3% . and line | 17 is not |
| more than 33 1/3%, check this be | - | | | | | |
| b 33 1/3% support tests - 2018. If | | | | | | . and |
| line 18 is not more than 33 1/3%, | - | | | | | |
| 20 Private foundation. If the organiz | | | | | | |
| 032023 09-25-19 | | | ,, | | | 90 or 990-EZ) 201 |
| | | | 16 | 501 | | |
| 510413 794084 21329 | 202 | 19.05091 | NORTH LOS | ANGELES | COUNTY RE | 21329 |

Schedule A (Form 990 or 990-EZ) 2019 CENTER, INC. Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

No

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 CENTER, INC.

| Par | rt IV Supporting Organizations (continued) | | | |
|---------|---|-----------------|-------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| с | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ction C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| - | the supported organization(s). | 1 | | |
| Sec | ction D. All Type III Supporting Organizations | | | <u> </u> |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| <u></u> | supported organizations played in this regard. | 3 | | <u> </u> |
| | ction E. Type III Functionally Integrated Supporting Organizations | ationa) | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru The organization satisfied the Activities Test, Complete line 2 below. | cuons). | | |
| a h | | | | |
| b c | The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see instruction | ;) | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 103 | |
| u | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3. 4 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see 1 instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035. 6 Recoveries of prior-year distributions 7 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 4 Income tax imposed in prior year 5 5 6 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 7

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 CENTER,INC •

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All

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instructions).

| Sche | dule A (Form 990 or 990-EZ) 2019 CENTER,INC. | | | 23-7351340 Page 7 |
|-------|--|-------------------------------|--|---|
| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
| Secti | on D - Distributions | | · · · / | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | S | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | 9 | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| C | From 2016 | | | |
| d | From 2017 | | | |
| e | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| - | Applied to underdistributions of prior years | | | |
| - | Applied to 2019 distributable amount | | | |
| - | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| e | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

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| hedule A | (Form 990 or 990 EZ) 2019 CENTER, INC. 23-7351340 F |
|-------------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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| 028 09-25-1 | 9 Schedule A (Form 990 or 990-E2 21 |

Schedule B

| (Form 990, 990-EZ, or 990-PF) |
|----------------------------------|
| Department of the Treasury |
| Internal Revenue Service |

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

Organization type (check one):

| NORTH | LOS | ANGELES | COUNTY | REGIONAL | |
|-------|-----|---------|--------|----------|--|
| ~ | | - ~ | | | |

CENTER, INC.

23-7351340

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is received *nonexclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization NORTH LOS ANGELES COUNTY REGIONAL CENTER, INC. Page **2**

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| Part I | Contributors (see instructions). Use duplicate copies of Part I if additionation | I space is needed. | |
|-------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | DEPARTMENT OF DEVELOPMENTAL SERVICES 1600 9TH STREET, STE 205 SACRAMENTO, CA 95814 | \$ <u>562,164,266.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll On Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll On Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll On Complete Part II for noncash contributions.) |
| 923452 11-0 | 6-19 | Schedule B (Form | 990, 990-EZ, or 990-PF) (2019) |

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| art II | Noncash Property (see instructions). Use duplicate copies of Part II if a | additional space is needed | i. |
|------------------------------|---|---|----|
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | |
| | | | |

Employer identification n

2019.05091 NORTH LOS ANGELES COUNTY RE 21329_1 176

09510413 794084 21329

| Schedule B (Form 990, 990-EZ, or 990-PF) (2019 | Schedule B | (Form 990, | 990-EZ, | or 990-PF) | (2019 |
|--|------------|------------|---------|------------|-------|
|--|------------|------------|---------|------------|-------|

| F | ane | 4 |
|---|-----|----------|
| | | |

| | LOS ANGELES COUNTY REG | IONAL | |
|--------------------------|---|--|---|
| ENTEF art III | E, INC. | tions to organizations described in contin | 23-7351340 on 501(c)(7), (8), or (10) that total more than \$1,000 for |
| | from any one contributor. Complete columns (a |) through (e) and the following line entry. F charitable, etc., contributions of \$1,000 or less | |
| a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | | | - |
| | | | |
| | | (e) Transfer of gift | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | (b) Purpose of gift | | (u) Description of now gift is held |
| | | | |
| F | | (e) Transfer of gift | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| - | | (e) Transfer of gift | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| from | (b) Purpose of gift | (e) Transfer of gift | (d) Description of how gift is held |
| from | | (e) Transfer of gift | |

| • | 990) nent of the Treasury | Compl | lete if the organization e 6, 7, 8, 9, 10, 11a, 11b ▶ Attach to | o. 11c. 11d. 11e. 11f. | Form 990, | | 19 to Public |
|------|-------------------------------------|--|---|-------------------------|----------------------|---------------------------|-----------------|
| | Revenue Service | | <u>'s.gov/Form990 for ins</u> | tructions and the lat | est information. | Inspe | ction |
| Name | e of the organization | | NGELES COUNT | Y REGIONAL | | Employer identificat | |
| Dave | | CENTER, INC | | | | 23-7351 | |
| Par | | tions Maintaining Do | | s or Other Simila | ar Funds or A | CCOUNTS_Complete if | the |
| | organizatior | n answered "Yes" on Form 9 | | | | | |
| | | | | a) Donor advised fund | <u>s (i</u> | b) Funds and other acc | ounts |
| | | nd of year | | | | | |
| | | f contributions to (during yea | | | | | |
| | | f grants from (during year) | | | | | |
| | | t end of year | | | | <u> </u> | |
| | • | on inform all donors and dono | • | | | | |
| | | n's property, subject to the o | | | | | |
| | - | on inform all grantees, donors | | | | - | |
| | | oses and not for the benefit | | , , | | Ŭ E | |
| | | ate benefit? | | | | | |
| Parl | | ation Easements. Com | , <u> </u> | | -orm 990, Part IV, | line 7. | |
| 1 | | servation easements held by | 0 | | | | |
| | | of land for public use (for ex | cample, recreation or ed | | | prically important land a | rea |
| | | f natural habitat | | | ervation of a certil | fied historic structure | |
| • | | of open space | | | | | |
| | | through 2d if the organizatio | in held a qualified conse | ervation contribution i | n the form of a co | | |
| | day of the tax year | | | | | Held at the End of | the lax |
| | | onservation easements | | | | 2a | |
| | | ricted by conservation easen | | | | 2b | |
| | | vation easements on a certifi | | | | 2c | |
| | | vation easements included in | | | | | |
| | | al Register | | | | 2d | |
| | | vation easements modified, t | (ransferred, released, ex | ktinguished, or termin | ated by the organ | ization during the tax | |
| | year ► | <u> </u> | | | | | |
| | | where property subject to co | | | | | |
| | | tion have a written policy reg | | | | Yes | |
| | | orcement of the conservation | | of violations and and | | | |
| 6 | | r hours devoted to monitorin | ig, inspecting, nandling | or violations, and em | ording conservation | Ji easements during th | e year |
| 7 | | | anasting bandling of viv | lations and onforcin | a concernation of | a amanta duvina tha va | |
| | | es incurred in monitoring, ins | specting, nandling of vic | plations, and enforcing | g conservation ea | sements during the yea | ar |
| | ►\$ | | line Q(d) above esticity | the requirements of a | action 170(b)(4)(D | 2) (;) | |
| | | vation easement reported on | | | | | |
| | | (4)(B)(ii)? | | | | | L |
| | | be how the organization repo | | | • | | |
| | | d include, if applicable, the te ounting for conservation eas | | e organization's finan | cial statements th | at describes the | |
| | t III Organiza | ations Maintaining Co | lections of Art H | istorical Treasu | res or Other S | Similar Assets | |
| 1 41 | | the organization answered " | | | | | |
| 10 | | elected, as permitted under | | | tatement and bal | anco shoot works | |
| | • | elected, as permitted under easures, or other similar asse | | • | | | |
| | | Part XIII the text of the footn | • | | | | |
| | · • | elected, as permitted under | | | | e sheet works of | |
| | • | ures, or other similar assets | • | | | | |
| | | ng amounts relating to these | | | | | |
| | • | ded on Form 990, Part VIII, li | | | | ▶ \$ | |
| | | | | | | N A | |
| | | received or held works of art | | | | | |
| | | ints required to be reported i | | | | p. 01100 | |
| | | on Form 990, Part VIII, line 1 | | | | ▶ \$ | |
| | | Form 990, Part X | | | | | |
| | | eduction Act Notice, see th | | | | Schedule D (For | m 990) |
| HA | | | | | | | |
| | 10-02-19 | | | | | | |

| | NORTH LOS | S ANGELES | COUNTY | REGIONAL | ı | | | |
|------------|---|-----------------------|-------------------|-------------------|-----------------|------------------|----------------------|-------------|
| Sche | dule D (Form 990) 2019 CENTER,I | INC. | | | | 23-7 | 351340 | Page 2 |
| Pai | t III Organizations Maintaining Col | lections of Ar | t, Historica | I Treasures, | or Other | Similar Ass | sets(continu | ued) |
| 3 | Using the organization's acquisition, accession, | | | | | | | |
| | collection items (check all that apply): | | | Ū. | | | | |
| а | Public exhibition | d | 🗌 Loan o | r exchange progi | ram | | | |
| b | Scholarly research | е | | 0 1 0 | | | | |
| c | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's colle | ctions and explain | how they fur | her the organizat | ion's exemp | t nurnose in P | Part XIII | |
| 5 | During the year, did the organization solicit or re | • | - | • | | · · | | |
| Ū | to be sold to raise funds rather than to be maint | | | | | г | Yes | 🗌 No |
| Pa | t IV Escrow and Custodial Arrange | | | | | | | |
| | reported an amount on Form 990, Part X | | te il the organ | zation answered | | ini 550, i art i | v, inte 5, or | |
| 10 | Is the organization an agent, trustee, custodian | | ion for contrib | utions or other a | esote not inc | luded | | |
| Id | | | - | | | г | Yes | X No |
| | on Form 990, Part X? | | | | | L | tes | |
| D | If "Yes," explain the arrangement in Part XIII and | a complete the fol | lowing table: | | | | | |
| | | | | | | | Amount | |
| | Beginning balance | | | | | 1c | | |
| | Additions during the year | | | | | 1d | | |
| | Distributions during the year | | | | | 1e | | |
| | Ending balance | | | | | 1f | 1 | |
| 2 a | Did the organization include an amount on Form | n 990, Part X, line : | 21, for escrow | or custodial acc | ount liability' | ?L | X Yes | L No |
| <u>b</u> | If "Yes," explain the arrangement in Part XIII. Ch | | | | | | | X |
| Pa | t V Endowment Funds. Complete if th | e organization and | swered "Yes" | on Form 990, Pa | t IV, line 10. | | _ | |
| | (4 | a) Current year | (b) Prior yea | ar 🔰 (c) Two yea | ars back (d) | Three years bac | ck (e) Four y | years back |
| 1a | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| | Other expenditures for facilities | | | | | | | |
| | and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the current | t vear end balance | e (line 1 a. colu | mn (a)) held as: | | | | |
| | Board designated or quasi-endowment | t your ond building | % | | | | | |
| h | Permanent endowment | % | | | | | | |
| 0 | Term endowment % | | | | | | | |
| U | | ogual 1000/ | | | | | | |
| 0- | The percentages on lines 2a, 2b, and 2c should | | | ما م م ما م | | | | |
| Ja | Are there endowment funds not in the possessi | on of the organiza | ition that are n | eid and administ | ered for the | organization | Г | |
| | by: | | | | | | | Yes No |
| | (i) Unrelated organizations | | | | | | | <u> </u> |
| | (ii) Related organizations | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organization | | | e R? | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the or | | wment funds. | | | | | |
| Pai | t VI Land, Buildings, and Equipmer | | | | | | | |
| | Complete if the organization answered " | Yes" on Form 990 | , Part IV, line 1 | 1a. See Form 99 | 0, Part X, lin | e 10. | | |
| | Description of property | (a) Cost or ot | | Cost or other | | mulated | (d) Book | value |
| | | basis (investm | ient) b | asis (other) | depre | ciation | | |
| 1a | Land | | | | | | | |
| | Buildings | | | | | | | |
| | Leasehold improvements | | | | | | | |
| | Equipment | | | | | | | |
| | Other | | | | | | | |
| | Add lines 1a through 1e. (Column (d) must equa | al Form 990, Part 2 | X, column (B), | line 10c.) | | | | 0. |
| | | | | | | | | |

Schedule D (Form 990) 2019

| NORTH | LOS | ANGELES | COUNTY | REGIONAL |
|--------|-------|---------|--------|----------|
| CENTER | R, II | NC. | | |

| Part VIII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security of category (including name of security) (b) Book value (c) Method of valuation: Cost or (1) Financial derivatives (c) (c) Method of valuation: Cost or (3) Other (a) (b) Book value (c) Method of valuation: Cost or (A) (b) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) | |
|--|--------------------------|
| (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or (1) Financial derivatives | |
| (1) Financial derivatives | |
| (2) Closely held equity interests | |
| (3) Other (A) (B) (B) (C) (C) (D) (C) (E) (C) (F) (C) (G) (C) (H) (C) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ (C) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or (1) (C) (2) (C) (3) (C) (4) (C) (5) (C) (6) (C) (7) (C) (6) (C) (7) (C) (6) (C) (9) (C) (b) must equal Form 990, Part X, col. (B) line 13.) | |
| (A) (B) (B) (C) (C) (D) (D) (E) (F) (C) (G) (C) (H) (C) (A) (C) (B) (C) (G) (C) (G) (C) (G) (C) (H) (C) (F) (C) (G) (C) (H) (C) (F) (C) (G) (C) (G) (C) (a) (C) (b) (C) (C) (C) (G) (C) (G) (C) (G) | |
| (B) (C) (C) (D) (E) (E) (F) (F) (G) (G) (H) (F) (C) (E) (G) (C) (G) (C) (G) (C) (H) (C) (F) (C) (G) (C) (F) (C) (G) (C) (F) (C) (G) (C) (G) (C) (a) (C) (b) (C) (C) (C) (G) (C) (G) (C) (G) | |
| (C) (D) (E) (E) (F) (F) (G) (F) (H) (F) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) (C) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | |
| (D) (E) (F) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► (E) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (C) (2) (G) (3) (A) (4) (S) (6) (G) (7) (B) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► | |
| (E) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► (E) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or (1) (a) (b) Book value (c) Method of valuation: Cost or (1) (a) (b) Book value (c) Method of valuation: Cost or (1) (c) (c) (c) Method of valuation: Cost or (1) (c) (c) (c) (d) (c) (f) (f) (g) (f) (g) (f) (f) (f) (g) (f) (h) (f) <td></td> | |
| (F) (G) (H) (G) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ (E) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or (1) (2) (3) (4) (5) (6) (7) (8) (9) (b) must equal Form 990, Part X, col. (B) line 13.) | |
| (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (c) Method of valuation: Cost or (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | |
| (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (c) Method of valuation: Cost or (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | |
| Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or (1) (2) (3) (4) (5) (6) (7) (8) (9) (6) Loss (b) must equal Form 990, Part X, col. (B) line 13.) | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (1) (1) (7) (7) (7) (7) (7) (8) (9) (1) (1) (2) (7) (7) (7) (7) (7) (7) (7) (8) (9) (7) (7) (7) (7) (7) | |
| (a) Description of investment (b) Book value (c) Method of valuation: Cost or (1) (2) (3) (4) (3) (4) (4) (4) (5) (5) (6) (7) (8) (9) (5) (6) (7) (8) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (8) (7) (7) (7) (9) (7) (7) (7) (7) (7) (7) (7) (1) (7) (7) (7) (1) (7) (7) (7) (9) (7) (7) (7) (1) (7) (7) (7) (1) (7) (7) (7) (1) (7) (7) (7) (2) (7) (7) (7) (1) (7) (7) (7) | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► | |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► | end of year market value |
| (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► | |
| (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► | |
| (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► | |
| (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► | |
| (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► | |
| (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► | |
| (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | |
| | |
| | |
| Part IX Other Assets. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. | |
| (a) Description | (b) Book value |
| (1) DUE FROM STATE - ACCRUED VACATION AND OTHER EE BENEFITS | 111,230,965. |
| (2) DUE FROM STATE - DEFFERED RENT | 2,381,167. |
| (3) RECEIVABLE FROM INTERMEDIATE CARE FACILITIES | 4,924,463. |
| (4) OTHER RECEIVABLES | 1,045,937. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 119,582,532. |
| Part X Other Liabilities. | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line | |
| 1. (a) Description of liability | (b) Book value |
| (1) Federal income taxes | |
| (2) RETIREMENT HEALTH CARE PLAN | |
| (3) OBLIGATION | 37,361,747. |
| (4) DEFERRED RENT | 2,381,167. |
| (5) PENSION PLAN OBLIGATION | 115,624,505. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statemer | ▶ 155,367,419. |

Schedule D (Form 990) 2019

932053 10-02-19

| NORTH LOS ANGELES (| COUNTY | REGIONAL |
|---------------------|--------|----------|
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Schedule D (Form 990) 2019

| | edule D (Form 990) 2019 CENTER, INC. | | | /351340 Page 4 |
|--|---|---|---------------|--|
| Ра | rt XI Reconciliation of Revenue per Audited Financial State | ments With Reven | ue per Returi | n . |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 572,582,908. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| с | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 572,582,908. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| с | Add lines 4a and 4b | | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 572,582,908. |
| | | | | |
| | rt XII Reconciliation of Expenses per Audited Financial State | | | |
| | | ements With Exper | nses per Retu | irn. |
| | rt XII Reconciliation of Expenses per Audited Financial State | ements With Exper | nses per Retu | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line | ements With Exper | nses per Retu | irn. |
| P a 1 | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements | ements With Exper | nses per Retu | irn. |
| Pa 1 2 | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | ements With Exper | nses per Retu | irn. |
| Pa 1 2 a | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | ements With Exper 12a. 2a 2b | nses per Retu | irn. |
| Pa 1 2 a | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2b 2c | nses per Retu | irn. |
| Pa 1 2 a b c | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses | 2a 2b 2c 2d | 1 1 | ırn. 572,571,123. 0. |
| Pa 1 2 b c d | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | ements With Exper | 1 2e | ırn. 572,571,123. |
| Pa 1 2 b c d e | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | ements With Exper | 1 2e | ırn. 572,571,123. 0. |
| Pa 1 2 a b c d e 3 | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | ements With Exper | 1 2e | ırn. 572,571,123. 0. |
| Pa 1 2 a b c d e 3 | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line " Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2a 2b 2c 2d 2d | 1 2e | ırn. 572,571,123. 0. |
| Pa 1 2 a b c d e 3 4 a | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line " Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | ements With Exper | 1 1 2e 3 4c | ırn. 572,571,123. 0. 572,571,123. 0. |
| Pa 1 2 4 3 4 5 | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line " Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2a 2b 2c 2c 2d 2d 4a 4b 4b | 1 1 2e 3 4c | ırn. 572,571,123. 0. 572,571,123. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

| THE CENTER FUNCTIONS AS CUSTODIAN FOR THE RECEIPT OF CERTAIN GOVERNMENTAL |
|--|
| PAYMENTS AND RESULTING DISBURSEMENTS MADE ON BEHALF OF REGIONAL CENTER |
| CLIENTS. THESE CASH BALANCES ARE SEGREGATED FROM THE OPERATING CASH |
| ACCOUNTS OF THE CENTER AND ARE RESTRICTED FOR CLIENT SUPPORT. SINCE THE |
| CENTER IS ACTING AS AN AGENT IN PROCESSING THESE TRANSACTIONS, NO REVENUE |
| OR EXPENSE IS REFLECTED ON THE ACCOMPANYING STATEMENTS OF ACTIVITIES. THE |
| FUNDS ARE DISBURSED FOR RESIDENTIAL CARE AND OTHER EXPENSES RELATED TO THE |
| CARE OF THE SPECIFIC CLIENTS OF THE CENTER. |
| |

PART X, LINE 2:

THE CENTER RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS,

932054 10-02-19

| NORTH LOS ANGELES COUNTY REGIONAL |
|---|
| Schedule D (Form 990) 2019 CENTER, INC. 23-7351340 Page 5 Part XIII Supplemental Information (continued) Page 5 |
| SUCH AS A FILING STATUS OF TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE |
| RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION |
| FOLLOWING AN AUDIT. THE CENTER IS SUBJECT TO POTENTIAL INCOME TAX AUDITS |
| ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE |
| STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA PURPOSES IS GENERALLY |
| THREE AND FOUR YEARS, RESPECTIVELY. |
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| 932055 10-02-19 30 |

09510413 794084 21329

2019.05091 NORTH LOS ANGELES COUNTY RE 21329_1 182

| SCHEDULE I (Form 990) | | ũ õ Ö | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States | er Assistan d Individual | ce to Organ s in the Uni | izations, ted States | | OMB No. 1545-0047 | |
|--|--|-------------------|--|------------------------------------|---|--|--|---|---|
| F | | Comp | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | answered "Yes" on Fo | on Form 990, Par on | t IV, line 21 or 22. | | Onen to Bublic | |
| Department of the Ireasury Internal Revenue Service | | | Go to www.irs | s-gov/Form990 for | Go to www.irs.gov/Form990 for the latest information. | ation. | | Inspection | |
| Name of the organization | ion NORTH LOS ANGELES CENTER, INC. | | COUNTY REGIONAL | ONAL | | | | Employer identification number 23-7351340 | _ |
| Part I General In | | I Assistance | | | | | | | |
| 1 Does the organiz | Does the organization maintain records to substantiate the amount of th | substantiate the | amount of the grants | or assistance, the | grantees' eligibility | / for the grants or ass | le grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | | |
| criteria used to a | criteria used to award the grants or assistance? | ance? | | | | | | X Yes | |
| 2 Describe in Part | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | edures for monit | cring the use of grant | funds in the United | d States. | | | | |
| Part II Grants and | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | omestic Organi | zations and Domestic | c Governments. C | omplete if the orga | Inization answered "Y | res" on Form 990, Par | t IV, line 21, for any | _ |
| recipient th | recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | ,000. Part II can | be duplicated if addition | onal space is neec | ded. | | | | |
| 1 (a) Name and ad or gov | 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance | |
| | | | | | | | | | |
| | <u> </u> | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 Enter total numbe | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | a government or | ganizations listed in the | e line 1 table | | | | | |
| 3 Enter total numbe | Enter total number of other organizations listed in the line 1 table | isted in the line | 1 table | | | | | | |
| LHA For Paperwork | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | ee the Instruct | ions for Form 990. | | | | | Schedule I (Form 990) (2019) | |

932101 10-26-19

| NORTH LOS ANGELES Schedule I (Form 990) (2019) CENTER, INC. | LES COUNTY | Y REGIONAL | | | 23-7351340 Page 2 |
|---|--------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
| er Assistance to Domes | s. Complete if the | organization answe | red "Yes" on Form 9 | 90, Part IV, line 22. | |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| OTHER PURCHASED SERVICES | 27200 | 329,094,973. | 0. | | |
| DAY PROGRAM | 27200 | 90,554,662. | 0. | | |
| RESIDENTIAL SERVICES | 27200 | 88,572,712. | 0. | | |
| | | 5 | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | quired in Part I, lin | e 2; Part III, column | (b); and any other ac | dditional information. | |
| PART I, LINE 2: | | | | | |
| ASSISTANCE IS PROVIDED TO RESIDENTS | IS OF THE | STATE OF | CALIFORNIA | WHO НАVE | |
| DEVELOPMENTAL DISABILITIES. THE CE | CENTER MAIN | MAINTAINS CON | CONFIDENTIAL FILES | FILES ON EACH | |
| OF ITS CLIENTS. THE CENTER IS AUDITED | ВΥ | THE STATE OF | F CALIFORNIA'S | IA'S | |
| DEPARTMENT OF DEVELOPMENTAL SERVICES | AND | ALSO REVIEWED | ED BY FEDERAL | RAL STAFF | |
| FROM CMS TO ENSURE COMPLIANCE. | | | | | |
| | | | | | |
| NORTH LOS ANGELES COUNTY REGIONAL CENTER | | SERVED OVER | 27,200 | CLIENTS IN THE | |
| FISCAL YEAR ENDED JUNE 30, 2020. E | EACH CLIENT | RECE | D ASSISTANCE | CE BASED ON | |
| | | 32 | | | Schedule I (Form 990) (2019) |

| | IORTH LOS ANGELES CENTER, INC. | S COUNTY REGIONAL | 23-7351340 _{Pa} |
|-----------------------------|-----------------------------------|-------------------|--------------------------|
| Part IV Supplemental Inform | | | |
| INDIVIDUAL NEED. SOM | IE TOOK ADVANTAGE | E OF ALL PROGRAMS | PROVIDED WHILE OTHEN |
| ONLY UTILIZED SOME C | F THE PROGRAMS. | | |
| SCHEDULE I, PART III | (B) | | |
| THIS NUMBER IS THE E | STIMATED NUMBER | OF ACTIVE CONSUM | ERS THAT THE CENTER |
| SERVES AS OF JUNE 30 | , 2020. THE ACT | UAL NUMBER OF CO | NSUMERS SERVED |
| DURING ALL OF FY 202 | 0 WILL DIFFER DU | JE TO TRANSFER IN | S, TRANSFER OUTS |
| AND CLOSED CASES. | | | |
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| 932291)4-01-19 | | 33 | Schedule I (Form |
| 510413 794084 21329 | 2019.050 | | LES COUNTY RE 21329_ |

| sc | HEDULE J Compensation Information | OMB No | . 1545-00 |)47 |
|--------|--|--------------------|-----------|--------|
| (Fo | rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest | 20 |)19 | |
| | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | | , |
| Depa | The to the Treasury Action and the Treasury Action and the Treasury | | to Pub | |
| Interr | al Revenue Service Control Go to www.irs.gov/Form990 for instructions and the latest information. | • | ection | |
| Nan | • | nployer identifica | | mber |
| | CENTER, INC. | 23-73513 | 40 | |
| Pa | rt I Questions Regarding Compensation | | 1 | T |
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99 | <i>3</i> 0, | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal | | | |
| | Travel for companions Payments for business use of personal residu | ence | | |
| | Tax indemnification and gross-up payments | obof | | |
| | Discretionary spending account | Sher) | | |
| h | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| U | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| ~ | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | - |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| - | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization | to | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee X Written employment contract | | | |
| | Independent compensation consultant | | | |
| | X Form 990 of other organizations X Approval by the board or compensation com | nmittee | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | X |
| с | Participate in, or receive payment from, an equity-based compensation arrangement? | | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | | | X |
| b | Any related organization? | | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | v |
| _ | not described on lines 5 and 6? If "Yes," describe in Part III | | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | v |
| ~ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedule J (Fo | rm 990 |) 2019 |

| Schedule J (Form 990) 2019 CENTER, | ц ВР С | INC. | | TUNOTO | 23-7351340 | 340 | | Page 2 |
|---|-----------------|--|---|---|---|------------------------|--------------------------|---|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Corr | oldm | yees, and Highest (| Compensated Emp | loyees. Use duplica | npensated Employees. Use duplicate copies if additional space is needed | bace is needed. | | |
| For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. | be rel orm 5 | ported on Schedule . 990, Part VII. | J, report compensa | tion from the organiz | ation on row (i) and fror | n related organizatior | ns, described in the ins | tructions, on row (ii). |
| Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual | ed inc | dividual must equal tl | ne total amount of F | ⁻ orm 990, Part VII, S | ection A, line 1a, applica | able column (D) and (| E) amounts for that inc | lividual. |
| | | (B) Breakdown of W-2 | | and/or 1099-MISC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | (a)-(i)(a) | reported as deferred on prior Form 990 |
| (1) CARLO DE ANTONIO | (j) | 245,645. | 20,407. | 24,658. | 38,183. | 22,643. | 351,536. | •0 |
| CLINICAL SERVICES DIRECTOR | 1 | | | | | •0 | | .0 |
| 1 | Ξ | 202,265. | 16,804. | 20,29 | 24,12 | 9,545. | 273,03 | 0. |
| MEDICAL SERVICES SUPERVISOR | (ii) | .0 | | | 0. | | | .0 |
| (3) KIM ROLFES | (i) | 189,008. | 15,463. | 8,09 | 26,78 | 21,737. | 261,08 | 0. |
| DEPUTY DIRECTOR-CFO | (ii) | | | | | | | •0 |
| III S | (i) | 164,315. | 21,243. | 16,956. | 37,04 | 14,856. | 254,416. | 0. |
| | <u>:</u> | | | | ľ | | L L | •0• |
| (5) RUTH JANKA שעפרייייידעד אדפפרייירס (אני ספי סז / 2016) | Ξ | 183,788. | 11,216. | .609 | 37,659. | 22,599. | 256,171 0 | .00 |
| LE LANTHIER | | 161.433. | 13.411. | 16.81 | 11.67 | 8.449. | 211.77 | |
| - H | 28 | | | • D | | - | | •0 |
| (7) MICHELE MARRA | Ξ | 163,064. | 13,547. | 9,435. | 23,06 | 11,465. | 220,579. | .0 |
| CHIEF ORGANIZATIONAL DEV. OFFICER | : 🗉 | •0 | | Þ | •0 | • 0 | | •0 |
| (8) VINI MONTAGUE | Ξ | 137,649. | 11,436. | 22,604. | 16,418. | 3,989. | 192,0 | •0 |
| DIRECTOR OF FINANCE | Ē | | | | | •0 | | •0 |
| (9) JENNIFER WILLIAMSON | Ξ | 126,859. | 10,539. | 18,89 | 10,54 | 8,929. | 175,767. | .0 |
| POLICY & PROCEDURE MANAGER | (ii) | | | | | | | •0 |
| (10) JESSE WELLER | (i) | 123,355. | 9,622. | 10,903. | 9,841. | 8,872. | 162,593. | .0 |
| CHIEF OF PROGRAM SERVICES | (ii) | • 0 | .0 | • 0 | • 0 | • 0 | • 0 | • 0 |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
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23-7351340 NORTH LOS ANGELES COUNTY REGIONAL CENTER, INC.

| NORTH LOS ANGELES COUNTY REGIONAL Schedule J (Form 990) 2019 CENTER, INC. | 23-7351340 Page 3 |
|--|----------------------------|
| ormation anation, c | |
| | |
| PART I, LINE 1B: | |
| EXPENSE REIMBURSEMENT POLICY: | |
| THE FILING ORGANIZATION HAS AN EXPENSE REIMBURSEMENT POLICY THAT ENSURES | |
| REIMBURSEMENTS TO REGIONAL CENTER EMPLOYEES FOR NECESSARY EXPENSES ARE | |
| EQUITABLE, REASONABLE, AND PROPERLY DOCUMENTED. THIS POLICY REQUIRES THAT | |
| EMPLOYEES OBTAIN PRIOR AUTHORIZATION BEFORE ANY SIGNIFICANT EXPENSES ARE | |
| INCURRED. UPON REQUEST FOR REIMBURSEMENT, THE INDIVIDUAL INCURRING THE | |
| EXPENSE MUST PROVIDE DOCUMENTATION REGARDING REASONABLENESS OF THE EXPENSE | |
| AND PROOF OF PAYMENT. | |
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| | Schedule J (Form 990) 2019 |

932113 10-21-19

| SCHEDULE L (Form 990 or 990-EZ) Complet | | 28b, or 28c, o | swered " or Form 9 | Yes" on 90-EZ, P | Form 990, Par Part V, line 38 | rt IV a or | , line 25a, 25b, 2 | 26, 27 | , 2 8a, | | ив No. 20 | 19 |) |
|--|------------|--|-------------------------|-----------------------|----------------------------------|---------------|-----------------------------|---------|----------------|-----------------|---------------------|-------|---------|
| Department of the Treasury Internal Revenue Service | Go to y | | | | r Form 990-E | | est information. | | | | pen T spect | | olic |
| | - | ANGELES | | | | | est mormation. | | olovei | | • | | umber |
| - | ER, I | | , 6001 | | | | | | | 513 | | • | |
| Part I Excess Benefit Tr | | | 01(c)(3), s | ection 50 | 01(c)(4), and se | ectio | n 501(c)(29) org | | | | | | |
| Complete if the organiza | ation ansv | vered "Yes" on | Form 990 | , Part IV, | line 25a or 25 | b, or | Form 990-EZ, P | art V, | line 40 | Db. | | | |
| 1 (a) Name of disqualified person | (b) F | elationship bet | | | | | escription of trar | ogotic | 20 | | (d) | Corre | ected? |
| (a) Name of disqualmed person | | person and o | rganizatio | n | (| C) De | | ISACIIC | л I | | Y | es | No |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Enter the amount of tax incurred section 4958 3 Enter the amount of tax, if any, and tax is a section of tax. | | - | | | | | - | | ► \$ ► \$ | | | | |
| Part II Loans to and/or F | rom Int | erested Per | sons | | | | | | | | | | |
| Complete if the organize reported an amount on | ation ansv | vered "Yes" on | Form 990 | -EZ, Part | V, line 38a or | Forn | n 990, Part IV, lir | ne 26; | or if th | ne orga | anizati | on | |
| (a) Name of (b) Re | lationship | (c) Purpose | (d) Loan to from the | | e) Original | (f |) Balance due | |) In | (h) Ap by bo | proved ard or | ישן | Vritten |
| interested person with or | ganization | of loan | organizatio | | cipal amount | | | defa | ault? | comm | | agre | ement? |
| | | | To Fro | om | | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | | |
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| Total | | | | | 🕨 \$ | | | | | | | | |
| Part III Grants or Assista | | - | | | | | | | | | | | |
| Complete if the organiza | ation ansv | vered "Yes" on | Form 990 | | | | | | | | | | |
| (a) Name of interested person | | b) Relationship interested pers the organiza | son and | | c) Amount of assistance | | (d) Type assistan | | | |) Purp assist | | of |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| LHA For Paperwork Reduction Ac | t Notice. | see the Instruc | tions for | Form 99 | 0 or 990-EZ. | | Sch | edule | L (Fo | rm 990 |) or 9 | 90-E2 | 7) 2019 |

932131 10-21-19

37 09510413 794084 21329 2019.05091 NORTH LOS ANGELES COUNTY RE 21329_1 189

Interacted Persons

Schedule L (Form 990 or 990-EZ) 2019 CENTER, INC.

23-7351340 Page 2

| Fartiv Dusiness transactions involv | ing inter | esteu reis | 0113 | • | | | | |
|---------------------------------------|------------|---------------------------------|---------|-----------|---------------------------|--------------------------------|-----------------------------|----|
| Complete if the organization answered | "Yes" on F | orm 990, Part | IV, lir | ne 28a, 2 | 8b, or 28c. | | | |
| (a) Name of interested person | | onship betwee n and the orga | | | (c) Amount of transaction | (d) Description of transaction | (e) Sha organiz rever | |
| | | | | | | | Yes | No |
| SHAROLL JACKSON | BOARD | MEMBER | & | COOR | 9,232,929. | SHAROLL JAC | | Х |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SHAROLL JACKSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER & COORDINATOR FOR VENDOR CONTRACTED WITH THE REGIONAL CENTER.

(D) DESCRIPTION OF TRANSACTION: SHAROLL JACKSON IS THE VOLUNTEER

SERVICES COORDINATOR FOR NEW HORIZONS, A SERVICE PROVIDER FOR NORTH LOS

ANGELES REGIONAL CENTER.

Schedule L (Form 990 or 990-EZ) 2019

932132 10-21-19

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



OMB No 1545-0047

Employer identification number 23-7351340

FORM 990, PART I, LINE 16B:

CENTER,

INC.

THE CENTER RECEIVES FUNDING ON AN ANNUAL BASIS FROM THE STATE OF

NORTH LOS ANGELES COUNTY REGIONAL

CALIFORNIA. THE CENTER CONTRACTS WITH THE DEPARTMENT OF DEVELOPMENTAL

SERVICES TO PROVIDE OR COORDINATE SERVICES AND SUPPORT FOR INDIVIDUALS

WITH DEVELOPMENTAL DISABILITIES. THERE IS NO MONEY SPENT BY THE CENTER

FOR FUNDRAISING FROM PRIVATE DONORS. THE ENTITY DID NOT RECEIVE

CONTRIBUTIONS FROM PRIVATE DONORS DURING THE FISCAL YEAR ENDING JUNE

30, 2020.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WITH CONSUMERS, PROMOTING AND PROVIDING QUALITY SERVICES, AND

SUPPORTING FULL PARTICIPATION OF CONSUMERS AND FAMILIES IN ALL ASPECTS

OF COMMUNITY LIFE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INTERVENTION AND PREVENTION, COMMUNITY LIVING OPTIONS, SUPPORTED WORK

AND VOCATIONAL PROGRAMS, ADVOCACY, TRAINING AND EDUCATIONAL

OPPORTUNITIES, AND OTHER SUPPORT SERVICES FOR CONSUMERS AND FAMILIES.

OTHER PURCHASED SERVICES

329,094,973

90,554,662

88,572,712

DAY PROGRAM

RESIDENTIAL SERVICES

TOTAL ASSISTANCE TO INDIVIDUALS 508,222,347

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19

09510413 794084 21329

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2019.05091 NORTH LOS ANGELES COUNTY RE 21329__1 191

| Schedule O (Form 990 or 9 | 90-EZ) (2019) | Page 2 |
|---------------------------|---|---|
| Name of the organization | NORTH LOS ANGELES COUNTY REGIONAL CENTER, INC. | Employer identification number 23-7351340 |
| | | |

THE CENTER SERVED OVER 27,200 CONSUMERS IN THE FISCAL YEAR ENDING JUNE 30, 2020.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS REVIEWED AND APPROVED BY THE ADMINISTRATIVE AFFAIRS AND THE EXECUTIVE COMMITTEES. AFTER APPROVAL BY THE COMMITTEES, THE CPA WILL PRESENT TO THE BOARD OF TRUSTEES FOR THEIR APPROVAL. BEFORE FILING, THE FORM 990 IS APPROVED AND FORWARDED TO THE ENTIRE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD TRUSTEES AND EMPLOYEES MUST SIGN A "CONFLICT OF INTEREST" DOCUMENT WHEN APPOINTED OR HIRED. THE SIGNED DOCUMENTS FOR EMPLOYEES ARE MAINTAINED IN THE EMPLOYEE'S PERSONNEL FILE LOCATED IN THE HUMAN RESOURCES DEPARTMENT. THE SIGNED DOCUMENTS FOR BOARD TRUSTEES ARE MAINTAINED IN THE ADMINISTRATION OFFICE.

FORM 990, PART VI, SECTION B, LINE 15:

OFFICER AND KEY EMPLOYEE COMPENSATION IS DETERMINED THROUGH REVIEW AND APPROVAL BY THE BOARD OF TRUSTEES. THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALLY. THE DEPUTY DIRECTOR/PROGRAM SERVICES DIRECTOR'S COMPENSATION IS REVIEWED 1) UPON HIRE, AND 2) IF THE DEPUTY DIRECTOR/PROGRAM SERVICES DIRECTOR RECEIVES A SALARY ADJUSTMENT AT A DIFFERENT RATE THAN OTHER STAFF MEMBERS. THE CFO'S COMPENSATION IS REVIEWED 1) UPON HIRE, AND 2) IF THE CFO RECEIVES A SALARY ADJUSTMENT AT A DIFFERENT RATE THAN OTHER STAFF MEMBERS. COMPENSATION IS BASED ON SALARY SURVEYS AND RESEARCH OF OTHER REGIONAL CENTERS.

932212 09-06-19

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization NORTH LOS ANGELES COUNTY REGIONAL CENTER, INC. | Employer identification number 23-7351340 |
| | |

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990, THE FORM 1023, THE DETERMINATION LETTER, THE ARTICLES OF INCORPORATION, AND THE BYLAWS ARE ALL AVAILABLE UPON WRITTEN OR VERBAL REQUEST TO ANYONE WHO INQUIRES TO THE CENTER. GOVERNING DOCUMENTS ARE ALSO AVAILABLE AT THE CENTER'S OFFICE. ADDITIONALLY, THE FORM 990 AND FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND FORMS FOR EMPLOYEES WITH A CONFLICT OF INTEREST ARE ALSO POSTED ON THE WEBSITE.

FORM 990, PART VI, SECTION A, LINE 1B:

PURSUANT TO THE LANTERMAN ACT OF THE STATE OF CALIFORNIA, THE CENTER IS REQUIRED TO APPOINT PERSONS WITH DISABILITIES (CLIENTS WHO RECEIVE SERVICES OR THEIR PARENTS OR LEGAL GUARDIANS TO THE BOARD OF TRUSTEES. THE LANTERMAN ACT ALSO REQUIRES ONE TRUSTEE TO BE A CLIENT SERVICE PROVIDER. TO COMPLY WITH THIS STATE LAW, THE CENTER'S BOARD OF TRUSTEES INCLUDES 4 CLIENTS, 13 PARENTS/LEGAL GUARDIANS OF CLIENTS, 1 SERVICE PROVIDER (ALSO A PARENT) AND 0 MEMBERS OF THE PUBLIC (NOT A CONSUMER OR PARENT), FOR A TOTAL OF 18 MEMBERS AS OF JUNE 30, 2020.

FORM 990, PART VII

DURING FISCAL YEAR END 6/30/2020, NLACRC REIMBURSED CERTAIN BOARD MEMBERS FOR RESPITE SERVICES PROVIDED DUE TO BOARD OBLIGATIONS. THOSE REIMBURSEMENTS WERE REPORTED ON FORMS 1099 ARE INCLUDED IN FORM 990 PART VII.

FORM 990, PART X, LINE 10

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Schedule O (Form 990 or 990-EZ) (2019)

| Schedule O (Form 990 or 990-EZ) (2019) Name of the organization NORTH LOS ANGELES COUNTY REGIONAL CENTER, INC. | Page 2 Employer identification number 23-7351340 |
|--|--|
| PURSUANT TO THE TERMS OF THE DDS CONTRACT, EQUIPMENT PURC | HASES BECOME |
| THE PROPERTY OF THE STATE AND, ACCORDINGLY, ARE CHARGED A | S EXPENSES |
| WHEN INCURRED. FOR THE YEAR ENDED JUNE 30, 2020 EQUIPMENT | PURCHASES |
| TOTALED \$231,618. | |
| | _ |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| HEALTH CARE AND PENSION PLAN-RELATED CHANGES OTHER THAN | |
| NET PERIODIC POST-RETIREMENT BENEFIT COST | -30,224,285. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -30,224,285. |
| | |
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| | |
| 932212 09-06-19 Scher | lule O (Form 990 or 990-EZ) (2019) |
| 42 510413 794084 21329 2019.05091 NORTH LOS ANGELES (194 | COUNTY RE 213291 |

| Form 990-T | | extended to ma ganization Busi | | ax Return | OMB No. 1545-0047 |
|--|--|---|-------------------------------|-------------------------|--|
| | | (and proxy tax under | section 6033(e)) | | 0010 |
| | | ax year beginning $\overline{\text{JUL} 1}$, | | | . 2019 |
| Department of the Treasury Internal Revenue Service | | vww.irs.gov/Form990T for instr mbers on this form as it may be | | | Open to Public Inspection 1 501(c)(3) Organizations Onl |
| A Check box if | | I (Check box if name char | | ID. | Employer identification number |
| address changed | | ANGELES COUNT | | | (Employees' trust, see instructions.) |
| B Exempt under section | Print CENTER, I | NC. | | | 23-7351340 |
| X 501(C)(3) | | room or suite no. If a P.O. box, s | | | Unrelated business activity code (See instructions.) |
| 408(e) 220(e) | 9200 OAKD. | ALE AVENUE, NO | | | |
| 408A 530(a) | | province, country, and ZIP or fo H , CA 91311 | reign postal code | Q | 12930 |
| Book value of all assets | E Crown exemption r | number (Cas instructions) | | O | 12930 |
| ^{at end of year} 179,626,7 | 89. G Check organization | n type X 501(c) corpora | ation 501(c) trust | 401(a) tr | ust Other trust |
| H Enter the number of the c | organization's unrelated trades | s or businesses. 🕨 🔢 🗌 | Describe th | he only (or first) unre | lated |
| | SEE STATEME | | | complete Parts I-V. If | |
| | | evious sentence, complete Parts | I and II, complete a Schedule | M for each additional | trade or |
| business, then complete I | | an officiated many and a second a | u haidian a antrallad ana mO | | Yes X No |
| | nd identifying number of the p | an affiliated group or a parent-s | subsidiary controlled group? | ▶∟ | Yes X No |
| | ► KIM L. ROL | | Telepho | ne number 🕨 (8 | 18)778-1900 |
| | d Trade or Business | | (A) Income | (B) Expenses | (C) Net |
| 1a Gross receipts or sale | S | | | | |
| b Less returns and allow | | | 10 | | |
| | chedule A, line 7) | | 2 | | |
| 3 Gross profit Subtract | | | 3 | | |
| | e (attach Schedule D) | | 4a | | |
| | 4797, Part II, line 17) (attach I | / | 4D 4C | | |
| | for trusts partnership or an S corporatio | | 5 | | |
| | le C) | | 6 | | _ |
| | ed income (Schedule E) | | 7 | | |
| | alties, and rents from a contro | | 8 | | |
| | a section 501(c)(7), (9), or (1 | | 9 | | |
| | vity income (Schedule I) | | 10 | | |
| | Schedule J) | | 11 | | |
| | structions; attach schedule) | | 12 | | |
| 13 Total. Combine lines Part II Deductio | 3 through 12 | here (See instructions for li | 13 0. | | |
| | | ed with the unrelated busines | | | |
| | - | Schedule K) | , | | 14 |
| | | | | | 15 |
| | | | | | 16 |
| | | | | | 17 |
| | | | | | 18 |
| | | | | | 19 |
| 20 Depreciation (attach | Form 4562) | | | | |
| | | where on return | | | 21b |
| | | | | | 22 23 |
| | | | | | 23 |
| | | | | | 25 |
| | | | | | 26 |
| | | | | | 27 |
| | | | | | 28 0 |
| | axable income before net oper | ating loss deduction. Subtract li | ne 28 from line 13 | | 29 0 |
| 29 Unrelated business ta | erating loss arising in tay year | s beginning on or after January | | | _ |
| 30 Deduction for net op | | | | | 30 0 |
| 30 Deduction for net op (see instructions) | | | | | |
| Deduction for net op (see instructions) Unrelated business to | | 0 from line 29 | | | 31 0 Form 990-T (201 |

Form 990-T (20 19) NORTH LOS ANGELES COUNTY REGIONAL CENTER, INC. 23-7351340 Page 2

| t III 🛛 Tot | |
|------------------------------|------------------------------------|
| Total of unre | |
| Amounts pa | 33 |
| Charitable c | 34 |
| Total unrela | 3 35 |
| Deduction for | 36 |
| Total of unre | 37 |
| Specific ded | . 38 1,00 |
| Unrelated b | |
| enter the sm | 39 |
| t IV Tax | |
| Organizatio | ▶ 40 |
| Trusts Taxa | |
| 🔲 Tax ra | ▶ 41 |
| Proxy tax. S | ▶ 42 |
| Alternative r | 43 |
| Tax on Non | |
| Total. Add l | |
| t V Tax | · · · · · |
| Foreign tax | |
| Other credit | |
| General bus | |
| Credit for pr | |
| Total credit | 46e |
| Subtract line | 47 |
| Other taxes. | |
| Total tax. A | |
| 2019 net 96 | |
| Payments: | |
| 2019 estima | . . |
| Tax deposite | |
| Foreign orga | |
| Backup with | |
| Credit for sr | |
| Other credit | |
| | |
| | 52 64 |
| Total paym Estimated ta | 52 04 |
| Tax due. If | 53 ▶ 54 |
| Overpayme | 55 64 |
| Enter the an | 56 64 |
| t VI Sta | - 04 |
| | |
| At any time | Yes |
| over a finan | |
| FinCEN Forr | |
| here | |
| During the t | |
| If "Yes," see | |
| Enter the an | |
| | knowledge and belief, it is true, |
| · · · | May the IRS discuss this return w |
| | the preparer shown below (see |
| ■ Sig | instructions)? X Yes |
| Pri | if PTIN |
| d | ed |
| parer DC | P00286656 |
| | ▶ 95-3001179 |
| - | |
| Fir | (562)435-1191 |
| 01-27-20 | Form 990-T (2 |
| | (- |
| d parer DC • Only Firi | ed P0028 ▶ 95-30 (562)435 |

NORTH LOS ANGELES COUNTY REGIONAL Form 990-T (2019) CENTER, INC.

| Schedule A - Cost of Good | s Sold. Enter | method of inven | tory valuation N/A | | | | |
|---|----------------------------|---|---|----------|--|---|--|
| 1 Inventory at beginning of year | | | 6 Inventory at end of yea | | | 6 | |
| 2 Purchases | | | 7 Cost of goods sold. Su | | | | |
| 3 Cost of labor | | | from line 5. Enter here and in Part I, | | | | |
| 4a Additional section 263A costs | | | line 2 | | | 7 | |
| (attach schedule) | 4a | | 8 Do the rules of section | | | <u> </u> | Yes No |
| b Other costs (attach schedule) | | | property produced or a | • | • | | |
| 5 Total. Add lines 1 through 4b | | | | | | | |
| Schedule C - Rent Income (see instructions) | | Property and | d Personal Property | Lease | ed With Real Pro | oper | ty) |
| 1. Description of property | | | | | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | 0 (1)-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | ` of rent for p | rom real and personal property (if the percentage rent for personal property exceeds 50% or if the rent is based on profit or income) 3(a) Deductions directly connected with th columns 2(a) and 2(b) (attach sche | | | | ected with the income in (attach schedule) | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Total | 0. | Total | | 0. | | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | 2(a) and 2(b). En 1 (A) | ter | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | ► | 0 |
| Schedule E - Unrelated Del | | | instructions) | | | | |
| | | · | 2. Gross income from or allocable to debt- | | Deductions directly co to debt-finan | | perty |
| 1. Description of debt-fi | nanced property | | financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | + | |
| (4) | | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | e adjusted basis allocable to inced property h schedule) | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | % | | | | |
| (2) | | | % | | | | |
| (3) | | | % | | | | |
| (4) | | | % | | | | |
| | | | | | nter here and on page 1, Part I, line 7, column (A). | | Enter here and on page 1, Part I, line 7, column (B). |
| Totals | | | ► | | 0 | | 0 |
| Total dividends-received deductions in | | | ······ | <u> </u> | | • | 0 |

Form 990-T (2019)

923721 01-27-20

23-7351340

| NORTH Form 990-T (2019) CENTER | LOS ANGELE R, INC. | S COUNTY | REGIONA | L | | 23-73 | 5134 | 0 Page 4 |
|--------------------------------------|--|---|--|---|--|---|----------------------------|--|
| Schedule F - Interest, | | alties, and Ren | ts From Co | ontrol | led Organiz | ations (see ins | struction | s) |
| | | Exempt | Controlled Or | ganizat | ions | | | |
| 1. Name of controlled organiza | ident | | et unrelated income) (see instructions) 4. To pay | | otal of specified ments made | 5. Part of column 4 included in the contorganization's gross | trolling | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Nonexempt Controlled Organ | nizations | | | | | | | |
| 7. Taxable Income | 8. Net unrelated inco (see instructio | | al of specified payn made | nents | in the controlli | nn 9 that is included ng organization's income | | ductions directly connected income in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | | | | Enter here and | ns 5 and 10. on page 1, Part I, olumn (A). | Enter h | d columns 6 and 11. ere and on page 1, Part I, line 8, column (B). |
| Totals | | | | 🕨 | | 0. | | Ο. |
| Schedule G - Investme | ent Income of a | Section 501(c) |)(7), (9), or (| (17) O | rganization | 1 | • | |
| (see inst | tructions) | | | | | | | |
| 1 . Des | cription of income | | 2. Amount of | income | Deduction directly conner (attach sched) | cted 4. Set | asides schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Totals | | | Enter here and c Part I, line 9, col | | | | | Enter here and on page 1, Part I, line 9, column (B). |
| Schedule I - Exploited (see instr | l Exempt Activit | | er Than Ad | vertis | ing Income | • | | |
| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net incom from unrelated business (co minus column gain, compute through | trade or lumn 2 n 3). If a e cols. 5 | 5. Gross inco from activity t is not unrelat business inco | ed attribut | penses table to mn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | 1 | | | | | |
| (4) | | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | 1 | | | Enter here and on page 1, Part II, line 25. |
| Totals 🚬 🕨 | | | • | | | | | 0. |
| Schedule J - Advertis | | | | | | | | |
| Part I Income From | Periodicals Re | ported on a Co | nsolidated | Basis | 6 | | | |
| | | | | | | | | |

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---------------------------------------|-----------------------------------|------------------------------------|--|--------------------------|----------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) ► | 0. | 0. | | | | 0. |
| | | | | | | Form 990-T (2019) |

923731 01-27-20

46 2019.05091 NORTH LOS ANGELES COUNTY RE 21329_1 198

| | NORTH | LOS | ANGELES | COUNTY | REGIONAL |
|--|-------|-----|---------|--------|----------|
|--|-------|-----|---------|--------|----------|

Form <u>990-T (2019) CENTER, INC.</u>

| | a line-by-line basis. | | | | | | |
|-----------------------------|--|--|---|--------------------|--|---|--|
| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circul incom | | Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | 0. | (|). | | • | | 0. |
| | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and or page 1, Part I, line 11, col. (B). | 1 | | | Enter here and on page 1, Part II, line 26. | |
| Totals, Part II (lines 1-5) | Ο. | (|). | | | | 0. |
| Schedule K - Compensatio | n of Officers, | Directors, a | nd Trustees (see in | nstructions) |) | | |
| 1. Name | | | 2. Title | | Percent of ime devoted to business | | ensation attributable related business |
| | | | | | | | |

| | Dusiness | |
|---|----------|----|
| (1) | % | |
| (2) | % | |
| (3) | % | |
| (4) | % | |
| Total. Enter here and on page 1, Part II, line 14 | ► | 0. |

Form 990-T (2019)

Page 5

23-7351340 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

QUALIFIED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print | Name of exempt organization or other filer, see instru NORTH LOS ANGELES COUNTY R | Taxpaye | axpayer identification number (TIN) | | | | | |
|---|---|---|---|--|---|-------------------|--|--|
| • | CENTER, INC. | | | | 23-735 | 51340 | | |
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, s 9200 OAKDALE AVENUE, NO 1 | | tions. | | | | | |
| instructions | City, town or post office, state, and ZIP code. For a f CHATSWORTH, CA 91311 | foreign adc | Iress, see instructions. | | | | | |
| Enter the | Return Code for the return that this application is for (fi | ile a separa | ate application for each return) | | | 01 | | |
| Applicat | on | Return | Application | | | Return | | |
| ls For | | Code | ls For | | | Code | | |
| Form 990 | or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | | |
| Form 990 | -BL | 02 | Form 1041-A | | | | | |
| Form 472 | 20 (individual) | 03 | Form 4720 (other than individual) | | | | | |
| Form 990 | ŀPF | 04 | Form 5227 | | | | | |
| Form 990 | I-T (sec. 401(a) or 408(a) trust) | 05 | 5 Form 6069 | | | | | |
| Form 990 | -T (trust other than above) KIM L • ROLFES | | | | | | | |
| If the is If this box 1 I ree the 2 If the | X tax year beginning JUL 1, 2019 ne tax year entered in line 1 is for less than 12 months, or Change in accounting period | : Group Exe and atta MA ganization's , an check reas | emption Number (GEN), in the names and TINs of the names and TINs of the sector | f this is fo f all memb the exem | r the whole gr pers the exten npt organizatio | sion is for. | | |
| | his application is for Forms 990-BL, 990-PF, 990-T, 4720 |), or 6069, | enter the tentative tax, less | | • | 0. | | |
| | nonrefundable credits. See instructions. nis application is for Forms 990-PF, 990-T, 4720, or 6063 | 9 ontor on | v refundable credits and | <u>3a</u> | \$ | 0. | | |
| | | | | | | | | |
| | imated tax payments made. Include any prior year over ance due. Subtract line 3b from line 3a. Include your p | | | 3b | \$ | 0. | | |
| | ng EFTPS (Electronic Federal Tax Payment System). Se | • | | 3c | ¢ | 0. | | |
| Caution: instructio | If you are going to make an electronic funds withdrawa ns. | ıl (direct de | bit) with this Form 8868, see Form 8 | | | -EO for payment | | |
| LHA F | or Privacy Act and Paperwork Reduction Act Notice | , see instr | uctions. | | Form 88 | 368 (Rev. 1-2020) | | |

923841 12-30-19

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type o print | | empt organization or other filer, see instructions. LOS ANGELES COUNTY REGIONAL Taxpayer identification number | | | | | |
|--|--|--|-----------------------------------|----------------------------|---|--|--|
| • | CENTER, INC. | | | | 23-73 | 51340 | |
| File by the due date filing your return. Se instructio | Number, street, and room or suite no. If a P.O. box, 9200 OAKDALE AVENUE, NO 1 | .00 | | | | | |
| | CHATSWORTH, CA 91311 | ioreign auc | | | | | |
| Enter th | ne Return Code for the return that this application is for (| file a separa | ate application for each return) | | | | |
| Applica | ation | Return | Application | | | Return | |
| ls For | | Code | Is For | | | Code | |
| Form 9 | 90 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | |
| Form 9 | 90-BL | 02 | Form 1041-A | | | | |
| Form 4 | 720 (individual) | 03 | Form 4720 (other than individual) | | | 09 | |
| Form 9 | 90-PF | 04 | Form 5227 | | | 10 | |
| Form 9 | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | |
| Form 9 | 90-T (trust other than above) KIM L • ROLFES | 06 | Form 8870 | | | 12 | |
| Tele If th If th box 1 I tt 2 If | books are in the care of ▶ 9200 OAKDALE A phone No. ▶ (818) 778-1900 e organization does not have an office or place of busine s is for a Group Return, enter the organization's four digit □ . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until ne organization named above. The extension is for the or ▶ alendar year or ▶ Tax year beginning JUL 1, 2019 the tax year entered in line 1 is for less than 12 months, □ Change in accounting period | ss in the Ur t Group Exe and atta <u>MA</u> ganization's , an check reas | Fax No. | f this is fo f all memb | r the whole over the extended of the extended | group, check this | |
| | ny nonrefundable credits. See instructions. | 0, 01 0009, | enter the terrative tax, less | 3a | \$ | 0. | |
| _ | this application is for Forms 990-PF, 990-T, 4720, or 606 | 9, enter an | y refundable credits and | | | | |
| e | stimated tax payments made. Include any prior year over | rpayment a | llowed as a credit. | | | | |
| c E | alance due. Subtract line 3b from line 3a. Include your p | ayment wit | th this form, if required, by | | | | |
| u | sing EFTPS (Electronic Federal Tax Payment System). Se | ee instructio | ons. | 3c | \$ | 0. | |
| Cautio instruc ⁻ LHA | n: If you are going to make an electronic funds withdrawa ions. For Privacy Act and Paperwork Reduction Act Notice | | , | 453-EO a | | 9-EO for payment 8668 (Rev. 1-2020) | |

923841 12-30-19

| TAXABLE | YEAR | California Exempt Organization | | | 928941 12-04 FORM | 4-19 |
|---|-------------------------|---|---------------|---------|---------------------------|----------|
| 201 | 9 | Annual Information Return | | | 199 | |
| Calendar Yea | r 2019 or | fiscal year beginning (mm/dd/yyyy) 07/01/2019 , and ending (mm/dd/yyyy) | | 06 | /30/2020 . | |
| Corporation/O | • | | a corpor | ation r | number | |
| CENTER | | ANGELES COUNTY REGIONAL | 061 | 34 | | |
| Additional info | | | 001 | | | |
| | | 23 | 8-73 | 351 | 340 | |
| Street address | | | IB no. | | | |
| 9200 C | AKDA | LE AVENUE, NO. 100 | code | | | |
| CHATSW | IORTH | | .311 | | | |
| Foreign countr | - | | reign pos | | de | |
| | | | | | | |
| A First Ret | urn | Yes X No J If exempt under R&TC Section 23701d | | | | м. |
| B Amendee C IRC Sect | d Return | • Yes X No engaged in political activities? See instr a)(1) trust Yes X No K Is the organization exempt under R&TC | | | | |
| | ormation F | | | | | NU |
| | Dissolved | Surrendered (Withdrawn) Merged/Reorganized L If organization is a public charity exempt | | | | - |
| | : (mm/dd/yy | | | | | |
| | | method: (1) cash (2) X Accrual (3) other box. No filing fee is required | | | • <u>X</u> | |
| | | ? (1) • 🗶 990T (2) • 💭 990PF (3) • 💭 Sch H (990) 🛛 M Is the organization a Limited Liability Co | | | • Yes X | No |
| . , | Other 990 | | | | | |
| | | g? See instructions Yes X No report taxable income? in a group exemption Yes X No 0 Is the organization under audit by the If | | | | No |
| | | parent's name? | | | | No |
| 11 100, 1 | what is the | P Is federal Form 1023/1024 pending? | | | | No |
| Did the o | organizatio | n have any changes to its guidelines Date filed with IRS | | | | |
| | | FTB? See instructions | | | | |
| Part | | Part I unless not required to file this form. See General Information B and C. | | | | |
| | | oss sales or receipts from other sources. From Side 2, Part II, line 8 | | 1 | 10,418,642 | |
| | | oss dues and assessments from members and affiliates oss contributions, gifts, grants, and similar amounts received STMT 1 | | 2 3 | 562,164,266 | 00 |
| Receipts | 4 Tot | oss contributions, gifts, grants, and similar amounts received <u>STMT 1</u> al gross receipts for filing requirement test. Add line 1 through line 3. s line must be completed. If the result is less than \$50,000, see General Information B | • | 4 | 572,582,908 | |
| and | | st of goods sold | 00 | | / / / / | |
| Revenues | 6 Co | st or other basis, and sales expenses of assets sold • 6 | 00 | | | |
| | | tal costs. Add line 5 and line 6 | | 7 | | 00 |
| | | tal gross income. Subtract line 7 from line 4 | • | 8 | 572,582,908 | |
| Expenses | | tal expenses and disbursements. From Side 2, Part II, line 18 | | 9 10 | 572,571,123 11,785 | |
| | | cess of receipts over expenses and disbursements. Subtract line 9 from line 8 | • | 11 | 11,705 | 00 |
| | | e tax. See General Information K | • | 12 | | 00 |
| | 13 Pa | yments balance. If line 11 is more than line 12, subtract line 12 from line 11 | . • [| 13 | | 00 |
| Filing Fee | | e tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | | 14 | | 00 |
| | | ng fee \$10 or \$25. See General Information F | [| 15 | N/A | 00 |
| | | nalties and Interest. See General Information J | | 16 | | 00 |
| | 17 Ba | lance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result | best of I | 17 | owledge and belief, | 00 |
| Sign | it is true, o | correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kr | nowledg | e. | | |
| Here | Signature of officer | | | | • Telephone | |
| | or officer | Date Check if | | | ● PTIN | |
| | Preparer's signature | ► DONITA M. JOSEPH self-employ | /ed 🕨 [| | P00286656 | |
| Paid | Firm's nar | | | | ● Firm's FEIN | |
| Preparer s | (or yours, if self- | WINDES, INC. | | | 95-3001179 • Telephone | |
| Use Only | employed and addre | | | | (562)435-119 | 1 |
| | May the | | • X | Yes | (562) 455-119 | <u> </u> |
| | 1 | | | 103 | | |
| | | 022 3651194 | | Form | 199 2019 Side 1 | |

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

| | 1, | <u> </u> | | | | <u> </u> | | | | |
|-------------|-----------|--------------------------------------|--------------------------------|------------------------------------|---------------------------|----------|--------------------------|-----------|--|--|
| | | Gross sales or receipts from all | | | | 1 | 416,210 | <u>00</u> | | |
| | 2 | | | | | 2 | <u>++0,21</u> | _ | | |
| Receipts | - | Dividends Gross rents | | | | 4 | | 00 | | |
| from | 5 | Gross royalties | | | | 5 | | 00 | | |
| Other | 6 | Gross amount received from sal | le of assets (See Instructions | | • | 6 | | 00 | | |
| Sources | 7 | Other income | er income SEE STATEMENT 2 • | | | | | | | |
| | 8 | Total gross sales or receipts fro | m other sources. Add line 1 | through line 7. Enter here and | on Side 1. Part I. line 1 | 7 | 10,002,420 | | | |
| | 9 | Contributions, gifts, grants, and | | | | 9 | 508,222,34 | | | |
| | 10 | Disbursements to or for membe | rs | | • | 10 | | 00 | | |
| | 11 | | tors, and trustees | SEE STA | TEMENT 4 \bullet | 11 | 1,041,549 | 9 00 | | |
| | 12 | Other salaries and wages | | | • | 12 | 32,112,222 | 2 00 | | |
| Expenses | | Interest | | | | 13 | | 00 | | |
| and | | Taxes | | | | 14 | 464,459 | | | |
| Disburse- | | Rents | | | | 15 | 4,009,544 | 4 00 | | |
| ments | 16 | Depreciation and depletion (See | instructions) | | • | 16 | | 00 | | |
| | 17 | Other Expenses and Disburseme | ents | SEE STA | TEMENT 5 • | 17 | | | | |
| | 18 | Total expenses and disburseme | ents. Add line 9 through line | 17. Enter here and on Side 1, P | art I, line 9 | | 572,571,123 | 3 00 | | |
| Schedu | ule L | Balance Sheet | Beginning o | of taxable year | | l of tax | kable year | | | |
| Assets | | | (a) | (b) | (C) | | (d) | | | |
| | | | | 26,349,854 | | | • 34,337,2 | 227 | | |
| | | s receivable | | | | | • | | | |
| | | ceivable | | | | | • | | | |
| | | | | | | | • | | | |
| | | state government obligations | | | | | • | | | |
| | | in other bonds | | | | | • | | | |
| | | in stock | | | | | • | | | |
| 8 Mortg | | | | | | | • | | | |
| 9 Other | | | | | | _ | • | | | |
| 10 a Dej | oreciab | le assets | | | 1 | | | | | |
| | | mulated depreciation | (| / | (| / | | | | |
| 11 Land | | стип с | | | | | • 140,847,9 | <u></u> | | |
| | | STMT 6 | | 132,941,135 159,290,989 | | | • 140,847,1 175,185,1 | 200 | | |
| | | at worth | | 159,290,909 | | | 1/5,105,4 | 207 | | |
| Liabilities | | | | 50,160,363 | | - | • 61,003, | 536 | | |
| | | yable s, gifts, or grants payable | | 50,100,505 | | | • 01,005, | <u> </u> | | |
| | | notes payable STMT 7 | | 3,203,023 | | | • 2,761, | 727 | | |
| | | bayable | | 572057025 | | - | • 2,,01, | | | |
| 18 Other | liahiliti | es STMT 8 | | 119,662,578 | | | 155,367,4 | 419 | | |
| 19 Canita | al stock | or principal fund | | 11370027370 | | | • | | | |
| | | tal surplus. Attach reconciliation | | | | | • | | | |
| | | nings or income fund | | -13,734,975 | | | • -43,947,4 | 475 | | |
| | | ties and net worth | | 159,290,989 | | | 175,185,2 | 207 | | |
| Sched | | | per books with income per | | | | ,, | | | |
| | | | | ule L, line 13, column (d), is les | s than \$50,000. | | | | | |

 1 Net income per books
 • -30,212,500
 7 Income recorded on books this year not included in this return

 2 Federal income tax
 •
 •

| 3 | Excess of capital losses over capital gains | ۲ | | 8 | Deductions in this return not charged | | |
|---|---|---|------------|----|---------------------------------------|---|--------|
| 4 | Income not recorded on books this year | ٠ | | | against book income this year | • | |
| 5 | Expenses recorded on books this year not | | | 9 | Total. Add line 7 and line 8 | | |
| | deducted in this return STMT 9 | ٠ | 30,224,285 | 10 | Net income per return. | | |
| 6 | Total. Add line 1 through line 5 | | 11,785 | | Subtract line 9 from line 6 | | 11,785 |

Side 2 Form 199 2019

3652194

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204

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23-7351340

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_ _ _ _ _ _ _ _ _ _

| CA 199 | CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 | ST | ATEMENT | 1 |
|--|--|-----------------|-------------------|------------|
| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT | |
| DEPARTMENT OF DEVELOPMENTAL SERVICES | 1600 9TH STREET, STE 205 SACRAMENTO, CA 95814 | 07/01/19 | 562,164, | 266. |
| TOTAL INCLUDED ON LINE 3 | | | 562,164, | 266. |
| CA 199 | OTHER INCOME | ST | ATEMENT | 2 |
| DESCRIPTION | | | AMOUNT | |
| OTHER INCOME INTERMEDIATE CARE FACILI | ТҮ | | 39,11 9,963,31 | 16. 10. |
| TOTAL TO FORM 199, PART | II, LINE 7 | | 10,002,42 | 26. |
| | | | | |

_

| ASSIST PERSONS WITH DISABI OONEES ADDRESS 200 OAKDALE AVENUE - CHATSWORTH, CA 91311 | LITIES RELATIONSHIP NONE | AMOUNT 329,094,973 |
|--|---|--|
| 200 OAKDALE AVENUE - | | |
| | NONE | 329,094,973 |
| | | |
| ONEES ADDRESS | RELATIONSHIP | AMOUNT |
| 200 OAKDALE AVENUE - HATSWORTH, CA 91311 | NONE | 90,554,662 |
| OONEES ADDRESS | RELATIONSHIP | AMOUNT |
| 200 OAKDALE AVENUE - HATSWORTH, CA 91311 | NONE | 88,572,712 |
| OTAL FOR THIS ACTIVITY | | 508,222,347 |
| 199, PART II, LINE 9 | | 508,222,347 |
| | 200 OAKDALE AVENUE - HATSWORTH, CA 91311 ONEES ADDRESS 200 OAKDALE AVENUE - HATSWORTH, CA 91311 OTAL FOR THIS ACTIVITY | 200 OAKDALE AVENUE - NONE NONE ONEES ADDRESS 200 OAKDALE AVENUE - NONE HATSWORTH, CA 91311 OTAL FOR THIS ACTIVITY |

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT

_ _ _ _ _ _ _ _ _ _ _ _ _

| NAME AND ADDRESS | | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|--|-----|-------------------------------------|--------------|
| KIM ROLFES 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | DEPUTY DIRECTOR-CFO 40.00 | 259,528. |
| GEORGE STEVENS III 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | EXECUTIVE DIRECTOR (THRU 0 40.00 | 51,648. |
| RUTH JANKA 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | EXECUTIVE DIRECTOR (AS OF 40.00 | 309,142. |
| MICHELE MARRA 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | | CHIEF ORGANIZATIONAL DEV. 40.00 | 227,169. |
| JESSE WELLER 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | CHIEF OF PROGRAM SERVICES 40.00 | 173,739. |
| ELENA BURNETT 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD MEMBER (PRESIDENT) 3.50 | 0. |
| ANNA HAMILTON 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD MEMBER (1ST VP) 3.50 | 2,545. |
| ANA LAURA QUILES 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD MEMBER (TREASURER) 3.50 | 2,029. |
| LILLIAN MARTINEZ 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD MEMBER (SECRETARY) 3.50 | 3,054. |
| DEBRA NEWMAN 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD MEMBER (ARCA DELEGAT 3.50 | 9,690. |
| CAROLINE MITCHELL 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD MEMBER 3.50 | 0. |

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| NORTH LOS ANGELES COUNT | TY REGIONAL CEN | NTER | | | | 23-7351340 |
|--|-----------------|-------|----------------|--------|--------|------------|
| SHAROLL JACKSON 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD | MEMBER 3.50 | | | 0. |
| NICHOLAS ABRAHMS 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD | MEMBER 3.50 | | | 0. |
| IVETTE ARRIAGA 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD | MEMBER 3.50 | | | 0. |
| DENA BOGROW 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD | MEMBER 3.50 | | | 0. |
| ADAM BREALL 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD | MEMBER 3.50 | | | 0. |
| CHRISTINA CANNARELLA 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD | MEMBER 3.50 | | | 0. |
| MARIANNE DAVIS 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD | MEMBER 3.50 | | | 0. |
| LETICIA GARCIA 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD | MEMBER 3.50 | | | 0. |
| GABRIELA HERRERA 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD | MEMBER 3.50 | | | 0. |
| ANGELINA MARTINEZ 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD | MEMBER 3.50 | | | 2,210. |
| JEREMY SUNDERLAND 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD | MEMBER 3.50 | | | 795. |
| CURTIS WANG 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD | MEMBER 3.50 | | | 0. |
| MANUEL ALFARO 9200 OAKDALE AVENUE, NO. CHATSWORTH, CA 91311 | 100 | BOARD | MEMBER 3.50 | (UNTIL | 3/2020 | 0. |
| | | | | | | |

| | 23-7351340 |
|--|-------------|
| ELIZABETH BADGER BOARD MEMBER (UNTIL 1/202 9200 OAKDALE AVENUE, NO. 100 3.50 CHATSWORTH, CA 91311 | :0 0. |
| ADELINA CASTELLANOS BOARD MEMBER (UNTIL 7/201 9200 OAKDALE AVENUE, NO. 100 3.50 CHATSWORTH, CA 91311 | .9 0. |
| MELISSA FERMANBOARD MEMBER (UNTIL 6/2029200 OAKDALE AVENUE, NO. 1003.50CHATSWORTH, CA91311 | :0 0. |
| MEAGAN MILLERBOARD MEMBER (UNTIL 7/2019200 OAKDALE AVENUE, NO. 1003.50CHATSWORTH, CA91311 | .9 0. |
| CLAUDIA PICERNIBOARD MEMBER (UNTIL 6/2029200 OAKDALE AVENUE, NO. 1003.50CHATSWORTH, CA 913113.50 | .0 0. |
| ELIZABETH PINEDABOARD MEMBER (UNTIL 7/2019200 OAKDALE AVENUE, NO. 1003.50CHATSWORTH, CA91311 | .9 0. |
| TODD WITHERS 9200 OAKDALE AVENUE, NO. 100 CHATSWORTH, CA 91311BOARD MEMBER (UNTIL 2/202 3.50 | .0 0. |
| TOTAL TO FORM 199, PART II, LINE 11 | 1,041,549. |
| | |
| | |
| CA 199 OTHER EXPENSES | STATEMENT 5 |
| CA 199 OTHER EXPENSES DESCRIPTION | STATEMENT 5 |
| | |

| CA 199 OTHER ASSETS | | STATEMENT 6 |
|---|------------------------------|--|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES | 22,543,543. 1,842,561. | 20,483,452. 781,996. |
| DUE FROM STATE - ACCRUED VACATION AND OTHER EE BENEFITS | 103,714,766. | 111,230,965. |
| DUE FROM STATE - DEFFERED RENT RECEIVABLE FROM INTERMEDIATE CARE FACILITIES OTHER RECEIVABLES | 0. 3,913,852. 926,413. | 2,381,167. 4,924,463. 1,045,937. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 132,941,135. | 140,847,980. |
| CA 199 BONDS AND NOTES PAY | YABLE | STATEMENT 7 |
| | | |
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| ESCROW ACCOUNT LIABILITIES | 3,203,023. | 2,761,727. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 16 | 3,203,023. | 2,761,727. |
| | | |
| CA 199 OTHER LIABILITI | ES | STATEMENT 8 |
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| RETIREMENT HEALTH CARE PLAN OBLIGATION | 27,047,057. | 37,361,747. |
| DEFERRED RENT PENSION PLAN OBLIGATION | 2,419,107. 90,196,414. | 2,381,167. 115,624,505. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 119,662,578. | 155,367,419. |
| | | |
| CA 199 EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN THIS | | STATEMENT 9 |
| | | STATEMENT 9 AMOUNT |
| NOT DEDUCTED IN THIS | RETURN | |

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| TAXABLE YEAR 2019 | California e-file Return Author Exempt Organizations | orization | for | | | FORM 8453-EO |
|---|---|--|---|---|--|--|
| Exempt Organization | name | | | | Identify | ring number |
| NORTH LO | S ANGELES COUNTY REGIONAL | | | | | |
| CENTER, | INC. | | | | 23- | -7351340 |
| Part I Electr | ronic Return Information (whole dollars only) | | | | | |
| | receipts (Form 199, line 4) | | | | 1 | 572,582,908 |
| 0 | income (Form 199, line 8) | | | | 2 | 572,582,908 572,571,123 |
| 3 Total exper | nses and disbursements (Form 199, line 9) | | | | 3 | 5/2,5/1,123 |
| | Your Account Electronically for Taxable Year 2019 | | | | | |
| | onic funds withdrawal 4a Amount | | Vithdrawal da | ate (mm/dd/ | уууу) | |
| | ng Information (Have you verified the exempt organization's | s banking informa | ation?) | | | |
| 5 Routing nun | | - - (| . Г | | | |
| 6 Account nur | | 7 Type of | account: L | Checkin | g L | Savings |
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| Part V Decla | ration of Electronic Return Originator (ERO) and Paid Pro | | | | | |
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929021 11-08-19

| STATE OF CALIFORNIA RRF-1 | 1 | | | | DEPARTME | | JUSTICE |
|---|----------------------------------|---|---|---|--|--------------------------------|--------------|
| (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 Street | T | JAL REGISTRATION RENEV O ATTORNEY GENERAL OF Section 12586 and 12587, California 11 Cal. Code Regs. section 301-30 | F CALIFO Government C 7, 311 and 31 | RNIA Code 2 | (For Registry Use Only) | | |
| Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities | organization's minimum tax of | mit this report annually no later than four months s accounting period may result in the loss of tax \$800, plus interest, and/or fines or filing penalti 703; Government Code section 12586.1. IRS ex | exemption and ties. Revenue & T | the assessment of a axation Code section | | | |
| NORTH LOS ANGEL CENTER, INC. Name of Organization | ES COUNT | Y REGIONAL | | ange of address ended report | | | |
| List all DBAs and names the organization | n uses or has used | | | | | | |
| 9200 OAKDALE AV Address (Number and Street) | ENUE, NO | . 100 | State Cha | arity Registration Nur | mber ct 018662 | | |
| CHATSWORTH, CA City or Town, State, and ZIP Code | 91311 | | Corporati | on or Organization N | _{o.} 0706134 | | |
| (818)778-1900 Telephone Number | | S@NLACRC.ORG | Federal E | mployer ID No. 23 | -7351340 | | |
| | E-mail Address | ENEWAL FEE SCHEDULE (11 Cal | . Code Reg | s. sections 301-307 | , 311, and 312) | | |
| | Faa | Make Check Payable to Depart | | tice Gross Annual Re | | | |
| Gross Annual Revenue Less than \$25,000 Between \$25,000 and \$100,0 | <u>Fee</u> 0 000 \$25 | <u>Gross Annual Revenue</u> Between \$100,001 and \$250,000 Between \$250,001 and \$1 millio | | Between \$1,000,0 | 001 and \$10 million 0,001 and \$50 million | <u>Fe</u> \$1 \$2 \$3 | 50 25 |
| PART A - ACTIVITIES | | period (beginning_07/01/20 | 10 | . 06/20/2 | 020 | | |
| Gross Annual Revenue\$ 5 | 72,582,9 | | | 0 Total Asse enses \$ 572 | | 5,2 | 07 |
| PART B - STATEMENTS REC | GARDING ORGA | NIZATION DURING THE PERIOD | OF THIS RE | EPORT | | | |
| | | you answer "yes" to any of the que s for each "yes" response. Please i | | | | Yes | No |
| | | ny contracts, loans, leases or other f, either directly or with an entity in v | | ich officer, director o | - | x | |
| 2. During this reporting peri- or funds? | od, was there an | y theft, embezzlement, diversion or | misuse of th | ne organization's cha | ritable property | | x |
| | od, were any org | panization funds used to pay any pe | nalty, fine or | judgment? | | | x |
| 4. During this reporting peri- commercial coventurer us | | vices of a commercial fundraiser, fu | ndraising co | unsel for charitable p | ourposes, or | | x |
| 5. During this reporting peri- | od, did the orgar | nization receive any governmental fu | unding? | SEE ST | ATEMENT 11 | х | |
| 6. During this reporting peri | od, did the orgar | nization hold a raffle for charitable p | urposes? | | | | x |
| 7. Does the organization co | nduct a vehicle o | donation program? | | | | | x |
| 5 | | dent audit and prepare audited finar for this reporting period? | ncial stateme | ents in accordance w | /ith | x | |
| 9. At the end of this reportir | ng period, did the | e organization hold restricted net as | sets, while r | eporting negative un | restricted net assets? | | x |
| | | e examined this report, including a complete, and I am authorized to s | | ng documents, and | to the best of my knc | wled | |
| | | L. ROLFES | | EPUTY DIRE | CTOR-CFO | | |
| Signature of Authorized Agent | Printe | ed Name | Ti | tle | Date | | - |

CA RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS STATEMENT 10 PART B, LINE 1

A MEMBER OF THE BOARD OF DIRECTORS IS AN OFFICER OF AN ENTITY THAT TRANSACTED BUSINESS WITH THE REGIONAL CENTER. THIS VENDOR REPRESENTATIVE SITS ON THE BOARD OF DIRECTORS PURSUANT TO THE LANTERMAN ACT WHICH STATES THAT THE BOARD MUST HAVE AT LEAST ONE VENDOR REPRESENTATIVE.

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING PART B, LINE 5

STATEMENT 11

DEPARTMENT OF DEVELOPMENTAL SERVICES 1600 9TH STREET SACRAMENTO, CA 94244 CONTACT: BRIAN WINFIELD, (916) 654-1897

Year 2019 Tax Returns Summary

The North Los Angeles County Regional Center's ("NLACRC") Administrative Affairs Committee reviewed and discussed NLACRC's Year 2019 Tax Returns (July 1, 2019 through June 30, 2020) which were prepared and presented by Windes, Inc. on March 31, 2021. The Administrative Affairs Committee is recommending an action of Board of Trustees to accept the Year 2019 Tax Returns.

March 31, 2021

Ana Quiles, Board Treasurer

Board Resolution

The North Los Angeles County Regional Center ("NLACRC") Board of Trustees reviewed and discussed NLACRC's Year 2019 Tax Returns (July 1, 2019 through June 30, 2020) which were prepared by Windes, Inc. ("Windes") and passed the following resolution:

<u>RESOLVED THAT</u>, NLACRC Board of Trustees' has reviewed NLACRC's Year 2019 Tax Returns prepared by Windes and such reports are hereby accepted by the NLACRC's Board of Trustees on <u>April 14, 2021</u>.

<u>Certification by Secretary</u>: I certify that: (1) I am the Secretary of the NLACRC; (2) the foregoing Resolution is a complete and accurate copy of the Resolution duly adopted by NLACRC's Board of Trustees; (3) the Resolution is in full force and has not been revoked or changed in any way.

April 14, 2021

Lillian Martinez, Board Secretary

Executive Director's Report

North Los Angeles County Regional Center Executive Director's Report April 14, 2021

I. LEGISLATION

Federal

US Tax Return Filing Date moved to May 17, 2021

American Rescue Plan

\$1.9 trillion dollar stimulus package signed into law on 3/11/21 includes \$1400 per eligible recipient, and an additional \$1400 per dependent, including dependent adults. Also expands Child Tax Credit to \$3600 per child under 6 and \$3000 for children 6-17. The bill does not change minimum wage, however it does provide states with a one year increase in federal funding for Home Community Based Services by 10%.

<u>State</u>

ARCA Proposed Bills:

AB 445 (Calderon) Change in statue eliminating the requirement that regional centers collect personal information such as SSNs. ARCA is also proposing a bill that would increase access to regional center services by eliminating the requirement to pursue an appeal of a generic resource denial before a RC could expend funds – still seeking an author.

Authored Bills:

SB 639 (Durazo) – Sub-minimum wage – Phases out sub-minimum wage by preventing any new sub-min permissions, starting January 1, 2022, then totally stops it starting January 1, 2024. During the interim, current sub-min permissions can only be renewed under certain circumstances, directs several entities, including DDS and SCDD to come up with a specific phaseout plan by Jan 1, 2023.

SB 311 (Hueso) – Cannabis access – would amend the Health and Safety code and require various health facilities including SNFs to permit terminally ill residents to use medical cannabis. Bill does not include ICFs and CCFs.

SB 354 (Skinner) – Foster youth placement – would provide criminal record exemptions for crimes committed by a foster family applicant that are not listed as non-exempt, if the applicant doesn't pose a "substantial risk of abuse or neglect to child in the person's care."

AB 813 (Mullin) – RC Service Outcome Pilot – Bill by the CA Community Living Network (supported living) to require DDS to run a pilot project in at least three catchments, looking at up to four service types, to analyze service outcomes.

SB 518 (Laird) – Self-Determination Program Ombudsperson – would require the department to create an ombudsperson that has the authority to investigate the Self-Determination Program and the authorization to keep investigations confidential. Would require ombudsperson to perform various duties, including facilitating solutions to problems.

AB 57 (Gabriel) – Hate Crimes and Law Enforcement Training – ARCA Letter of Support Amends the Penal Code to require the department to carry out various duties related to documenting and responding to hate crimes, including conducting reviews of all law enforcement agencies every 3 years to evaluate the accuracy of hate crime data and the agencies' hate crime policies, implement a program in conjunction with school districts to educate students on how to report all suspected hate crimes, require specific hate crimes to be reported to the Federal Bureau of Investigation and require advisory notices to law enforcement agencies when hate crimes are committed in multiple jurisdictions. Also, the Peace Officers Standards Training would be required to develop a specified video course on the topic of hate crimes and require peace officers to take the training every 3 years.

AB 1417 (Frazier) – Model Curriculum at Community Colleges for Direct Service Professional Certification

Bill is directed toward increasing the number of trained providers of care for individuals with developmental disabilities in California. Would require California Community Colleges system to create a certification program to be offered at campuses where there is sufficient student interest in a career in direct service to individuals with developmental disabilities.

II. STATE/LOCAL UPDATES

A. Federal Emergency Management Agency (FEMA) COVID 19 Funeral Assistance Program Effective 4/12/21, Los Angeles County residents can apply for financial help for funeral expenses through the Federal Emergency Management Agency (FEMA) COVID 19 Funeral Assistance Program by contacting (844) 684-6333 and (800) 462-7585 for individuals who are deaf or hard of hearing. Program provides up to \$9,000 in financial assistance per funeral.

B. COVID-19 Rent Relief to Eligible Households

Eligibility information for both renters and landlords can be found at HousingIsKey.com or 833-430-2122

C. COVID-19 Supplemental Paid Sick Leave Extended and Expanded

CA Legislature passes SB95, which requires employers with 25 or more employees to provide paid sick leave when needed due to illness from COVID, a loved one who is sick and needs care, the need to quarantine or to attend a vaccination appointment. Bill is effective to January 1 to September 31, 2021.

D. Emergency Broadband Benefit Program

Federal benefit to provide \$50 per month to eligible individuals to access internet and remote services. Eligible households can also receive a one-time discount of up to \$100 to purchase a laptop, desktop computer or tablet from a participating provider, so long as the individual contributes \$10-\$50 toward the purchase price. Federal Communications Commission (FCC) states program should be up and running by late April and will conclude when the fund (\$3.2B) is expended or six months after the public health emergency.

E. CA State Auditor Report and In Home Support Services (IHSS) Concerns

The California State Auditor Report finds that 1) the IHSS Programs Funding Structure is inequitable and discourages counties from significantly raising IHSS wages, 2) thousands of IHSS recipients do not receive services due to lack of annual planning, 3) counties do not generally process IHSS applications in a timely manner, or ensure timely provision of IHSS care for recipients. CA Department of Public Social Services disagreed with several of the report conclusions and analysis, though stated several steps have been taken to address key issues. In typical times, the California Legislature would hold a policy committee hearing focusing on the audit report, or a joint hearing with HHS budget subcommittee, not clear if that will happen; at some point the issues raised in the report will emerge in one of those forums.

F. AB86 Signed - \$6.6B to Reopen California Schools

Funding is directed toward creating safe learning environments for students and safe workplaces for educators, acknowledging the importance of in-person learning on academic, and social emotional well being of students. \$2B directed toward safety measures such as PPE, ventilation upgrades and COVID testing and \$4.6B to fund learning opportunities such as summer school, tutoring and mental health services.

COVID19

1. Statistics

California Department of Public Health (CDPH) COVID-19 Update: <u>https://covid19.ca.gov/</u> as of Monday, April 12, 2021

3,602,827 COVID-19 positive; 59,249 deaths; 56,593,271 tests, 22,974,865 vaccines administered

LA County Public Health COVID Update as of Monday, April 9, 2021

http://publichealth.lacounty.gov

1,224,503 total cases reported and 23,431 deaths. 540 (<) hospitalizations; *Positivity Rate: 1.3% (<) (7-day average) Current County Risk Level: Tier 3 – (Orange - Moderate)*

Regional Centers Statewide COVID Data https://dds.ca.gov/ as April 3, 2021.

17,171 positive cumulative total, 531 hospitalizations currently, and 577 deaths cumulative total statewide.

NLACRC COVID Update – as of April 8, 2021:

Total cumulative number: 1,157 total positive cases, 163 cumulative hospitalizations and 53 deaths.

2. Vaccine Eligibility

- Individuals with Developmental Disabilities eligible effective March 15, 2021
- Individuals 50 years old and over eligible April 1, 2021
- Individuals 16 years and older eligible April 15, 2021

3. Vaccine Supply

323,000 doses of vaccine expected this week; 70% will be allocated to the most vulnerable communities. Supply reduced this week by 74,000 doses due to a reduced supply of Johnson & Johnson vaccine. Approximately 4.9M first doses and 1.7M second doses administered across LA County thus far. Los Angeles County has 566 vaccination sites total, including hospitals, pharmacies, mass dispensing sites, federally qualified health centers and additional sites with vaccine provided directly by the federal government and the state.

4. Vaccine Distribution

Palmdale Oasis Park Recreation Center and College of the Canyons to Replace Magic Mountain Effective 4/19/21, Palmdale Oasis Park Recreation Center and College of the Canyons will serve as vaccination sites and Magic Mountain will cease operations as a vaccination site as of 4/18/21.Each site will have the ability to administer up to 2,000 doses per day and will provide walk-up appointments. <u>Operation Homebound</u> – ICC and Los Angeles Sheriff's Department collaborated with NLACRC to provide vaccinations to individuals who could not be vaccinated at a site. Dr. Weller accompanied ICC and the sheriffs to over 20 homes in SFV and 35 individuals were vaccinated at a drive through. Approximately 75 individuals in the AV and 20 in SFV were vaccinated. The effort included parents and caregivers.

Kaiser Permanente – Antelope Valley

Kaiser Permanente dedicated two dates to vaccinate 500 individuals each date; the first vaccination date was 3/29/21 and NLACRC had 62 individuals sign up, and 81 individuals scheduled for the 4/2/21 date. Adult consumers in the Antelope Valley seem to be accessing the typical sites for vaccinations. One of our large programs in the AV reported the majority of adults had already scheduled their appointments for their vaccine prior to Kaiser Permanente offering dedicated dates to consumers.

Albertson's Pharmacy

Two individual Albertsons' locations (one in Santa Clarita and one in Lancaster) offered 10 vaccination appointments per day to consumers for the following dates: March 31 – April 2 and April 5 – April 9. 38 consumers total participated in this.

Vaccination Hotline

As of 4/12/21, NLACRC received 347 calls seeking support in getting vaccination appointments. Some calls are for assistance to schedule an appointment, and other calls are inquiries regarding the email received regarding the Vaccination Hotline and the assistance available.

Homebound Consumers

15 AV, 0 SCO, and 21 SFV

5. Personal Protective Equipment (Essential Protective Gear)

NLACRC continues to request EPG/PPE and distribute to providers, consumers and families, as well as maintain a supply for staff who are returning to field work.

6. DDS Directives/Guidance

4/2/21 DDS Directive – Extension of Waivers, Modifications and Directives

Extends expiration dates for multiple existing directives to allow for continued remote program planning meetings, intake and assessment, alternative service delivery, additional participant directed services, extension of Early Start Services, waiver of half day billing requirements for day services and waiver of self-determination program budget restrictions for financial managements services.

<u>3/29/21 DDS Guidance</u> – Reimbursement for Transportation Services for Alternative Nonresidential Services

Rates are based on a calculation that considers the vendor's monthly maximum and the monthly average number of consumers to establish a monthly unit rate, which is then used to bill based on the number of consumers served for the month.

<u>3/29/21 DDS Guidance</u> – Reimbursement for Group Supported Employment for Alternative Nonresidential Services

If traditional and alternative services are delivered during the same month, the average monthly rate applies. Rates are unique to each provider, and are based on the providers' average reimbursement and average number of consumers.

<u>3/29/21 DDS Directive</u> - Provider Attestation for Absence Payments for Nonresidential during State of Emergency

Providers will attest to the reduction of claims by same level of reduction in payroll, if applicable, and that RCs were repaid or claims were offset if a provider received PPP funds that were forgiven and the funds received were for the same expense reimbursed by the RC. Attestation will be done through e-billing.

Please note that all guidance and directives are available on NLACRC's website.

III. REGIONAL CENTER OPERATIONS

1. Public Meetings/Community Engagement

A. Purchase of Service (POS) Expenditure Meeting

Two additional meetings are scheduled for April 23rd at 10:00 AM (Spanish) and 1:00 PM (English); interpretation services will be available at both meetings. NLACRC has disseminated a survey to seek information from our community about the barriers to using approved regional center services.

B. Virtual Town Halls:

Meeting scheduled for Thursday, April 22nd, 1:30 – 3:00 PM. Topic will be School Age Services and Supports for families of children ages 3 to 14, presented by NLACRC staff Cristina Preuss, Consumer Services Director and Sarah Yap, Consumer Services Supervisor.

C. Support/Chat Groups

Parent Check In and Chat, Filipino Support Group, Santa Clarita Parent Chat Group, Parent of Adult Consumers Support Group, Cultivar y Crecer, Cafecito Entre Nos, Alianza de Hombres, and more. Dates, times and links are available on NLACRC's website (Calendar of Events)

2. Staff/ Staff Recruitment

We have a total of 17 new hires for April; 15 and 2 starting 4/12/21 and 4/19/21 respectively. We have filled the positions of Contract and Compliance Manager and Diversity, Equity & Inclusion Supervisor, both individuals starting effective 4/12/21. Additional April new hires includes 9 Consumer Service Coordinator positions, 3 Accounting positions, 1 Consumer Services Supervisor, and 2 Human Resources positions. Projected new hires for May include 3 Consumer Services Coordinators, 1 Officer of the Day (Service Coordinator Specialist) and a Resource Development Specialist. We are currently screening applicants for the Chief Financial Officer position, and continuing recruitment for all other open positions.

3. Quality Assurance – Attachment 1

For the month of March, Community Services conducted 1,046 contacts with providers; 107 virtual contacts (71 SFV, 26 AV, and 12 SCV via Zoom, FaceTime or DUO) and 2 in-person visits; 82 Unannounced Virtual Monitoring Visits and 25 Virtual Annual Reviews. 937 contacts were telephonic. 1 Corrective Action Plan was issued due to the provision of fewer direct care staff hours than required by facility approved service level and failure to provide services as specified in the IPP.

4. Consumer Statistics – *Attachment 2*

As of March 31, the Center served 28,423 consumers and applicants, including 3,887 in Early Start, 584 in Intake, and 23,747 in the Lanterman program. Monthly Consumer Growth has continued to trend upward, incrementally, since September 2020, after a downward trend from March to August of 2020.

5. Special Incident Reporting – Attachment 3

The Center received 112 special incident reports, including 126 incident types, all reported to DDS in the month of March. Of note, 87 reports are related to incidents that occurred in March while the remainder occurred prior and were reported to the Center in March.

Residential and Day Program Quality Assurance Monitoring Activities January 2021 - December 2021

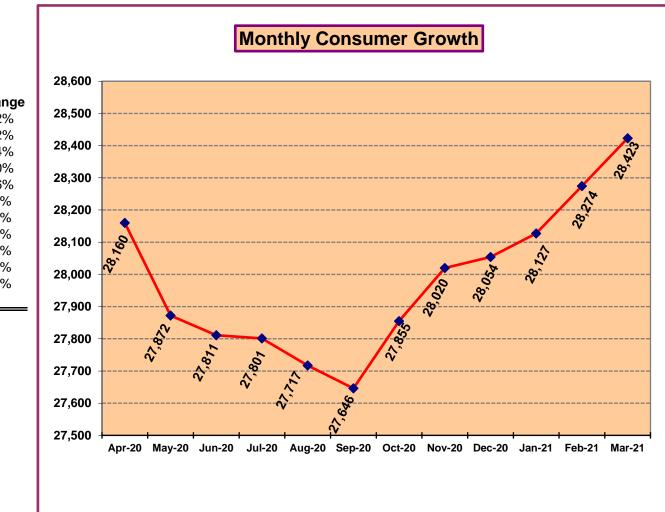
| Month | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Totals |
|---|-----|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|--------|
| # of Res'l & Day QA Staff | 7 | 7 | 8 | | | | | | | | | | |
| # Annual Facility Monitoring Visits | 0 | 24 | 25 | | | | | | | | | | 49 |
| # Unannounced Visits | 24 | 92 | 84 | | | | | | | | | | 200 |
| # Corrective Action Plans Issued | 1 | 0 | 1 | | | | | | | | | | 2 |
| *Substantial Inadequacies Cited: | | | | | | | | | | | | | |
| 1.Threat to Health or Safety | | | | | | | | | | | | | |
| 2.Provision of fewer staff hours than req'd | | | | | | | | | | | | | |
| 3.Violations of Rights | | | | | | | | | | | | | |
| 4.Failure to implement consumer's IPP | | | 1 | | | | | | | | | | |
| 5.Failure to comply with Admission Agreement | 1 | | | | | | | | | | | | |
| 6.Deficiencies handling consumers' cash resources | | | | | | | | | | | | | |
| 7.Failure to comply with staff training reqs | | | 1 | | | | | | | | | | |
| 8.L4 fails to use methods per program design | | | | | | | | | | | | | |
| 9.L4 fails to measure consumer progress | | | | | | | | | | | | | |
| 10.Failure to take action per CAP | | | | | | | | | | | | | |
| 11.Failure to use rate increase for purposes authorized | | | | | | | | | | | | | |
| 12.Failure to ensure staff completes DSP requirements. | | | | | | | | | | | | | |
| 13.Failure to submit Special Incident Report | 1 | | | | | | | | | | | | |
| *per Title 17 §56054(a) | 2 | 0 | 2 | | | | | | | | | | |

NORTH LOS ANGELES COUNTY REGIONAL CENTER MONTHLY STATISTICS RECAP As of March 2021

| | April 2020 Total | March 2021 Total | Increase/ Decrease | % Change |
|--|---------------------|---------------------|-----------------------|----------|
| ALL VALLEYS | | | | |
| Total Non-Early Start | 23,037 | 23,747 | 710 | 3.08% |
| Total Early Start | 4,009 | 3,887 | -122 | -3.04% |
| Unit Supervisor Cases (*) | 71 | 69 | -2 | -2.82% |
| Self Determination Specialist (*) | 15 | 40 | 25 | 166.67% |
| Prenatal Services | 0 | 0 | 0 | #DIV/0! |
| Development Center | 16 | 15 | -1 | -6.25% |
| Enhanced Case Mgmt | 31 | 29 | -2 | -6.45% |
| Specialized 1:25 Caseloads | 0 | 3 | 3 | #DIV/0! |
| Pending Transfer | 41 | 49 | 8 | 19.51% |
| Intake Services | 940 | 584 | -356 | -37.87% |
| TOTAL ALL VALLEYS | 28,160 | 28,423 | 263 | 0.93% |
| | | | | |
| SAN FERNANDO VALLEY | | | | |
| Adult Services | 6,060 | 6,154 | 94 | 1.55% |
| Adult Unit Supervisor (*) | 9 | 6 | -3 | -33.33% |
| Transition Services | 2,866 | 2,919 | 53 | 1.85% |
| Transition Unit Supervisor (*) | 13 | 22 | 9 | 69.23% |
| School Age Services | 5,595 | 5,840 | 245 | 4.38% |
| School Age Unit Supervisor (*) | 37 | 18 | -19 | -51.35% |
| Early Start Services | 2,702 | 2,517 | -185 | -6.85% |
| Early Start Unit Supervisor (*) | 2 | 0 | -2 | -100.00% |
| Early Start Intake Unit Supervisor (*) | 0 | 0 | 0 | #DIV/0! |
| Prenatal Services | 0 | 0 | 0 | #DIV/0! |
| Development Center | 16 | 15 | -1 | -6.25% |
| Enhanced Case Mgmt | 31 | 29 | -2 | -6.45% |
| Specialized 1:25 Caseloads | 0 | 3 | 3 | #DIV/0! |
| Pending Transfer | 41 | 49 | 8 | 19.51% |
| Intake Services | 589 | 344 | -245 | -41.60% |
| Self Determination Specialist (*) | 0 | 19 | 19 | #DIV/0! |
| TOTAL | 17,900 | 17,935 | -26 | -0.15% |
| | | | | |
| ANTELOPE VALLEY | | _ | _ | |
| Self Determination Specialist (*) | 0 | 7 | 7 | #DIV/0! |
| Adult Services | 2,274 | 2,302 | 28 | 1.23% |
| Adult Unit Supervisor (*) | 3 | 2 | -1 | -33.33% |
| Transition Unit | 1,662 | 1,763 | 101 | 6.08% |
| Transition Unit Supervisor (*) | 2 | 6 | 4 | 200.00% |
| School Age Services | 1,971 | 2,044 | 73 | 3.70% |
| School Age Unit Supervisor (*) | 5 | 15 | 10 | 200.00% |
| Early Start Services | 796 | 845 | 49 | 6.16% |
| Intake Services | 351 | 240 | -111 | -31.62% |
| TOTAL | 7,054 | 7,194 | 153 | 2.17% |
| SANTA CLARITA VALLEY | | | | |
| | 15 | 4.4 | 4 | 6 670/ |
| Self Determination Specialist (*) | 15 | 14 | -1 | -6.67% |
| Adult Services | 878 | 889 | 11 | 1.25% |
| Transition Services | 500 | 618 | 118 | 23.60% |
| School Age Services | 1,231 | 1,218 | -13 | -1.06% |
| Early Start Services | 511 | 525 | 14 | 2.74% |
| TOTAL | 3,120 | 3,250 | 130 | 4.17% |

* Numbers not part of ratio count, but counted on Total All Valleys

NLACRC TOTAL (ALL SERVICES) MONTHLY CONSUMER GROWTH ALL VALLEYS



| Month | Consumers | Growth | % Change |
|--------|-------------|--------|----------|
| Apr-20 | 28,160 | -288 | -1.02% |
| May-20 | 27,872 | -61 | -0.22% |
| Jun-20 | 27,811 | -10 | -0.04% |
| Jul-20 | 27,801 | -84 | -0.30% |
| Aug-20 | 27,717 | -71 | -0.26% |
| Sep-20 | 27,646 | 209 | 0.76% |
| Oct-20 | 27,855 | 165 | 0.59% |
| Nov-20 | 28,020 | 34 | 0.12% |
| Dec-20 | 28,054 | 73 | 0.26% |
| Jan-21 | 28,127 | 147 | 0.52% |
| Feb-21 | 28,274 | 149 | 0.53% |
| Mar-21 | 28,423 | | |
| | Total | 263 | |
| | Average | 24 | |
| | Percent Chg | 0.93% | |
| | | | |

| | March 2 | 021 CS | C Casel | oad Rat | io | | | |
|--|----------------|------------------|--------------------|----------------|------|--------------|------|--------|
| San Fernando Valley | _ | | | | | | | |
| Adult Services | Consumers | | Case Ratio | Opening | Hold | Floater | OD | Assoc. |
| Adult Unit I | 1,020 1,018 | | 92.7 92.5 | 1 | | 1 | | |
| Adult Unit III | 1,010 | | 52.5 | | | 1 | | |
| Adult Unit IV | 1,078 | | 98.0 | 2 | | | | |
| Adult Unit V | 1,006 | 10 | 100.6 | 2 | | | 1 | |
| Adult Unit VI Adult Unit VII | 1,002 1015 | 11 11 | 91.1 92.3 | 1 | | | | |
| Adult Unit Supervisor* | 6 | | 02.0 | | | | | |
| Total | - / - | | 94.7 | 8 | | 1 | 1 | |
| Transition Services | | Ser. Coor. | Case Ratio | Opening | Hold | Floater | OD | Assoc. |
| Transition Unit I Transition Unit II | 906 957 | 9 | 100.7 87.0 | 2 | | 1 | 1 | |
| Transition Unit III | 1,056 | 12 | 88.0 | | | | | |
| Transition Unit Supervisor* | 22 | | | | | | | |
| Sahaal Ara Sarviasa | 2,919 | | 91.2 Case Ratio | 2 Opening | Hold | 1 Floater | OD 1 | A |
| School Age Services School Age III | 1,184 | Ser. Coor. 13 | 91.1 | Opening 1 | | Fillater | UD | Assoc. |
| School Age IV | 1,240 | | 95.4 | 1 | | | 1 | |
| School Age V | 1,049 | 12 | 87.4 | 1 | | | | |
| School Age VI School Age VII | 1,211 | | 93.2 | 1 | | | | |
| School Age Unit Supervisor* | 1,156 18 | 12 | 96.3 | 2 | | | | |
| Total | 5,840 | 63 | 92.7 | 6 | | | 1 | |
| Early Start Services | Consumers | | Case Ratio | Opening | Hold | Floater | OD | Assoc. |
| Early Start 1 (Status 1 & 2) | 598 | | | | | | | |
| Early Start 1 Intake Early Start I Total | 93 691 | 11 | 62.8 | | | | | 0 |
| Early Start 2 (Status 1 & 2) | 572 | | 02.0 | | | 1 | | 3 |
| Early Start 2 Intake | 107 | | | | | | | |
| Early Start 2 Total | 679 | 11 | 61.7 | | | | | |
| Early Start 3 (Status 1 & 2) Early Start 3 Intake | 439 63 | | | | | | | |
| Early Start 3 Intake | 502 | 8 | 62.8 | 1 | | 1 | | |
| Early Start 4 (Status 1 & 2) | 554 | 0 | 02.0 | | | | | |
| Early Start 4 Intake | 91 | | | | | | | |
| Early Start 4 Total | 645 | 11 | 58.6 | | | | | |
| Status 1 Over 36 mo. Early Start Unit Supervisor* | 39 | | | | | | | |
| Early Start Intake Unit Supervisor* | | | | | | | | |
| Total | 2,517 | 41 | 61.4 | 1 | | 1 | | 3 |
| | | Ser. Coor. | Case Ratio | Opening | Hold | Floater | OD | Assoc. |
| Total Non-Early Start Total Early Start | | 160 41 | 93.2 61.4 | <u>16</u> 1 | | 2 | 3 | 3 |
| Total Early Start | | 201 | 86.7 | 17 | | 3 | 3 | 3 |
| SFV Self Determination Specialist* | 19 | | | | | | | |
| Intake Services | 344 | 5 | 68.8 | | | | | 2 |
| Antelope Valley | | Ser. Coor. | Case Ratio | Opening | Hold | Floater | OD | Assoc. |
| AV Self Determination Specialist* Adult Unit I | 7 969 | 1 | 88.1 | | | | | |
| Adult Unit II | 979 | 9 | 108.8 | 2 | | | | |
| Adult Unit III | 354 | 4 | 88.5 | | | | | |
| Total | 2,302 | 24 | 95.9 | 2 | | | | |
| AV Adult Unit Supervisor* Transition Unit I | 1,026 | 11 | 93.3 | | | | 1 | |
| Transition Unit II | 737 | 8 | 92.1 | | | | | |
| Total | | | 92.8 | | | | 1 | |
| AV Transition Supervisor* School Age I | 6 | | 92.9 | 2 | | 2 | | |
| School Age I | 1,022 | 11 | 92.9 | 2 | | <u> </u> | 1 | |
| Total | 2,044 | 22 | 92.9 | 3 | | 2 | 1 | |
| AV School Age Supervisor* | 15 | | | | | | | |
| Early Start (Status 1 & 2) Early Start Intake | 654 191 | | | | - | + | | |
| Early Start Total | 845 | | 65.0 | | | 1 | | |
| Status 1 Over 36 mo. | 39 | | | _ | | | | |
| | Consumers | | Case Ratio | Opening | Hold | Floater | OD | Assoc. |
| Total Non-Early Start Total Early Start | | 65 13 | 94.0 65.0 | 5 | | 2 | 2 | |
| Total Early Start | | | 89.2 | 5 | | 2 | 2 | |
| Intake Services | 240 | | 80.0 | 5 | | | Z | 1 |
| | | | - | | | _ | | |
| Santa Clarita Valley | | Ser. Coor. | Case Ratio | Opening | Hold | Floater | OD | Assoc. |
| SCV Self Determination Specialist* Adult Unit | 14 889 | 1 | 88.9 | | - | + | | |
| Transition Unit I | 109 | 2 | 54.5 | | | | | |
| Transition Unit II | 509 | 5 | 101.8 | | | | | |
| Total School Age Unit I | 618 849 | 7 | 88.3 84.9 | | | | | |
| School Age Unit II | 369 | 5 | 73.8 | | | | | |
| Total | | 15 | 81.2 | | | | | |
| Early Start (status 1 & 2) Early Start Intake | 440 85 | | | | - | + | | |
| Early Start Total | 525 | | 65.6 | | | 1 | | |
| Status 1 Over 36 mo. | 3 | | | | | | | |
| Total Non-Early Start | | Ser. Coor. 32 | Case Ratio 85.2 | Opening | Hold | | | |
| | | 32 | 00.2 | | | I | | |
| Total Early Start | | 8 | 65.6 | | | 1 | | |

| March 2021 CSC Caseload Ratio | | | | | | | | |
|---|-------------------|------------|------------|---------|------|----------|----|--------|
| All Valleys | Consumers | Ser. Coor. | Case Ratio | Opening | Hold | Floater | OD | Assoc. |
| Total Non-Early Start | | | 92.4 | 21 | | 4 | 5 | |
| Total Early Start | 3,887 | 62 | 62.7 | 1 | | 2 | | |
| Total Early Start (Status 1 & 2) | 3,257 | | | | | | | |
| Total Early Start Intake | 630 | | | | | | | |
| *Self Determiniation Specialist | 40 | 4 | | | | | | |
| *Total Non Early Start Supervisor | 69 | | | | | | | |
| *Total Early Start Supervisor Status 1&2 | | | | | | | | |
| *Total Early Start Supervisor Intake | | | | | | | | |
| Total Status 1 Over 36 mo. | 81 | | | | | | | |
| Sub-total | 27,634 | | 85.6 | 22 | | 6 | 5 | |
| Intake Services | | 8 | 73.0 | | | | | |
| Prenatal Services | | | | | | | | |
| Development Center | | | | | | | | |
| Enhanced Case Management | | 1 | | | | <u> </u> | | |
| Specialized 1:25 Caseloads | | 2 | | 1 | | + + | | |
| Pending Transfer Shared-in | | | | | | + + | | |
| Shared-in Shared-out | • | | | | | | | |
| Snared-out Medicaid Waiver | == | | | | | | | |
| Medicaid waiver Total | | 334 | 85.1 | 23 | | 6 | 5 | |
| iotai | 28,423 Total = | | 356 | 23 | | 6 | 5 | |
| | 10tai = | 300 | 300 | | | | | |
| Numbers not part of ratio count, but coun | ted on Tota | I Summarv | section | | | | | |

Special Incident Reports in March 2021

| Special Incidents | Children | Adults | Total |
|-------------------|----------|--------|-------|
| Other | 2 | 81 | 83 |
| | 2 | | |
| Death | 0 | 4 | 4 |
| | | | 87 |

Special Incident Reports From Prior Months & Reported in March 2021

| Special Incidents | Children | Adults | Total |
|-------------------|----------|--------|-------|
| Other | 0 | 17 | 17 |
| Death | 0 | 8 | 8 |
| | | | 25 |
| TOTAL | | | 112 |

Special Incident Types Report January 2021 through March 2021 & March 2020

| Reasonably Suspected Abuse | 21-Mar | 21-Feb | 21-Jan | 20-Mar |
|--|--------|--------|--------|--------|
| Physical Abuse/Exploitation | 4 | 6 | 2 | 3 |
| Sexual Abuse/Exploitation | 0 | 1 | 0 | 1 |
| Fiduciary Abuse/Exploitation | 1 | 2 | 0 | 4 |
| Emotional/Mental Abuse/Exploitation | 4 | 2 | 1 | 6 |
| Physical and/or Chemical Restraint | 2 | 0 | 1 | 3 |
| Total | : 11 | 11 | 4 | 17 |
| Neglect | | _ | | _ |
| Failure to Provide Care to Elderly/Adult | 3 | 7 | 2 | 3 |
| Failure to Provide Medical Care | 0 | 0 | 0 | 0 |
| Failure to Prevent Malnutrition | 0 | 0 | 0 | 0 |
| Failure to Prevent Dehydration | 0 | 0 | 0 | 1 |
| Failure to Protect from H/S Hazards | 8 | 3 | 0 | 5 |
| Failure to Assist w/ Personal Hygiene | 0 | 0 | 0 | 2 |
| Failure to Provide Food/Cloth/Shelter | 0 | 0 | 0 | 0 |
| Total | : 11 | 10 | 2 | 11 |
| Serious Injuries/Accidents | | | | |
| Lacerations | 7 | 6 | 3 | 4 |
| Puncture wounds | 0 | 0 | 0 | 0 |
| Fractures | 11 | 3 | 3 | 2 |
| Dislocations | 1 | 0 | 2 | 1 |
| Bites | 0 | 0 | 1 | 0 |
| Internal Bleeding | 4 | 3 | 0 | 0 |
| Medication Errors | 17 | 10 | 14 | 15 |
| Medication Reactions | 0 | 0 | 0 | 0 |
| Burns | 0 | 0 | 0 | 0 |
| Total: | 40 | 22 | 23 | 22 |
| Unplanned/Unscheduled Hospitalization | | | | |
| Respiratory Illness | 9 | 19 | 21 | 17 |
| Seizure Related | 4 | 2 | 0 | 6 |
| Cardiac Related | 2 | 1 | 1 | 0 |
| Internal Infections | 12 | 14 | 18 | 12 |
| Diabetes | 3 | 1 | 2 | 2 |
| Wound/Skin Care | 3 | 2 | 2 | 3 |
| Nutritional Deficiencies | 4 | 2 | 4 | 2 |
| Involuntary Psych Admission | 4 | 2 | 5 | 9 |
| Total | : 41 | 43 | 53 | 51 |
| Victim of Crime | | | | |
| Robbery | 1 | 0 | 0 | 0 |
| Aggravated Assault | 4 | 3 | 0 | 3 |
| Larceny | 3 | 1 | 1 | 0 |
| Burglary | 0 | 0 | 0 | 1 |
| Rape or Attempted Rape | 0 | 0 | 1 | 1 |
| Total | | 4 | 2 | 5 |
| Other | | | _ | |
| Missing Person-Law Notified | 3 | 5 | 1 | 7 |
| Death | 12 | 20 | 36 | 12 |
| Total | | 25 | 37 | 19 |
| Total Incidents* | 126 | 115 | 121 | 125 |
| | | | | |

*Please note that some Special Incident Reports include multiple reportable incident types and thus, this summary reflects the total number of incident types received for the timeframe indicated.

INCIDENTS REPORTED TO DDS

March 2021

| Incidents of Death Children | Incidents from p | prior months and reported in March |
|--------------------------------|------------------|------------------------------------|
| Age: Inc. Date: | | |

| Incidents of Adults | Death | | Incidents from prior months and reported in M | larch |
|------------------------|----------------|--|---|-------|
| Age: Inc. Date: | 19 7/26/19 | Consumer lived with family. Department of Developmental Services notified Risk Assessment that she passed away. No further information has been given. | CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. | |
| Age: Inc. Date: | 21 5/29/19 | Consumer lived with family. Department of Developmental Services notified Risk Assessment that he passed away. No further information has been given. | CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. | |
| Age: Inc. Date: | 24 10/11/20 | Consumer lived with family. Her father reported that she passed away in the hospital due to uncontrollable seizures. | CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. | |
| Age: Inc. Date: | 50 3/2/19 | Consumer lived with family. He passed away as result of a massive stroke. | CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. | |
| Age: Inc. Date: | 56 2/26/21 | Consumer lived in a CCF. He had tested positive for COVID-19 virus. He was lethargic and refused lunch. 911 was called. Paramedics started CPR and took him to the hospital. He passed away. Cause of death was cardiac arrest. | CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. Community Care Licensing was notified of this incident. | |
| Age: Inc. Date: | 59 2/11/21 | Consumer lived in an ICF/DD. He was receiving treatment for COVID-19 virus in | CSC to follow up and request a copy of the death certificate. This case | |

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| Age: Inc. Date: | 64 9/4/20 | the hospital. He was transferred to a convalescent hospital. He went into cardiac arrest and passed away. Consumer lived in a CCF. He had a fever and was taken to the ER. He was admitted to the hospital ICU for treatment of sepsis. He was moved to hospice care. He passed away. | will be forwarded to the Mortality Review Committee for record review. CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. | |
|--------------------|---------------|--|--|--|
| Age: Inc. Date: | 64 2/20/21 | Consumer received Independent Living services. He had low oxygen saturation, and was intubated in the ER. He had a bowel obstruction but was too unstable for surgery. He was given comfort care. He passed away due to septic shock. | CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. | |

| Other Incidents Children | Incidents from | prior months and reported in March |
|-----------------------------|----------------|------------------------------------|
| Age: | | |
| Inc. Date: | | |

| | | Description | Action | Final Disposition |
|-----------------------|---------------|--|---|------------------------------------|
| Other Incid Adults | lents | | Incidents from | prior months and reported in March |
| Age: Inc. Date: | 22 2/23/21 | Consumer resides in a CCF. Nurse came to give his monthly injection, but the medication was not available. The medication arrived several days later. | CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 26 2/27/21 | Consumer resides in a CCF. Her oxygen level was low and did not increase with breathing treatment. 911 was called. She was taken to the hospital, and admitted for treatment of hypercapnia. | CSC to follow up. Community Care Licensing, Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident. | |

March 2021

| | | Description | Action | Final Disposition |
|--------------------|---------------|---|---|--------------------------|
| Age: Inc. Date: | 27 2/23/21 | Consumer resides in a CCF. An unwelcome friend of a resident in the home knocked on another resident's door in the middle of the night. Police were called, and the intruder left. | CSC to follow up. Community Care Licensing, Adult Protective Services, Law Enforcement, and NLACRC Community Services were notified of this incident. | |
| Age: Inc. Date: | 27 2/26/21 | Consumer resides in a CCF. He had an accident on his bicycle. He lost his balance and fell to the ground. Paramedics took him to the hospital. He was given stitches to close a forehead laceration. | CSC to follow up. Community Care Licensing and NLACRC Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 32 2/23/21 | Consumer resides in a CCF. His friend knocked on another resident's door in the middle of the night. It was a person that the resident wanted to avoid, and that he asked to leave. Police were called, and the intruder left the house. | CSC to follow up. Community Care Licensing, Adult Protective Services, Law Enforcement, and NLACRC Community Services were notified of this incident. | |
| Age: Inc. Date: | 39 12/5/20 | Consumer resides in an ICF/DD-H. She lost her balance and fell, hitting her head on the floor. She sustained a laceration. She was taken to urgent care, and received staples to close the wound. | CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 50 2/28/21 | Consumer resides in an ICF/DD-N. His oxygen saturation was low, and he was weak. 911 was called. He was taken to the hospital, and admitted for treatment of pneumonia. | CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 51 11/9/20 | Consumer resides in an ICF/DD. She had swelling in her knee and thigh. She was taken to the ER. She had a dislocated hip and a fracture in the leg. She was admitted to the hospital for treatment of a urinary tract infection. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 51 2/19/21 | Consumer resides in a Skilled Nursing facility. She was admitted to the hospital for treatment of decubitus. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |

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March 2021

| | | Description | Action | Final Disposition |
|--------------------|----------------|---|--|-------------------|
| Age: Inc. Date: | 65 9/2/20 | Consumer resides in a CCF. Staff noticed there was blood in his diaper. Doctor ordered to send him to the ER. Paramedics took him to the hospital. He was diagnosed with hematuria, and given a catheter. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 66 11/15/20 | Consumer resides in an ICF/DD-H. She was walking with a limp and had discoloration on her foot. She was taken to the ER. X-ray revealed a fracture in the foot. | CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 70 2/26/21 | Consumer resides in an ICF/DD-H. During a zoom call with day program, home staff was overheard being verbally abusive to her. | CSC to follow up. Community Care Licensing and NLACRC Community Services were notified of this incident. | |
| Age: Inc. Date: | 74 2/24/21 | Consumer resides in an ICF/DD-H. He was breathing heavily and had a low oxygen saturation. Staff called 911. He was taken to the ER, and admitted to the hospital for evaluation and treatment. | CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 75 2/26/21 | Consumer resides in an ICF/DD-H. During a zoom call with day program, home staff was overheard being verbally abusive to her. | CSC to follow up. Community Care Licensing and NLACRC Community Services were notified of this incident. | |
| Age: Inc. Date: | 76 8/22/20 | Consumer resides in an ICF/DD-H. She had a large bruise on her neck and breast plate. She reported that she had fallen during the night while using the restroom. | CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 76 9/14/20 | Consumer resides in an ICF/DD-H. She fell while trying to get out of her chair. She hit her head on the edge of the fireplace and sustained a laceration. 911 was called. She was taken to the hospital and received staples to close the wound. | CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident. | |

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| | | Description | Action | Final Disposition |
|--------------------|---------------|--|--|-------------------|
| Age: Inc. Date: | 78 2/27/21 | Consumer resides in an ICF/DD-H. An evening staff noticed that she had not received her morning medications. | CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident. | |

| | Description | Action | Final Disposition |
|--------------------------------|-------------|--------|-------------------|
| Incidents of Death Children | | | |
| Age: | | | |
| Inc. Date: | | | |

| | | Description | Action | Final Disposition |
|-----------------------|---------------|--|--|-------------------|
| Incidents o Adults | of Death | | | |
| Age: Inc. Date: | 25 3/8/21 | Consumer lived with family. She had been in the hospital for a few weeks due to a brain tumor regrow. She passed away. | CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. | |
| Age: Inc. Date: | 34 3/18/21 | Consumer lived in an ICF/DD-N. Mother called 911 due to significant altered level of consciousness. She was taken to the ER, and admitted to the hospital. She became septic and was transferred to the ICU. She passed away. | CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. Department of Health Services was notified of this incident. | |
| Age: | 51 | Consumer received Independent Living | CSC to follow up and request a copy | |

| | | Description | Action | Final Disposition |
|--------------------|---------------|--|--|--------------------------|
| Inc. Date: | 3/1/21 | services. Her boyfriend reported that, when he came home from work, he found her unconscious on the floor. He called 911. EMT performed CPR, but she was pronounced dead at the scene. | of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. | |
| Age: Inc. Date: | 74 3/10/21 | Consumer lived in a Sub-Acute facility. He was admitted to the hospital ICU for treatment of hyperglycemia and acute renal insufficiency, with concern for sepsis. He passed away. | CSC to follow up and request a copy of the death certificate. This case will be forwarded to the Mortality Review Committee for record review. | |

| | | Description | Action | Final Disposition |
|-------------------------|---------------|---|--|-------------------|
| Other Incic Children | lents | | | |
| Age: Inc. Date: | 13 3/14/21 | Consumer lives with family. He became self-injurious and physically aggressive with staff. PET team was called. He was taken by ambulance to the hospital for a psychiatric hold. | CSC to follow up. Community Care Licensing and NLACRC Psychiatry Consultant were notified of this incident. | |
| Age: Inc. Date: | 15 3/22/21 | Consumer resides in a Sub-Acute Pediatric facility. He had an abscess around his g- tube. He was taken to the ER, and admitted for evaluation and treatment. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |

March 2021

| | | Description | Action | Final Disposition |
|-----------------------|---------------|---|--|--------------------------|
| Other Incie Adults | dents | | | |
| Age: Inc. Date: | 19 3/1/21 | Consumer resides in a Family Home agency. Staff noticed that her boyfriend was in her room unauthorized. He had jumped over the gate and entered through her bedroom window, and stayed for the night. | CSC to follow up. NLACRC Community Services was notified of this incident. | |
| Age: Inc. Date: | 19 3/3/21 | Consumer resides in a Family Home agency. In the morning, it was discovered that she was not in her room, and she had left the premises. A missing person's report was filed with police. | CSC to follow up. Department of Public Health, Law Enforcement, NLACRC Community Services were notified of this incident. | |
| Age: Inc. Date: | 21 3/19/21 | Consumer resides in a CCF. He had reported abuse in his group home. He now feels threatened with retaliation from the home staff. | CSC to follow up. Community Care Licensing, Adult Protective Services, Long Term Care Ombudsman, and NLACRC Community Services were notified of this incident. | |
| Age: Inc. Date: | 22 3/1/21 | Consumer resides in a CCF. He bought a car and drove around all day and night, refusing to come home for his medications for the whole weekend. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 22 3/1/21 | Consumer lives with family. She had three seizures, and complained of severe abdominal pain. 911 was called. She was taken to the hospital, and admitted for evaluation and treatment. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 22 3/19/21 | Consumer lives with family. She was taken to the hospital, and admitted for treatment of a kidney infection. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 24 3/10/21 | Consumer resides in a CCF. The morning shift found that the evening shift had given morning medication. As a result, evening medications were not given. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 24 3/13/21 | Consumer resides in a CCF. Staff discovered unused medications in a container marked for a previous day. His | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were | |

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March 2021

| | | Description | Action | Final Disposition |
|--------------------|---------------|---|---|--------------------------|
| | | mother had forgotten the schedule of administering medications. | notified of this incident. | |
| Age: Inc. Date: | 24 3/15/21 | Consumer resides in a CCF. He got into an argument with another consumer, and became physically violent. Police were called, and he was arrested. He missed his morning medication because his brother picked up medications late. | CSC to follow up. Community Care Licensing, Adult Protective Services, Law Enforcement, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 24 3/22/21 | Consumer resides in a CCF. His brother reported that the administrator cursed at him after he had hit another consumer. | CSC to follow up. Community Care Licensing, Adult Protective Services, Long Term Care Ombudsman, and NLACRC Community Services were notified of this incident. | |
| Age: Inc. Date: | 25 3/12/21 | Consumer lives with family. She became verbally and physically aggressive with staff. Staff intervened with a hold to redirect her behavior. | CSC to follow up. | |
| Age: Inc. Date: | 25 3/24/21 | Consumer lives with family. She was being verbally and physically aggressive with staff. She grabbed a bag out of the box of medical marijuana. Staff redirected her to hand over the bag. | CSC to follow up. | |
| Age: Inc. Date: | 26 3/6/21 | Consumer resides in a Family Home agency. She missed a medication for four days due to late shipment from mail order pharmacy, and no stock in local pharmacies. | CSC to follow up. NLACRC Community Services and Nurse Consultant were notified of this incident | |
| Age: Inc. Date: | 27 3/17/21 | Consumer receives Independent Living services. She had sprained her foot and it was still hurting days later. She was taken to urgent care, and diagnosed with a fracture in the foot. She was fitted with a boot. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 27 3/21/21 | Consumer receives Independent Living services. Staff noticed that she had missed her nighttime medications because she had gone to sleep early. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |

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| | | Description | Action | Final Disposition |
|--------------------|---------------|--|---|--------------------------|
| Age: Inc. Date: | 27 3/24/21 | Consumer lives with family. He was at the mall with friends when one of them struck him in the head and kicked him repeatedly. He also stole his phone and some cash. | CSC to follow up. Adult Protective Services and Law Enforcement were notified of this incident. | |
| Age: Inc. Date: | 28 3/2/21 | Consumer resides in a CCF. She reported that she was in a physical altercation with a home staff member for eating cake she found in the refrigerator that belonged to a staff member. | CSC to follow up. Community Care Licensing and NLACRC Community Services were notified of this incident. | |
| Age: Inc. Date: | 28 3/13/21 | Consumer resides in a CCF. She left the facility in the morning. She called in the evening to report that she was going to stay overnight with her sister. Since it was unplanned, this caused her to miss her bedtime and morning medications. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 28 3/15/21 | Consumer resides in a CCF. She had a low oxygen level. Her doctor recommended her to go to the ER. She was admitted to the hospital for further evaluation and treatment. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 28 3/19/21 | Consumer resides in a Sub-Acute facility. Her blood pressure was low. Doctor ordered to send her to the ER. Paramedics took her to the hospital. She was admitted for treatment of hypotension and pneumonia. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 29 3/10/21 | Consumer receives Independent Living services. She noticed that an expected deposit was not in her bank account. An investigation confirmed that her account had been compromised, and the money stolen via ATM. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 29 3/22/21 | Consumer resides in a Sub-Acute Pediatric facility. She had several episodes of seizure activity. Doctor ordered to call 911. She was taken to the ER, and admitted to | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |

| | | Description | Action | Final Disposition |
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| | | the hospital for evaluation and treatment. | | |
| Age: Inc. Date: | 30 3/5/21 | Consumer resides in a CCF. He expressed wanting to live with his dad. He became physically aggressive with staff. Nurse called 911. Police and paramedics came. He was taken to the hospital for a psychiatric hold. | CSC to follow up. Community Care Licensing, Law Enforcement, NLACRC Community Services and Psychiatry Consultant were notified of this incident. | |
| Age: Inc. Date: | 30 3/13/21 | Consumer resides in a CCF. He jumped into his bed, hitting his eyebrow and helmet. He sustained a laceration in his eyebrow. He was taken to the ER, and received sutures to close the wound. | CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 30 3/22/21 | Consumer receives Supported Living services. The medication record had not been signed on an evening shift. Staff failed to prompt him to take his scheduled medication. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 31 3/8/21 | Consumer resides in a CCF. He refused to cooperate with house rules, and became verbally and physically aggressive toward staff. Staff called 911. He was taken to the hospital for a psychiatric hold. | CSC to follow up. Community Care Licensing, Law Enforcement, NLACRC Community Services and Psychiatry Consultant were notified of this incident. | |
| Age: Inc. Date: | 31 3/22/21 | Consumer resides in a CCF. He had received a medication change. Staff thought it was an additional medication instead of a replacement. Two doses of were given instead of one medication replacing the other. | CSC to follow up. Community Care Licensing, Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 34 3/3/21 | Consumer resides in a CCF. He walked out the door and left the facility. Staff was unable to catch up to him. A missing person's report was filed with police. As a result of his elopement, he missed his evening medications. | CSC to follow up. Community Care Licensing, Law Enforcement, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 35 3/2/21 | Consumer receives Supported Living services. He informed his case manager that he was hurt by two individuals who | CSC to follow up. | |

| | | Description | Action | Final Disposition |
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| | | attacked him. Some of his teeth were broken in the attack. He declined to file a police report. | | |
| Age: Inc. Date: | 35 3/3/21 | Consumer receives Independent Living services. He reported that his scooter was stolen while he was inside a store. | CSC to follow up. Law Enforcement was notified of this incident. | |
| Age: Inc. Date: | 35 3/16/21 | On a routine safety check, he was missing from his room. His window was open and the screen had been removed. Police were called. He was found by police and taken to a hospital. | CSC to follow up. Community Care Licensing and Law Enforcement were notified of this incident. | |
| Age: Inc. Date: | 35 3/21/21 | Consumer lives with family. He and some family members got into an argument with his neighbor. He was hit in the arm. 911 was called to break up the fight. | CSC to follow up. Law Enforcement was notified of this incident. | |
| Age: Inc. Date: | 37 3/18/21 | Consumer receives Supported Living services. A staff member reported that he attacked her, and another staff assisted in a hold to prevent further aggression. His finger was bruised and swollen. He was taken to urgent care. An x-ray showed a fracture in the finger. | CSC to follow up. Adult Protective Services, Law Enforcement, and NLACRC Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 37 3/22/21 | Consumer resides in a CCF. He took a staff member's phone without permission, and got angry when staff asked for it back. He became physically aggressive and destructive of property. Police were called. He was taken to the hospital for a psychiatric hold. | CSC to follow up. Community Care Licensing, Law Enforcement, NLACRC Community Services and Psychiatry Consultant were notified of this incident. | |
| Age: Inc. Date: | 38 3/1/21 | Consumer resides in an ICF/DD-H. His foot was painful to touch. Nurse evaluated and called ambulance to take him to the hospital. He was diagnosed with tibia and fibular fracture. He was discharged with a splint. | CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: | 38 | Consumer receives Supported Living services. The scheduled staff member left | CSC to follow up. | |

| | | Description | Action | Final Disposition |
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| Inc. Date: | 3/28/21 | her shift without notifying consumer. | | |
| Age: Inc. Date: | 39 3/29/21 | Consumer resides in a CCF. He left the facility without signing out, and did not return in time for his evening medications. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 41 3/26/21 | Consumer resides in an ICF/DD-H. Staff noticed a bruise and swelling on her hand. She was taken to the ER. X-ray showed a moderate displaced fracture in the hand. | CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 42 3/11/21 | Consumer receives Supported Living services. She told her roommate that she had taken her morning medications. At bedtime, the roommate observed that the morning medications were still in the tray. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 42 3/22/21 | Consumer lives with family. Nurse heard a popping sound when she was rolling him over to change his diaper. He seemed in pain and could not move his arm. He was taken to the ER, and his arm was put in a cast. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 43 3/3/21 | Consumer resides in an ICF/DD-H. She was weak, refusing food, and had a slight temperature. Nurse directed staff to take her to the ER. She was admitted to the hospital for evaluation and treatment. | CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 43 3/5/21 | Consumer receives Supported Living services. She was found incoherent on the floor in her apartment. Father called 911. Paramedics took her to the hospital. She was admitted with diagnosis of congestive heart failure and possible blood clot. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 44 3/15/21 | Consumer receives Supported Living services. Her roommate noticed that she had a black eye. She stated that her boyfriend had beat her up while they were | CSC to follow up. Adult Protective Services and Law Enforcement were notified of this incident. | |

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| | | Description | Action | Final Disposition |
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| | | in a motel the night before. | | |
| Age: Inc. Date: | 45 3/17/21 | Consumer resides in a CCF. He was having shortness of breath and abdominal pain. He was taken to urgent care, and then transferred to the hospital. He was admitted for treatment of fluid in the lungs. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 45 3/24/21 | Consumer lives with family. She reported that her neck has been hurting due to being hit in the head by a former staff member. She stated that the incident occurred three years ago, but her pain has been ongoing. | CSC to follow up. Community Care Licensing was notified of this incident. | |
| Age: Inc. Date: | 47 3/3/21 | Consumer receives Supported Living services. She reported to staff that she found a pill on the floor next to her bed. Staff had handed her the medication but did not notice that one pill fell as she took them. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 50 3/17/21 | Consumer receives Independent Living services. He slipped and fell on the floor. Staff noticed a laceration on his head. He was taken to the ER, and received staples to close the wound. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 50 3/27/21 | Consumer receives Supported Living services. He told his brother that a staff member at the skilled nursing facility had hit him in the head several times. | CSC to follow up. Department of Public Health, Adult Protective Services, Long Term Care Ombudsman, and Law Enforcement were notified of this incident. | |
| Age: Inc. Date: | 52 3/8/21 | Consumer resides in a CCF. He was lethargic and had a stomachache. Staff called 911. EMT took him to the hospital. He was admitted for treatment of possible kidney infection, and scheduled for surgery to remove his gallbladder. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: | 53 | Consumer resides in an ICF/DD-H. He fell and hit his head on the floor. Staff noticed | CSC to follow up. Community Care Licensing, NLACRC Community | |

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| | | Description | Action | Final Disposition |
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| Inc. Date: | 3/26/21 | a laceration in the back of his scalp. 911 was called. He was taken to the ER, and received staples to close the wound. | Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 53 3/29/21 | Consumer receives Independent Living services. She was notified that a staff member had misused her credit card. | CSC to follow up. | |
| Age: Inc. Date: | 56 3/16/21 | Consumer receives Supported Living services. Staff stepped outside to take a phone call, leaving him unattended. When staff returned, there were empty prescription bottles in the sink, and several pills were missing. | CSC to follow up. Adult Protective Services was notified of this incident. | |
| Age: Inc. Date: | 57 3/23/21 | Consumer resides in a CCF. He felt dizzy, and had a bowel movement with blood in the toilet. He went to see his doctor, who referred him to the ER. He was admitted to the hospital for evaluation and treatment. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 58 3/20/21 | Consumer resides in an ICF/DD. He was lethargic and had low oxygen saturation. Paramedics were called. He was taken to the ER, and admitted to the hospital for treatment of pneumonia. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 59 3/18/21 | Consumer receives Supported Living services. Her blood sugar level was high. Staff called 911. She was taken to the ER. She was admitted to the hospital for treatment of dehydration and high blood sugar. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 61 3/23/21 | Consumer receives Supported Living services. She fell in her bedroom, and hit her face on the bed frame. She had cuts and bruising. Staff called 911. She was taken to the ER, and received stitches in her cheek. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: | 62 | Consumer resides in an ICF/DD-H. She fell out of her chair while reaching for her | CSC to follow up. Department of Health Services, NLACRC | |

| | | Description | Action | Final Disposition |
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| Inc. Date: | 3/13/21 | drawers. She complained of pain in her hip area, and was unable to stand or walk. Staff called paramedics. She was taken to the ER, and admitted to the hospital with a hip fracture diagnosis. | Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 62 3/14/21 | Consumer resides in an ICF/DD-N. He had labored breathing with wheezing. Doctor ordered him to go to the ER. He was admitted to the hospital for treatment of pulmonary edema, hypertension, and hyponatremia. | CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 62 3/15/21 | Consumer resides in a CCF. She was confused, and jerking her body a lot. Her doctor referred her to the hospital. She was admitted for treatment of a urinary tract infection. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 63 3/3/21 | Consumer resides in a CCF. He was agitated in the middle of the night. A staff member engaged him instead of redirecting him. He hit his forehead on the wall, causing a bruise. Another staff member redirected him. | CSC to follow up. Community Care Licensing and NLACRC Community Services were notified of this incident. | |
| Age: Inc. Date: | 63 3/9/21 | Consumer resides in a CCF. Overnight staff refused to redirect his self-injurious behavior. The staff member said she cannot take his behaviors anymore and abandoned the job. | CSC to follow up. Community Care Licensing and NLACRC Community Services were notified of this incident. | |
| Age: Inc. Date: | 63 3/8/21 | Consumer receives Independent Living services. She was taken to the hospital, upon her doctor's recommendation, and admitted for treatment of cellulitis. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 64 3/23/21 | Consumer resides in a CCF. She was disoriented, and not responsive as normal. Staff took her to the ER. She was admitted to the hospital for treatment of a possible urinary tract infection. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |

| | | Description | Action | Final Disposition |
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| Age: Inc. Date: | 65 3/5/21 | Consumer receives Supported Living services. A man told him over the phone that he had won a sweepstakes and would have to pay the taxes in order to receive the money. He sent money orders to an unknown address. | CSC to follow up. Law Enforcement was notified of this incident. | |
| Age: Inc. Date: | 65 3/17/21 | Consumer resides in a CCF. She lost her balance and fell backwards, hitting her head on the floor and her foot on a post. Staff called 911. Paramedics took her to the ER. X-ray showed an ankle fracture. She received a splint for her ankle. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 67 3/13/21 | Consumer receives Supported Living services. She had fallen while home alone over the weekend. She was taken to urgent care. An x-ray showed a small fracture in her leg. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 68 3/1/21 | Consumer resides in an ICF/DD-N. He was having difficulty breathing. 911 was called. Ambulance took him to the ER. He was admitted to the hospital for treatment of pneumonia. | CSC to follow up. Department of Public Health, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 70 3/8/21 | Consumer resides in an ICF/DD-H. He lost his balance and fell on the floor. He complained of pain in his ribs. He was taken to the ER. X-ray showed that he had a rib fracture. | CSC to follow up. Department of Public Health, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 71 3/23/21 | Consumer resides in an ICF/DD-H. He was weak and having shortness of breath while walking. He was taken to the ER, and admitted to the hospital for treatment of low hemoglobin level. | CSC to follow up. Department of Public Health, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 72 3/12/21 | Consumer receives Supported Living services. She was lethargic and pale. She was taken to the ER per doctor order. She was admitted to the hospital for treatment of a urinary tract infection. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |

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| | | Description | Action | Final Disposition |
|--------------------|---------------|--|---|--------------------------|
| Age: | 73 | Consumer receives Independent Living | CSC to follow up. NLACRC Nurse | |
| Inc. Date: | 3/30/21 | services. He was very weak and unsteady. Staff called paramedics. He was taken to the ER, and admitted to the hospital for | Consultant was notified of this incident. | |
| 1 | 74 | treatment of severe malnutrition. Consumer resides in a Sub-Acute facility. | CSC to follow up. NLACRC Nurse | |
| Age: Inc. Date: | 74 3/8/21 | Nurse reported that 911 was called due to change in cognition. She also had high blood sugar and hypertension. She was admitted to the hospital for treatment. | Consultant was notified of this incident. | |
| Age: Inc. Date: | 75 3/3/21 | Consumer receives Independent Living services. She had fallen and was unable to open the door to let staff in. 911 was called. Her heart rate and blood sugar levels were high. She was taken to the ER, and admitted to the hospital for treatment of a urinary tract infection. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 75 3/21/21 | Consumer receives Supported Living services. He was disoriented and weak. Staff called 911. Paramedics took him to the ER. He was admitted to the hospital for treatment of a urinary tract infection and low blood pressure. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 76 3/30/21 | Consumer receives Independent Living services. She had a fever. Staff was unable to reach nurse. 911 was called. She was taken to the ER, and admitted to the hospital for treatment of an infection. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 77 3/11/21 | Consumer resides in an ICF/DD-N. He was disoriented and shaky. Staff called 911 per doctor order. Paramedics took him to the ER. He was admitted to the hospital for treatment of a urinary tract infection. He tested positive for COVID-19 virus a second time, after receiving vaccine. | CSC to follow up. Department of Health Services, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| | 77 | Consumer resides in a CCF. He had a | CSC to follow up. Community Care | |

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| | | Description | Action | Final Disposition |
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| Inc. Date: | 3/23/21 | was called. He had another seizure when paramedics arrived. He was taken to the ER, and admitted to the hospital for treatment of a urinary tract infection. | Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 80 3/7/21 | Consumer resides in a CCF. Staff heard a loud noise, and found him on the floor in his room. It was unclear if he had a seizure, or if he had tripped. He was taken to the hospital, and admitted for treatment of syncope, leukocytosis and hypoproteinemia. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 80 3/9/21 | Consumer resides in a CCF. Within three hours of being home from the hospital, he fell again. He complained of pain, and was slurring his words. 911 was called. He was taken to the ER, and admitted for continued treatment due to low blood pressure. | CSC to follow up. Community Care Licensing, NLACRC Community Services and Nurse Consultant were notified of this incident. | |
| Age: Inc. Date: | 82 3/1/21 | Consumer receives Supported Living services. His next morning medication had been given instead of his evening medication. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |
| Age: Inc. Date: | 82 3/19/21 | Consumer receives Supported Living services. His morning medication was found still in his pill box. Staff had forgotten to administer the medication. | CSC to follow up. NLACRC Nurse Consultant was notified of this incident. | |

Administrative Affairs Committee

North Los Angeles County Regional Center <u>Administrative Affairs Committee Meeting Minutes</u> February 24, 2021

Draft

Present: Marianne Davis, Leticia Garcia, Lillian Martinez, Ana Quiles, and Jeremy Sunderland – Committee Members Kevin Shields – VAC Representative

Tom Huey and Jeffrey Ehlers – Presenters

Ruth Janka, Michele Marra, Yesenia Martinez, Vini Montague, Kim Rolfes, and Jesse Weller – Staff Members

Absent: All present

I. Call to Order & Introductions

Ana Quiles, chair, called the meeting to order at 6:00 p.m.

II. Public Input – There was no public input.

III. Consent Items

A. <u>Approval of Revised Agenda</u>

Added: Item K. Vacation Buy Back

M/S/C (M. Davis/J. Sunderland) To approve the revised agenda as modified.

B. <u>Approval of Minutes from the January 27th Meeting</u>

M/S/C (J. Sunderland/M. Davis) To approve the minutes as presented.

IV. Windes Presentation of NLACRC's FY 2019-20 Audited Financial Statements – (Packet 1, Page 11) and (Packet 2, Page 81)

Kim introduced Tom Huey, auditor and partner with Windes, Inc., who provided copies of the center's FY 2019-20 audited financial statement and reviewed them with the committee page-by-page. The center had an excellent audit with no audit findings or management letter. After the review, the committee was placed in an Executive Session with Windes to ask any questions they may have.

V. Executive Session

A. <u>Windes Meeting with Board Committee Members</u>

M/S/C (L. Garcia/J. Sunderland) to enter Executive Session at 6:39 p.m.

Executive Session ended at 6:49 p.m.

M/S/C (L. Martinez/M. Davis) To present the audited financial statement to the Board of Trustees for their review and acceptance.

VI. Committee Business

A. Board Member Reimbursements (Windes)

Kim informed the committee that Tom and Jeffrey were asked to stay for this discussion to address the 1099 questions as it relates to expense reimbursements. During this time, Kim reported that she would address the request to provide board members with office supplies, devices, and jetpacks (for access to internet).

Tom reported that the IRS requires all payments over \$600 that are made to individuals, who are not employees, need to be reported on a 1099-MISC form, now called 1099-NEC (Nonemployee Compensation) form. However, the IRS has recently made changes to this by providing an exception called the Accountable Plan that allows organization to not issue a 1099 form, if certain criteria are met. One criterion is that expense reimbursements be submitted within 60 days of the expense date, along with proper documentation. Another criterion is, in the case where the Regional Center reimburses more than the actual expense, the difference must be returned to the Regional Center within 120 days of the over payment. If the payments made to individuals do not meet the stated criteria, then a 1099-NEC must be issued. He informed the committee that if this committee chooses to follow the Accountable Plan a change to policy is required.

Kim informed the committee that NLACRC may provide office supplies to board members in an effort to support board members in carrying out their roles and to avoid the burden on board member to provide the documentation needed to avoid being issued a 1099-NEC. In addition, Kim reported that after consultation with both Windes and DDS, the Center would also provide board members devices and jetpacks for their use in order to participate in board activities. Kim shared that the equipment would be state-owned equipment, which would need to be returned to NLACRC upon a Board member's departure; and that further guidance would be forthcoming to implement this request. Additionally, Kim reported that she would be working with Malorie Lanthier, IT Director, to determine the type of equipment to provide board members and that she would provide an update at the next committee meeting.

The committee discussed assembling an initial "care package" of supplies, as referenced by one board member; that said, the provision of a set of initial office supplies for all board members is to support their work as board members on behalf of the Regional Center. The supplies will be delivered via mail and will include standard office supplies such as post-it notes, highlighters and legal pads. Supplies can be replenished as needed.

Action: Yesenia will work on assembling the first set of supplies and will create an order form for refills.

The current Board Member Expenses and Board Member Support policies were included in the meeting packet for reference.

1. <u>Policy Board Member Expenses</u> – (Packet 2, Page 82)

Action: Kim will work with Tom and Vini to update and/or creating policies to incorporate the accountable plan requirements, provision of office supplies, and devices.

Action: NLACRC will include the provisions of the 1099-NEC requirements in its new board member orientation and its annual review of policies for returning board members as a refresher training.

2. <u>Policy Board Member Support</u> – (Packet 2, Page 83)

Kim reviewed the existing Board Member Support policy. She recommended updating the policy because it is too narrowly defined. For example, it currently restricts support for board and committee meetings, not preparation time or other activities.

Ruth explained that when meetings were in-person, respite for care and supervision covered the time the board member left and came back home. Now that meetings are virtual, there seems to a need for board members to have additional support for packet review and preparation time. She added that it is the value of the Center to support our board members, and thus, recommended that the board support policy be amended to include parameters for providing access to care and supervision. Lastly, Ruth explained that NLACRC is seeking to adhere to the board policies, and henceforth, in order to authorize the amount of support some board members need will require that the board support policy be updated.

The committee discussed the parameters for respite reimbursement, such as the amount of preparation time and the types of activities that are covered. Board members requested that the board member support policy be updated to include that the board respite begins when the caregiver begins providing care and supervision to the consumer, to allow board members to travel to in-person board functions, as well as attend.

Action: Staff noted the discussion and will prepare a draft of the revised Board Member Support policy.

Kim informed the committee that the updates to the policy will be retroactive and will include respite and office supplies. In addition, the policy will include State equipment provided by the Regional Center that will need to be collected when a board member departs.

B. <u>FY 2020-21 Financial Report</u> – (Packet 2, Page 84)

Kim reviewed the January 2021 financial report, which showed the Center's projected operations budget allocation was \$58,828,029 and the Purchase of Service (POS) budget was \$561,815,977 for a total budget of \$620,644,006. We spent \$49,197,275 in January. There is a project deficit of \$6,135,308. The Center's administrative operating expenses were 14.3% YTD, which is under the statutory 15% administrative cost cap.

1. <u>NLACRC Monthly Purchase of Service Expenditure Projection (PEP)</u> <u>Report Change</u> – (Packet 2, Page 95)

Copies of the February 10, 2021 report was provided to and reviewed with the Committee.

Kim reviewed the report with the committee. She reported the total POS budget allocation did not change; it remained at \$553,250,972. In addition, she reported a decrease of \$775,025 in ICF/SPA revenue and an increase of \$1,551,015 in POS expenditures. The monthly POS deficit increased to \$2,326,040. The next PEP is due on our board meeting date.

NLACRC Administrative Affairs Committee Meeting Minutes February 24, 2021

2. <u>Statewide RC Purchase of Service Expenditure Projection (PEP) Report</u> – (*Packet 2, Page 99*)

Copies of the February 10, 2021 report was provided to and reviewed with the Committee.

According to the report, 12 of the 21 regional centers are projecting a potential POS deficit for this fiscal year (including NLACRC), while the other 9 regional centers are projecting a POS surplus. Statewide, the regional center system is projecting a POS deficit of approximately \$56.3 million. NLACRC is #13 in per capita expenditures and #8 in the percent of deficit to contract in the state. The percentage of change from the last PEP is 0.42%.

3. <u>COVID-19 Related Expenses Report</u> – (Packet 1, Page 58)

Copies of the February 3, 2021 COVID-19 expenditures reports were provided to and reviewed with the Committee.

Vini reviewed the reports with the Committee, which is summarized below:

FY2019-2020 Operations expenses: \$180,861 FY2019-2020 POS expenses: \$18,670,497 FY2020-2021 Operations expenses: \$305,556 FY2020-2021 POS expenses: \$32,640,341

4. <u>FY 2020-2021 COVID-19 Expense & CARE's Act Funding by RC</u> – (Packet 2, Page 104)

Copies of the Regional Centers 2020-21 COVID-19 Tracker were provided to the committee.

Kim reported that the CARES Funds column shows all centers that have received the CARES Act funding. You will see that there are still some that have not received it. NLACRC is noted as having received \$991,227.

Additionally, Kim reported that DDS intends to submit a claim to FEMA to seek reimbursement of COVID-19 related expenditures incurred by regional centers. Kim reported that she participated in a FEMA workgroup and that FEMA workgroup submitted a summary of all 21 regional centers COVID-19 related expenses to DDS last Friday. DDS is

in the process of reviewing it with FEMA to see if they will reimburse DDS for the COVID-19 related expenses incurred by regional centers, which if reimbursement will be returned to the state, and will go to the general fund.

5. <u>FY 2020-2021 Provider Relief Funds Financial Report</u> – (Packet 2, Page 105)

Copies of the first Provider Relief Funds financial report were provided to the committee.

Kim informed that the Provider Relief Funds are federal funds, separate and apart from the regional center funding from the State, and must be spent by June 30th for COVID-related expenditures that support the operations of the regional center. We are planning to use the funds to acquire technology for our workforce to support our community. The funds will be placed in a separate bank account and a report will be provided monthly to this committee.

6. Update on Personnel and Administrative Services Report

Kim reminded the committee that last month she shared that, as part of the Center's contract with DDS, the Administrative Expenditure Report must be submitted to DDS on December 1st and, also be posted on our website. In addition, the Center is required to report to DDS any changes in our Executive Director's contract by January 31st. We wanted to give you the update that NLACRC has completed the requirements.

- C. <u>Approval of Contracts</u>
 - 1. Child Development Institute (HL0020-805) (Packet 1, Page 62)

M/S/C (L. Martinez /M. Davis) To recommend to the Board of Trustees to approve the Child Development Institute contract as presented.

- D. <u>Executed Contracts by NLACRC</u>
 - POS Minimum Wage Increase (Packet 1, Page 66) One (1) contract was renewed.
 - POS Contract Renewal(s) (Packet 1, Page 67) One (1) contract was renewed.

- 3. <u>No Report:</u> Addition of New Sub-Code to Existing POS Contract
- 4. <u>No Report</u>: Addition of CIE & PIP Services to Existing POS Contract(s)
- 5. <u>No Report</u>: Provider Supplemental Rate Increases
- 6. <u>No Report</u>: POS Contracts for Health & Safety Waiver Exemptions Approved by DDS
- 7. <u>No Report</u>: POS New Contracts Due to COVID-19
- 8. POS Contracts to Add COVID-19 Subcode(s) (Packet 1, Page 68) Nine (9) contracts were renewed.
- Health & Safety Exemptions Approved by Executive Director under DDS Directive Dated August 15, 2020 – (Packet 1, Page 69) We have approved 135 contracts YTD.
- 10. <u>No Report</u>: AV Relocation Contracts
- E. <u>Review 2nd Quarter Report on U.S. Bank Transactions (PRMT)</u> (Packet 1, Page 73)

Copies of the 2nd Quarter PRMT report were provided to the committee.

Kim reviewed with the committee the Fees by Quarter report for the quarter ended December 31, 2020. The report shows how much the bank charges for trustee and investment management services. The total bank fees for the quarter were \$25,326.89.

F. <u>Review 2nd Quarter Report on U.S. Bank Transactions (UAL)</u> – (Packet 1, Page 76)

Copies of the 2nd Quarter PRMT report were provided to the committee.

Kim reviewed the report for the quarter ended December 31, 2020. The total bank fees for the quarter were \$5,804.62.

G. <u>Intermediate Care Facility (ICF) State Plan Amendment (SPA) Summary</u> – (Packet 2, Page 106)

Vini provided the committee the ICF/SPA billing summary and the ICF/SPA outstanding receivables report, dated February 18, 2021. By fiscal year, the amount of cash disbursed by NLACRC that has not been reimbursed to NLACRC by ICF service providers is:

| 1. | FY 2020-21: | \$3,374,496 |
|----|-------------|---------------|
| 2 | FY 2019-20: | 151,202 |
| 3. | FY 2018-19: | <u>59,890</u> |
| | | \$3,585,588 |

The month-to-month change is down 28.2%

H. <u>Monthly Human Resource Report</u> – (Packet 2, Page 110)

Michele provided the committee with copies of the monthly human resource summary and reviewed it with the committee.

| FY 2020-21 authorized positions | 596 |
|---------------------------------|-----|
| Open positions on hold | 0 |
| Open positions vacant | -53 |
| Separations | -5 |
| Sub-total | 538 |
| New hires | 9 |
| Positions filled | 547 |

The summary included the following information:

Michele informed that committee that NLACRC has opened six (6) growth positions in February. The positions opened are an SFV School Age, Consumer Services Supervisor, to support the growth of consumers, and Consumer Services Coordinators (CSCs). Furthermore, we have nine (9) new hires for March 1st and, of those, we are projecting seven (7) CSCs; four (4) are replacements.

1. <u>Diversity, Equity & Inclusion Proposal for Supervisor</u> – (Packet 2, Page 112)

Dr. Weller reported that the Diversity, Equity & Inclusion position is going to be reclassified into a supervisory position. This would allow us to move it to Case Management in order to allow that position to work closely with organizational development to help address disparity. We are targeting to fill the position by June 30th.

I. DDS FY 2021-22 Schedule for Regional Center Audits – (Packet 2, Page 119)

Kim informed the committee that the Center's biennial audit will be in July. DDS will be auditing 2019-20 and we will see the results in 2022.

J. <u>Employee Vacation Buy Out</u>

Michele informed that each year the Center allocates funds from the operations budget to buy back vacation hours from employees. The Center is happy to report that will be offering it to employees again this year. This is something employees look forward to and will help fund some of their personal expenses that they have incurred during the year. The buyout also helps the Center minimize its accrued vacation liability, which is paid to employees upon their separation. Kim added that it is a benefit that has a positive impact on employees.

VII. Items for the Next Board Meeting

The following items were identified for the committee's section of the March 10th board meeting agenda:

- A. Minutes of the February 24th Meeting
- B. FY 2019-2020 Audited Financial Statements
- C. FY 2020-21 Financial Report
- D. FY 2020-21 Provider Relief Funds Financial Statement
- E. Approval of Contract(s)

VIII. Announcements/Information/Public Input

A. <u>Next Meeting</u>: Wednesday, March 31st at 6:00 p.m.

IX. Executive Session

M/S/C (L. Martinez/M. Davis) to go into Executive Session at 8:06 p.m.

A. Labor Contract Negotiations

Executive Session ended at 8:18 p.m.

X. Adjournment

Ana Quiles adjourned the meeting at 8:18 p.m.

Submitted by,

NLACRC Administrative Affairs Committee Meeting Minutes February 24, 2021

Yesenia Martinez Executive Assistant

[aamin_feb24_2021]



REGIONAL CENTER MASTER CONTRACT INDEX

(Revised March 17, 2021)

ARTICLE I: STANDARD TERMS AND CONDITIONS

Whereas Provision 1-7

- Section
- **General Provisions**
- 8 Amount of Contract
- 9 Term of Contract
- 10 Exhibits
- 11 Definitions
- 12 **Control Requirements**
- 13 **Contractor Service Area**
- 14 Copyrights/Patents
- 15 Nondiscrimination
- 16 **Drug-Free Workplace Certification**
- Zero Tolerance Policy 17
- 18 Whistleblower Policy
- Transparency and Access to Public Information 19
- 20 Conflict of Interest
- 21 Labor Relations/Contempt of Court
- 22 **Rights and Privileges Information**
- 23 **Contract Titles Statement**
- 24 **Restricting Use of State Funds**
- 25 Payment of Accrued Benefits
- Americans with Disabilities Act 26
- 27 Validity
- 28 **Domestic Partners**
- 29 **Procedures for Employee Retention**

ARTICLE II:

Section

PROGRAM PROVISIONS

- Utilization of Public and Private Resources 1
- 2 **Resource Development**
- 3 Contracting Policy
- 4 **Federal Funds**
- 5 Service Standards
- 6 **Community Placement Plan**
- 7 **Out-of-State Services**
- 8 Mental Health Facilities
- 9 **Specialized Resources**
- 10 Self-Determination Program
- Out-of-State Foster Children 11

ARTICLE III:

FISCAL PROVISIONS

Section

- 1 **Budget Development Process**
- 2 Allocation of Funding to Contractor
- 3 **Advance Payment Provisions**
- 4 **Payment Provisions**
- 5 **Budget Category Transfers**
- 6 **Contract Funding Stipulations**

- 7 Travel and Per Diem
- 8 Independent Financial Audit
- Vendor Fiscal Monitoring 9
- 10 **Consumer Trust Accounts**
- 11 **Insurance** Coverage
- 12 Foundation Support

ARTICLE IV: CONTRACTOR OPERATIONS

- 1 Electronic Data Processing and Data Integrity
- 2 Personnel
- 3 **Records Maintenance**
- 4 State Property
- 5 Public Disclosure of Contracts
- 6 **Consumer Information Security**

ARTICLE V: EVALUATION

Section 1 Contractor Evaluation

- 2 Information Requests
 - 3 State Audits of Contractor

ARTICLE VI:

Section

CONTRACT AMENDMENT/CANCELLATION/REOPENING Section

- **Contract Amendments** 1
 - 2 Severability Clause
 - 3 **Entire Agreement**

ARTICLE VII:

MISCELLANEOUS

Section

Lease/Rental Agreements

- 1 **Emergency Response System** 2
- 3 **Emergency and Disaster Preparedness**
- 4 **Collection of Parental Information**
- 5 **Registered Sex Offenders**
- 6 **Data Compilation**
- Shared Vendors and Case Management Responsibility 7
- 8 Program Development Funds – Parental Fee Program
- 9 Executive Director Recruitment Policy
- **Reporting on Specified Consumers** 10
- 11 **Board Training Plan**
- 12 WIC §4731 Consumers' Rights Complaints

ARTICLE VIII: PERFORMANCE

Section

Contract Development

- 1 2 Annual Progress Report
 - 3 Incentives
 - 4 **Contract Compliance**

ARTICLE IX: STAFFING, MONITORING AND REPORTING 1

Section

- Specialized Personnel and Monitoring **Caseload Ratios**
- 2 3 Reporting

ii

EXHIBITS

- B Home and Community-Based Services Waiver Regional Center Fiscal Agent Responsibilities
- C Performance Plan
- D Early Start Statement of Assurances
- E Community Placement Plan and Community Resource Development Plan Statement of Assurances
- F Statement of Assurances for Protection of Protected Health Information
- G Medicaid Enrollment Requirements

- d. Contractor shall provide a general progress report to include the information identified in paragraph (c) on the status of its implementation of the Self-Determination Program to the local volunteer advisory committee.
- e. By February 1, 2019, Contractor shall identify and provide to the State, the name and contact information for an employee who will serve as the point-of-contact for matters related to the Self-Determination Program. The point-of-contact shall be a staff member with broad knowledge of Contractor's implementation of the Self-Determination Program.

11. Out-of-State Foster Children

- a. It is the intention of the parties that dual eligible children who reside out-ofstate under the authority of a California county child welfare agency shall be provided with smooth and timely transitions back to regional center services and supports upon their return to residence in California. Absent a request to the contrary from a parent with legal authority, Contractor agrees to maintain a status 2 active file for those regional center-eligible children and non-minor dependents age three and older who Contractor is aware are in residence out-of-state under the authority of a California county child welfare agency (i.e. dual eligible children) subject to the following conditions:
 - 1) Contractor shall conduct and develop an annual Individual Program Plan informed by assessments and information from other involved agencies, to determine current status, service and support needs, and potential alternative services and supports that would be required to support the child in California.
 - 2) Contractor shall work with all involved agencies to identify needed services, prospectively determine funding arrangements consistent with Welf. & Inst. Code Section 4684, and if necessary, develop and/or adapt appropriate services to meet the child's needs in California.
 - 3) Contractor shall provide semi-annual face-to-face monitoring and may utilize video conferencing for this purpose.
 - 4) All written progress reports provided by the appropriate California county child welfare agency for each dual eligible child residing out of state under the authority of such county child welfare agency shall be reviewed by Contractor and maintained in its files.
 - 5) In accordance with, but not limited to, local AB 2083 Memorandums of Understanding, Contractor shall actively work with all involved agencies to identify and develop resources to support transitioning the child back to California as soon as appropriate.

- 6) At the earliest possible opportunity, Contractor shall seek approval for start-up funding from the State for the development of appropriate resources to meet the child's needs when no resource is currently available.
- b. Contractor shall notify the State, and the appropriate county child welfare agency, of any instance in which a parent with legal authority requests the regional center close or inactivate a child's case as referenced in paragraph (a).

10. Reporting on Specified Consumers

- a. Contractor shall report to the State on an ongoing basis and at least monthly, information on:
 - 1. If known, any minor or non-minor dependent who remains a resident of California and is residing out-of-state, whose services are not funded by the regional center.
 - 2. If known, any minor at risk of out-of-state placement, whether the placement would be funded by the regional center or another agency.
- b. Contractor shall report to the State within three business days of any known occurrence, information on any minor or adult residing for five days or more in an emergency room or psychiatric facility, or any minor not accompanied by their parent or legal guardian residing in a shelter.
- c. Information will be reported to a specified State contact in a mutually agreed upon format, to include consumer name, UCI, age, legal status, and a summary of the current circumstances and resources that have been explored.
- d. By August 31, 2020, Contractor shall identify and provide to the State, the name and contact information for any employee who will serve as a point-of-contact for this information.
- e. Nothing in this section shall affect Contractor's compliance with WIC section 4519.

11. Board of Directors Training Plan

- a. By September 1, 2020, Contractor shall submit to the State a comprehensive training plan for members of the board. The plan shall detail training topics, including: frequency, length of each training session and, if known, the name, affiliation, and qualifications of the individual or entity who will provide training to the board.
- b. Contractor shall submit to the State an updated training plan by December 15 of each year.
- c. Contractor shall submit to the State by December 15 of each year a report on the trainings provided to members of the board in the prior year, to include the information specified in subsection (a).

12. WIC §4731 Consumers' Rights Complaints

By April 15, 2021, and quarterly by the 15th of the month following each quarter, Contractor shall report to the State information regarding complaints pursuant to Welf. & Inst. Code Section 4731 for which the regional center sent the complainant a written proposed resolution in response to in the previous quarter. To ensure the State has the information needed to comply with Welf. & Inst. Code Section 4519.2(c), information shall be reported in a mutually agreed upon format and shall include, but not be limited to, the following:

- 1) <u>Consumer UCI and initials;</u>
- 2) Date complaint was received by the regional center;
- 3) Date the proposed resolution was sent to the consumer;
- 4) <u>Subject matter of each complaint; and</u>
- 5) How the complaint was resolved.

| | NORTH LOS A | NGELES COUNTY I | REGIONAL CENTE | R | | |
|--|---------------------|-----------------|-------------------|---------------|---|-------------|
| FINANCIAL REPORT-MONTHLY RECAP FISCAL YEAR 2020-2021 February 2021 | | | | | | |
| | | | | | | |
| | Annual | | Y-T-D | Annual | Annual | Under(Over) |
| BUDGET CATEGORY | B-2 Budget | Month Exp | Expenditures | Expenditures | Surplus/(Deficit) | Budget |
| Operations | | <u> </u> | <u> </u> | | <u>, , , , , , , , , , , , , , , , , </u> | |
| Salaries & Benefits | \$46,026,602 | \$3,349,922 | \$27,098,091 | \$46,026,602 | \$0 | 0.00% |
| Operating Expenses | \$12,125,925 | \$1,016,098 | \$6,348,498 | \$12,125,925 | \$0 | 0.00% |
| Subtotal OPS General | \$58,152,527 | \$4,366,020 | \$33,446,589 | \$58,152,527 | \$0 | 0.00% |
| Salaries & Benefits - CPP Regular | \$476,734 | \$29,804 | \$290,258 | \$476,734 | \$0 | 0.00% |
| Operating Expenses - CPP Regular | \$98,616 | \$0 | \$0 | \$98,616 | \$0 | 0.00% |
| Subtotal OPS CPP Regular | \$575,350 | \$29,804 | \$290,258 | \$575,350 | \$0 | 0.00% |
| Salaries & Benefits - DC Closure/Ongoing Workload | \$410,380 | \$21,906 | \$165,115 | \$410,380 | \$0 | 0.00% |
| Operating Expenses - DC Closure/Ongoing Workload | \$11,900 | \$0 | \$0 | \$11,900 | \$0 | 0.00% |
| Subtotal OPS DC Closure/Ongoing Workload | \$422,280 | \$21,906 | \$165,115 | \$422,280 | \$0 | 0.00% |
| Family Resource Center | \$207,187 | \$0 | \$0 | \$207,187 | \$0 | 0.00% |
| Self Determination Program Participant Supports | \$149,328 | \$0 | \$0 | \$149,328 | \$0 | 0.00% |
| Subtotal OPS Projects | \$356,515 | \$0 | \$0 | \$356,515 | \$0 | 0.00% |
| Total Operations: | \$59,506,672 | \$4,417,730 | \$33,901,962 | \$59,506,672 | \$0 | 0.00% |
| Purchase of Services ("POS") | | | | | | |
| POS (General) | \$561,896,471 | \$45,574,410 | \$347,985,732 | \$567,483,866 | (\$5,587,395) | -0.99% |
| CPP Regular and DC Closure/Ongoing Workload | \$1,085,539 | -\$444 | \$157 | \$2,621,781 | (\$1,536,242) | -141.52% |
| Total Purchase of Services: | \$562,982,010 | \$45,573,967 | \$347,985,889 | \$570,105,647 | (\$7,123,637) | -1.27% |
| Total NLACRC Budget: | \$622,488,682 | \$49,991,697 | \$381,887,851 | \$629,612,319 | (\$7,123,637) | -1.14% |
| | 4022,400,002 | φ49,991,097 | φ 301,00 7 | \$029,012,319 | (\$1,123,037) | -1.14% |

Note A: B-3 Amendment will include additional Rent Allocation, CPP-OPS Funding, and CPP-POS Funding

NORTH LOS ANGELES COUNTY REGIONAL CENTER FISCAL YEAR 2020-2021 February 2021

| TOTAL BUDGET SOURCES | |
|--|---------------|
| Prelim from DDS for OPS | \$45,721,951 |
| B-1 from DDS for OPS, Projects, and CRDP/CPP | \$12,858,198 |
| B-2 from DDS for OPS, Projects, and CRDP/CPP | \$678,643 |
| B-3 from DDS for OPS, Projects, and CRDP/CPP | |
| Prelim from DDS for POS | \$406,650,667 |
| B-1 from DDS for POS and POS-CRDP/CPP | \$146,600,305 |
| B-2 from DDS for POS-CRDP/CPP | \$890,753 |
| B-3 from DDS for POS-CRDP/CPP | |
| Subtotal - Total Budget received from DDS | \$613,400,517 |
| Projected Revenue | \$247,880 |
| Subtotal - Projected Revenue Operations | \$247,880 |
| Projected ICF/SPA Transportation/Day Program Revenue | \$8,840,285 |
| Subtotal - Projected Revenue Purchase of Services | \$8,840,285 |
| Total Budget | \$622,488,682 |

| OPERATIONS BUDGET SOURCES | |
|---|--------------|
| GENERAL OPERATIONS (Excludes Projects, CPP Regular, CRDP/CPP) | |
| Preliminary, General Operations (OPS) | 45,721,951 |
| B-1, OPS Allocation | 12,050,385 |
| B-2, OPS Allocation | 132,311 |
| B-3, OPS Allocation | |
| Total General OPS | 57,904,647 |
| Projected Interest Income | \$88,455 |
| Projected Other Income | \$24,425 |
| Projected ICF/SPA Admin Fee | \$135,000 |
| Total Other Revenue | 247,880 |
| TOTAL GENERAL OPS | 58,152,527 |
| Preliminary, Community Resource Development Plan ("CRDP") /Community Placement Plan ("CPP") | \$0 |
| B-1, OPS CRDP/CPP | \$316,954 |
| B-2, OPS CRDP/CPP | \$258,396 |
| Total CRDP/CPP Regular | \$575,350 |
| Preliminary, Developmental Center ("DC") Closure/Ongoing Workload | \$0 |
| B-1, OPS DC Closure/Ongoing Workload | \$134,344 |
| B-2, OPS DC Closure/Ongoing Workload | \$287,936 |
| Total CPP DC Closure/Ongoing Workload | \$422,280 |
| Family Resource Center ("FRC") | \$207,187 |
| Self Determination Program ("SDP") Participant Supports | \$149,328 |
| Total OPS PROJECTS | \$356,515 |
| Total Operations Budget | \$59,506,672 |

| PURCHASE OF SERVICES (POS) BUDGET SOURCES | |
|--|---------------|
| General POS (Excludes CPP-POS Regular, CRDP/CPP) | |
| Preliminary, POS | \$406,650,667 |
| B-1, POS Allocation | \$146,405,519 |
| B-2, POS Allocation | \$0 |
| B-3, POS Allocation | \$0 |
| Total General POS Allocation | \$553,056,186 |
| ADD: | |
| Projected ICF SPA Revenue | \$8,840,285 |
| Total Budget, General POS | \$561,896,471 |

| NOR | | | | ENTER | | |
|-----------------------------------|-------------|--------------|-------------|-------------|-------------|-------------|
| | | ATED LINE IT | | | | |
| | FISC | AL YEAR 202 | | | | |
| | | February 202 | 1 | 1 | 1 | |
| | Projected | | | Projected | | Projected |
| | Annual | Net | Expended | Remaining | Proj Annual | Surplus/ |
| | B-2 Budget | Month | Y-T-D | Expenses | Expenses | (Deficit) |
| PURCHASE OF SERVICE | | | | | | |
| POS (General) | | | | | | |
| 3.2 Out of Home | 97,114,185 | 8,664,991 | 61,583,645 | 36,496,226 | 98,079,871 | (965,686) |
| 4.3 Day Programs | 79,134,393 | 5,867,324 | 47,518,377 | 32,402,914 | 79,921,291 | (786,898) |
| 4.3 Habilitation Programs | 4,065,303 | 313,852 | 2,330,647 | 1,775,081 | 4,105,728 | (40,425) |
| 5.4 Transportation | 20,797,884 | 1,535,998 | 11,353,216 | 9,651,479 | 21,004,695 | (206,811) |
| 6.5 Other Services | 360,784,706 | 29,192,246 | 225,199,846 | 139,172,435 | 364,372,281 | (3,587,575) |
| Total POS (General): | 561,896,471 | 45,574,410 | 347,985,732 | 219,498,134 | 567,483,866 | (5,587,395) |
| CRDP & CPP | | | | | | |
| CRDP & CPP Placements | 194,786 | (444) | 157 | 726,371 | 726,528 | (531,742) |
| CRDP & CPP Assessments | 0 | 0 | 0 | 104,500 | 104,500 | (104,500) |
| CRDP & CPP Start Up | 890,753 | 0 | 0 | 1,790,753 | 1,790,753 | (900,000) |
| Deflection CRDP & CPP | 0 | 0 | 0 | 0 | 0 | 0 |
| Total CRDP & CPP: | 1,085,539 | (444) | 157 | 2,621,624 | 2,621,781 | (1,536,242) |
| HCBS Compliance Funding | 0 | 0 | 0 | 0 | 0 | 0 |
| Total HCBS: | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Purchase of Service: | 562,982,010 | 45,573,967 | 347,985,889 | 222,119,758 | 570,105,647 | (7,123,637) |
| OPERATIONS | | | | | | |
| 25010 Salaries/Benefits | 43,798,169 | 3,157,174 | 25,571,581 | 18,226,588 | 43,798,169 | 0 |
| 25010 ABX2-1 | 3,115,547 | 244,458 | 1,981,883 | 1,133,664 | 3,115,547 | 0 |
| Total Salaries/Benefits: | 46,913,716 | 3,401,632 | 27,553,464 | 19,360,252 | 46,913,716 | 0 |
| OPERATING EXPENSE | | | | | | |
| 30010 Equipment Rental | 382,522 | 18,179 | 48,562 | 333,960 | 382,522 | 0 |
| 30020 Equipment Maint | 100,715 | (4,029) | 96,686 | 4,029 | 100,715 | 0 |
| 30030 Facility Rent | 4,708,470 | 415,536 | 2,962,978 | 1,745,492 | 4,708,470 | 0 |
| 30040 Facility.Maint. AV | 72,019 | 887 | 37,625 | 34,394 | 72,019 | 0 |
| 30041 Facility Maint. SFV | 135,917 | 37,805 | 123,613 | 12,304 | 135,917 | 0 |
| 30042 Facility Maint. SCV | 111,037 | 5,878 | 26,290 | 84,747 | 111,037 | 0 |
| 30050 Communication | 445,913 | 18,046 | 277,070 | 168,843 | 445,913 | 0 |
| 30060 General Office Exp | 289,052 | 4,326 | 79,925 | 209,127 | 289,052 | 0 |
| 30070 Printing | 32,814 | 0 | 18,520 | 14,294 | 32,814 | 0 |
| 30080 Insurance | 399,770 | 0 | 399,770 | 0 | 399,770 | 0 |
| 30090 Utilities | 77,139 | 3,764 | 72,043 | 5,096 | 77,139 | 0 |
| 30100 Data Processing | 140,400 | 17,351 | 74,678 | 65,722 | 140,400 | 0 |
| 30110 Data Proc. Maint | 213,500 | 34,323 | 167,160 | 46,340 | 213,500 | 0 |
| 30120 Interest Expense | 128,297 | 11,647 | 28,126 | 100,171 | 128,297 | 0 |
| 30130 Bank Fees | 171,752 | 39,864 | 82,404 | 89,348 | 171,752 | 0 |
| 30140 Legal Fees | 736,220 | 60,664 | 188,976 | 547,244 | 736,220 | 0 |
| 30150 Board of Trustees Exp | 101,500 | 2,520 | 7,170 | 94,330 | 101,500 | 0 |
| 30151 ARCA Dues | 109,598 | 0 | 0 | 109,598 | 109,598 | 0 |
| 30160 Accounting Fees | 87,531 | 0 | 0 | 87,531 | 87,531 | 0 |
| 30170 Equipment Purchases | 1,517,029 | 77,418 | 750,967 | 766,062 | 1,517,029 | 0 |
| 30180 Contr/Consult-Adm | 1,106,126 | 214,456 | 646,722 | 459,404 | 1,106,126 | 0 |
| 30220 Mileage/Travel | 337,400 | 3,638 | 18,855 | 318,545 | 337,400 | 0 |
| 30240 General Expenses | 690,316 | 56,180 | 211,482 | 478,834 | 690,316 | 0 |
| 30240 ABX2-1 | 141,404 | (2,354) | 28,875 | 112,529 | 141,404 | 0 |
| Total Operating Expenses: | 12,236,441 | 1,016,098 | 6,348,498 | 5,887,943 | 12,236,441 | 0 |
| Total Operations: | 59,150,157 | 4,417,730 | 33,901,962 | 25,248,195 | 59,150,157 | 0 |
| Total Gross Budget : | 622,132,167 | 49,991,697 | 381,887,851 | 247,367,953 | 629,255,804 | (7,123,637) |
| OPS Projects: | 356,515 | 0 | 0 | 356,515 | 356,515 | 0 |
| Total Gross Budget with Projects: | 622,488,682 | 49,991,697 | 381,887,851 | 247,724,468 | 629,612,319 | (7,123,637) |

NORTH LOS ANGELES COUNTY REGIONAL CENTER

Operations ("OPS") Project Line Item Report FISCAL YEAR 2020-2021 February 2021

| | Projected Annual B-2 Budget | EXPENDED MONTH | EXPENDED Y-T-D | BALANCE REMAINING | PROJECTED EXPENDITURES | SURPLUS/ (DEFICIT) |
|--|-----------------------------------|-------------------|-------------------|----------------------|---------------------------|-----------------------|
| Family Resource Center (" FRC ") Self Determination Program (" SDP ") Participant Support | \$207,187 \$149,328 | \$0 \$0 | \$0 \$0 | | | |
| TOTAL: | \$356,515 | \$0 | \$0 | \$356,515 | \$356,515 | \$0 |

Family Resource Center: Family Resource Center provides services and support for families and infants and toddlers, under the age of three years, that have a developmental delay, disability, or condition that places them at risk of a disability. Services include, as specified in Government Code 95024(d)(2), parent-to-parent support, information dissemination, public awareness, and family-professional collaboration activities; and per Government Code 95001(a)94), family-to-family support to strengthen families' ability to participate in service planning.

<u>Self Determination Program Participant Support</u>: The SDP allows for regional center consumers and their families more freedom, control, and responsibility in choosing services, supports, and providers to help meet the objectives in their individual program plans. The SDP Participant Support is for regional centers, in collaboration with the local volunteer advisory committees, to assist selected participants in their transition to SDP.

PURCHASE OF SERVICE (POS) BUDGET ALLOCATION CHANGES FY 2020-2021

| | Non-CPP POS | CRDP/CPP POS | TOTAL POS |
|--|---------------|---------------------|---------------|
| Actual B-2 Budget as of April 10, 2021 | \$553,056,186 | \$1,085,539 | \$554,141,725 |
| Actual B-2 Budget as of March 10, 2021 | \$553,056,186 | \$1,085,539 | \$554,141,725 |
| Change in Budget Projection | \$0 | \$0 | \$0 |

I No Change in Allocation

Note: CPP means Community Placement Plan Note: CRDP means Community Resource Development Plan

POS ICF/SPA REVENUE CHANGES FY 2020-2021

| | Non-CPP POS |
|--|-------------|
| Projected Revenue for ICF/SPA Program as of April 10, 2021 | \$8,840,285 |
| Projected Revenue for ICF/SPA Program as of March 10, 2021 | \$8,816,312 |
| Change in Projected ICF/SPA Revenue | \$23,973 |

Change Projected in Day Program and Transportation Services Revenue

Note: ICF/SPA means Intermediate Care Facility / State Plan Amendment

PURCHASE OF SERVICE (POS) EXPENDITURE CHANGES FY 2020-2021

| | Non-CPP POS | CRDP/CPP POS | TOTAL POS |
|---|---------------|---------------------|---------------|
| Projected POS Expenditures as of April 10, 2021 | \$567,483,865 | \$2,621,781 | \$570,105,646 |
| Projected POS Expenditures as of March 10, 2021 | \$567,584,813 | \$1,721,781 | \$569,306,594 |
| Change in POS Expenditure Projection: | (\$100,948) | \$900,000 | \$799,052 |

Decreases to Non-CPP POS Expenditures

A projected decrease in day programs, work activity programs, creative arts programs, infant development programs, speech therapy, and clinical psychology services, which were offset by projected increases in expenditures for residential services, supplemental residential support, and community-based adult services.

Increases to CPP POS Expenditures

A projected increase in start up costs to develop three (3) specialized residential facilities

Note: CPP means Community Placement Plan

Note: CRDP means Community Resource Development Plan

MONTHLY PURCHASE OF SERVICE (POS) SURPLUS/(DEFICIT) CHANGE FY2020-2021

| | Non-CPP POS | CRDP/CPP POS | TOTAL POS |
|--|---------------|---------------------|---------------|
| Projected Surplus/(Deficit) as of April 10, 2021 | (\$5,587,395) | (\$1,536,242) | (\$7,123,637) |
| Projected Surplus/(Deficit) as of March 10, 2021 | (\$5,712,315) | (\$636,242) | (\$6,348,557) |
| Change in Surplus/(Deficit) | \$124,920 | (\$900,000) | (\$775,080) |

Note: CPP means Community Placement Plan

Note: CRDP means Community Resource Development Plan

NORTH LOS ANGELES COUNTY REGIONAL CENTER PROVIDER RELIEF FUNDS aka CARES ACT FUNDING FINANICAL REPORT-MONTHLY RECAP FISCAL YEAR 2020-2021 February 2021

| DESCRIPTION | PROVIDER RELIEF FUNDING aka CARES ACT FUNDING | EXPENDED MONTH | EXPENDED Y-T-D | BALANCE REMAINING | PROJECTED EXPENDITURES | SURPLUS/ (DEFICIT) |
|---|--|-------------------|-------------------|----------------------|---------------------------|-----------------------|
| Provider Relief Funds aka CARES Act Funding | \$991,226.62 | \$0.00 | \$0.00 | \$991,226.62 | \$991,226.62 | \$0 |
| TOTAL: | \$991,226.62 | \$0.00 | \$0.00 | \$991,226.62 | \$991,226.62 | \$0 |

Provider Relief Funding: On April 10, 2020, Health and Human Services ("HHS") made available the first disbursement of \$30 billion of the \$100 billion that Congress allocated to hospitals, physicians, and other health care providers in the Public Health and Social Services Emergency Fund in the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), also known as the Provider Relief Funding. Eligible providers include participants in state Medicaid/Children's Health Insurance Program ("CHIP") programs . Regional Centers were eligible for the Provider Relief Funds because regional centers provide Medicaid-funded case management services to Consumers. Service Providers were also eligible because a substantial percentage of Consumers served have Medi-Cal and received Medicaid-funded Home & Community-Based Services ("HCBS"). NLACRC applied for the Provider Relief Fund and received Provider Relief Funds on November 20, 2020. NLACRC must utilize the Provider Relief Funds by June 30, 2021, or any unused amounts will be forfeited and must be returned to HHS. All recipients of Provider Relief Funds must submit documents sufficient to ensure that the Provider Relief Funds received were used for healthcare-related expenses or lost revenue attributable to the coronavirus. Provider Relief Funds must be used for COVID-19 or health related expenses purchased to prevent, prepare for, and respond to coronavirus, including but not limited to, acquiring additional resources, including facilities, equipment, supplies, health care practices, staffing, and technology to expand or preserve care delivery.

North Los Angeles County Regional Center Consumer Services Committee Meeting Minutes March 17, 2021



Present: Nicholas Abrahms, Christina Cannarella, Gabriela Herrera, Sharoll Jackson, Nelmonika Jones, Jennifer Koster, and Curtis Wang – Committee Members

Orli Almog - Vendor Advisory Committee Representative

Kimberly Bermudez, Joseph Hernandez, Lillian Martinez, Ana Quiles, and Enrique Rogel - Guests

Evan Ingber, Sara Iwahashi, Ruth Janka, Dana Lawrence, Michele Marra, Yesenia Martinez, Cristina Preuss, Kim Rolfes, Jesse Weller, Jennifer Williamson, and Jazmin Zinnerman – Staff Members

Absent: Leticia Garcia

I. Call to Order & Introductions

Gabriela Herrera, chair, called the meeting to order at 6:01 p.m. and introductions were made.

II. Public Input

Ana Quiles shared information regarding the California Future of Work Commission report that she found helpful because it addresses all employment, not just employment for our community.

Action: Ana will forward the report to Yesenia for distribution to the Board.

III. Consent Items

A. <u>Approval of Agenda</u>

M/S/C (C. Wang/N. Abrahms) To approve the agenda as presented.

B. <u>Approval of Minutes of February 17th Meeting</u>

M/S/C (C. Wang/N. Abrahms) To approve the minutes as presented.

IV. Committee Business

NLACRC Consumer Services Committee Meeting Minutes March 17, 2021

A. Monthly Community Resource Development Plan (CRDP) Reports

Jesse reported the February 2021 CRDP report.

Development Centers FY 2020-21

- 1. Porterville Developmental Center (Secured Treatment) Total number of NLACRC consumers: fifteen (15)
 - Specialized Residential: six (6)
 - Enhanced Behavior Support Home: six (6)
 - Canyon Springs: three (3)
- 2. Canyon Springs (State Operated Facility) Total number of NLACRC consumers: one (1)
 - Specialized Residential: one (1)

3. STAR (Acute Crisis Facility)

Total number of NLACRC consumers: one (1)

• Enhanced Behavior Support Home: one (1)

Institutes for Mental Disease (IMD) FY 2020-21

Total number of NLACRC consumers: (six) 6

- Specialized Residential Facility: (four) 4
- Enhanced Behavior Support Home: one (1)
- Not ready for community placement: one (1)

Brilliant Corners, the Enhanced Behavioral Support Home (EBSH) contract has been approved. NLACRC's goal is to have the development of this 4-bed home completed by November 2021.

B. <u>Self Determination Program (SDP) Report</u>

The Center currently has 154 consumers who are continuing and eligible to participate in SDP. 79 participants have decided not to continue with the program. Of those continuing in the program, 143 have completed Orientation; 11 still need to complete Orientation. Further, 39 budgets have been certified and an additional 29 budgets are in the certification process. 36 spending plans have been approved; 3 are in progress. 59 Person-Centered Plans (PCPs) have been completed. A total of 36 participants have fully

transitioned into SDP.

In addition, Jesse informed the committee of the ethnic breakdown of the SDP participants that are fully transitioned in the program. They are as follows: White, 18; Latinx, 9; Asian, 4; Multi-cultural, 3; and African American/Black, 2.

Implementation Updates

- 1. Josefina Romo Gutierrez has been selected for the NLACRC SDP Local Volunteer Advisory Committee (LVAC) seat.
- 2. The Request for Proposal (RFP) for Coaching and Individualized Supports interviews have been completed. The discussion with the panel to find out who they have selected will continue at the next SDP LVAC meeting taking place tomorrow, March 18th. The RFP is to help the implementation process of the Self Determination Program.
- 3. NLACRC will be supporting, with the agreement of our LVAC, some of the allocation funds to support the State Council of Developmental Disabilities contract, which is an effort to support the statewide committee meetings that are important to SDP.
- 4. During the SDP LVAC meeting, we will be discussing testimonials for an SDP informational handout that we are working on. The purpose of the handout is to make a better connection with the program. In addition, we will be showing the survey to get additional feedback from the committee.
- 5. The SDP Orientations have increased to twice a month.
- 6. The SDP Informational meeting will remain monthly and we are planning to keep it as part of our practice.

Lillian shared her opinion that it would be a good idea for new board members to attend the Disability Voices United SDP Conference.

C. <u>Employment</u>

Jesse shared that employment is important to our community. As such, we have breakout groups from the Vendor Advisory Committee (VAC) that meets to discuss adult matters, including employment. We will assess with VAC to see how the employment group is progressing.

Ruth shared that the Center is planning to address how to increase employment. The Consumer Services Committee (CSC) seems to be the appropriate committee to bring recommendations forward for this discussion. However, the Strategic Planning Committee (SPC) will still monitor our statistics and benchmarks, in terms of our progress as a center.

D. <u>Aging Adult Services and Supports - Draft Policy</u>

Jesse presented the draft policy to the committee. He explained that the recruiting for the Aging Adult position has started. In addition, we have implemented the last piece, which is the formal policy for the service and supports that the Aging Adult position would provide. The policy is consistent with the position; however, some items were removed from the policy and placed in the job description. We are seeking a motion to bring it to the Board for approval.

Ana asked for clarification on the policy relative to the time frame and the age milestones.

Ruth informed that the metrics would be in incorporated in a service standard, which would describe what transition services looks like. The policy covers the rationale and it remains a Board policy. Then, we would add a service standard, the operational piece that gives guidance.

M/S/C (C. Wang/N. Abrahms) To recommend to the Board of Trustees to approve the Aging Adult Services and Supports policy as presented.

E. Disability Voices United Self Determination Conference

The committee was informed that the Disability Voices United Self Determination Conference is being held virtually from April 16th – April 18th. NLACRC is offering to provide registration for those board members who are interested in attending. As part of the registration, we ask that board members report to the board on their experience at the event. If you are interested, please contact Yesenia.

Action: Yesenia will reach out to Nelmonika as she expressed interest in attending the conference.

F. Board Audit: Does any action impact the availability or quality of services?

Jesse responded to the Board Audit question that, yes, it could impact the quality of services and that is why we address service standards. The value of this

committee is having the discussions related to services to obtain recommendations and feedback.

Ruth shared that, from a systems prospective, issues like budget cuts can impact quality of services as they can limit a provider's ability to retain qualified staff and/or expand programs to meet the needs of the community we serve. Another example of an impact to the quality of service are unfunded mandates and trailer bill language that requires regional centers to implement programs without the funding needed to hire staff to appropriately support program implementation. In these circumstances, regional centers will reallocate staff and resources to new program implementation, which means other areas of operation are negatively impacted.

V. Chief of Program Services Report (Jesse Weller)

A. <u>Announcements</u>

- 1. Congratulations to Gabby Eshrati for her promotion to Consumer Services Director of the Antelope Valley, Santa Clarita Valley, and Self Determination Program.
- 2. A returning employee and subject matter expert, who this committee will meet in May, has filled the Community Placement Plan (CPP)/Community Resource Development Program (CRDP) Supervisor position.
- 3. The Diversity, Equity, and Inclusion position will be a supervisory position under Jazmin Zinnerman.
- 4. The Self Determination Program will be open to all July 1, 2021.
 - a. Local Volunteer Advisory Committee meetings continue; next meeting is March 18th at 7 p.m. It is a great opportunity to learn about SDP.
 - b. Disability Voices United SDP Conference starts on April 16th.
- 5. Please save the date for the Purchase of Service (POS) Expenditure Data meeting. This meeting is being repeated due to the interpretation technical difficulties during the March 11th meeting. The meeting will be held virtually on April 23rd at 10 a.m. (Spanish) and 1 p.m. (English).
- 6. The Department of Developmental Services (DDS) has added a Wellness Toolkit section to their website. It is focused on providing information and tools related to health and safety for self-advocates, direct support professionals, and vendors/providers.
- B. <u>Vaccination Updates</u>

Jesse informed that, for 16-64 year old individuals being served by the Center who are eligible for vaccinations, we are working with our printer to generate individualized eligibility letters that will be sent to our community. This is so consumers and families receive them in a timely manner. If consumers and families do not receive the letter, please contact us and we can send a copy.

NLACRC created a hotline to provide support and assistance in accessing the vaccine. The Vaccine Hotline number is (323) 652-4848. Staff and parent mentors are available Monday through Friday from 8 a.m. to 8:30 p.m. and Saturday and Sunday from 8 a.m. to 5 p.m. In addition, we are engaging in outreach efforts to 16-64 year old individuals who are not receiving the vaccine and helping support the individuals who cannot go out to get the vaccine.

C. <u>Group Meetings/Events</u>

- 1. Family Focus Resource Center (FFRC) continues to offer events for families, including a cooking class.
- 2. Alianza de Hombres (Men's Group): continues to meet monthly.
- 3. Cafecito Entre Nos (Coffee Among Us): continues to meet monthly.
- 4. Black and African-American Family Focus Support Group: meets the first Wednesday of each month.
- 5. Aprendiendo Entre Nos (Learning Amongst Us): continues to meet.
- 6. Modern Support Services: Armenian Support Group and Spanish-speaking support group; meets every 2nd and 4th Tuesday at 6:30 p.m.

D. <u>Surge Placement Update</u>

- 1. COVID-19 Displaced/Exposed: 3 beds
- 2. COVID-19 Positive: 6 beds
- 3. Fairview Development Center No NLACRC Consumers as of 3/17/2021
- 4. Porterville Development Center No NLACRC Consumers as of 3/17/2021

VI. Board Meeting Agenda Items

The following items were identified for the committee's section of the April 14th board meeting agenda:

- A. Minutes of the March 17th Meeting
- B. Aging Adult Services Policy Approval

VII. Announcements / Information Items / Public Input

Ruth informed that the Department, in their directive, asked regional centers to focus on vaccination outreach and data collection. The data we are collecting are who has received the vaccination, which one was received, and what are the side effects. We are doing all that we can to support our community to get their vaccinations. In addition, we are now focusing on returning to in-person services, which may be a combination of in-person and online.

Ana, Nicholas, and Curtis reported that they have received their vaccinations.

Lillian asked for clarification on the Integrated Community Collaborative (ICC) visiting consumers' homes to give Johnson & Johnson vaccinations.

Ruth shared that the ICC is collaborating with the Sheriff's Department to distribute the vaccinations to homebound individuals. She asked the committee to please report vaccine appointment difficulties to us. Ruth also shared that Kaiser Permanente is reporting that the typical wait time at a point of dispensing such as the Pomona Fairgrounds is around 20-40 minutes, however there have been isolated incidents where wait times were as long as two (2) hours.

A. <u>Next Meeting:</u> April 21st at 6:00 p.m.

VIII. Adjournment

Gabriela Herrera adjourned the meeting at 6:56 p.m.

Submitted by:

Yesenia Martinez Executive Assistant

[csmin_mar17_2021]



North Los Angeles County Regional Center Government & Community Relations Committee Meeting Minutes

March 17, 2021



Present: Nicholas Abrahms, Christina Cannarella, Gabriela Herrera, Sharoll Jackson, Nelmonika Jones, Jeremy Sunderland, and Curtis Wang – Committee Members

Orli Almog – Vendor Advisory Committee Representative

Kimberly Bermudez, Joseph Hernandez, Lillian Martinez, Ana Quiles, and Enrique Rogel – Guests

Michelle Heid – Legislative Educator

Evan Ingber, Sara Iwahashi, Ruth Janka, Jennifer Kaiser, Michele Marra, Yesenia Martinez, Kim Rolfes, Jesse Weller and Jennifer Williamson – Staff Members

Absent: Leticia Garcia and Jennifer Koster

I. Call to Order & Introductions

Jeremy Sunderland, chair, called the meeting to order at 7:02 p.m. and introductions were made.

II. Public Input

Jeremy shared that he and his wife received their vaccinations.

It was shared that Sheriff's Department has started providing Johnson & Johnson vaccinations. They will be distributing vaccinations in the Antelope Valley next week and then returning to the San Fernando Valley.

III. Consent Items

A. <u>Approval of Agenda</u>

M/S/C (N. Abrahms/G. Herrera) To approve the agenda as presented.

B. <u>Approval of Minutes from the February 17th Meeting</u>

M/S/C (G. Herrera/C. Wang) To approve the minutes as presented.

IV. Committee Business

A. Legislative Update

1. <u>Legislative Educator Contract</u>

Jennifer informed that the Board has approved the Legislative Educator contract and Michelle Heid is present to participate in tonight's discussion.

2. <u>ARCA Grassroots Day</u>

Sara informed that the date for the ARCA Grassroots Day has been shared. The event will take place on Tuesday, April 20, 2021. However, we have not received word if there will be a preparation meeting the day before. While we wait for more information from ARCA, we are working on assembling the teams with at least one constituent. Once we select the team members, we will contact you. We are in the process of scheduling virtual meetings with the hope that we can hold them a few weeks before the event. More to come.

In response to a question, Michele Marra informed that staff participate to assist in facilitating the meeting; they typically provide introductions and support the team throughout the meeting. We typically received ARCA's talking points close to ARCA's Grassroots Day, but more often than not, they are aligned with NLACRC's legislative priorities. Michelle Heid added that bullet points are provided to help guide the preparation. Please know that it is up to the individual to decide how much they want to share since it is their personal experience. She reassured everyone that people feel better after going through process a couple of times.

3. Legislative Town Hall

Jennifer informed that, at a previous meeting, we received feedback that this committee would like to hold a legislative town hall. As such, we would like to begin planning this event with Michelle Heid's assistance. Currently, we are looking at sometime between April and June. Hence, we would like to begin the discussion on the topics for the town hall.

Ruth proposed that the committee consider the Senate Sub-committee's proposal related to the professionalizing of wages for staff. Please know

that there are twelve (12) proposals in total. Some proposals would codify services, like Participant-Directed Services, beyond the pandemic and increase operations funding to regional centers to help decrease caseloads. In addition, we could also look at the Lanterman Coalition as they are supporting the professionalizing of salaries and the increasing of operations funding to regional centers to reduce caseloads.

The committee discussed their ideas for potential topics for the legislative town hall. The topics discussed were the wage and rate increases and the extension of the Federal Early Start program to include children up to five (5) years old. However, no decision was made. The committee members were asked to email additional topics to Yesenia.

Jennifer informed that NLACRC is tentatively looking at a May 4th or May 6th date. Jennifer asked committee members to inform her of any particular elected officials the committee would like to invite to the townhall.

4. Legislative Bills

Jennifer informed that NLACRC has received a large amount of ARCA Legislative Committee bills that have been proposed. The bills are being reviewed and prioritized internally and we will bring more information to this committee in the future.

5. <u>Legislative Directory</u>

Sara informed that the Legislative Directory was included in the meeting packet. The directory includes the elected representatives list and individuals in our catchment area, like State Assembly Members, State Senators, City Council Members, Congressmen, U.S. Senators, etc.

Michelle Heid suggested to the committee that they should find out who their state and federal representatives are now that they have the directory. This will help during the legislative events because it is important to let representatives know that you are their constituent. The following websites can help you find out: http://findyourrep.legislature.ca.gov/ https://www.house.gov/representatives/find-your-representative

Michele Marra added that committee members do not have to wait for our events to reach out to their representatives. They can always reach out on their own because it is also a very powerful way of establishing a relationship and communicating your concerns to our legislative representatives.

B. Social Media

1. Facebook Analytics

Sara provided and reviewed the Center's February 2021 English and Spanish Facebook pages reports that were included in the meeting packet.

C. NLACRC Consumer and Family Guide Update

Sara informed that NLACRC is continuing to work on the Consumer and Family Guide. It has been slower than we would like due to the COVID vaccine information we have been focused on providing to our community. However, we should be able to dedicate more time to it and we will keep you posted on our progress.

In response to a question, Michele Marra shared that the completion goal has moved a bit due to our subject matter experts working with our community to support them with accessing their COVID-19 vaccination. However, we are navigating through this and hopeful to receive responses back by mid to late April so that we can create a finalized draft document. We are aiming toward the beginning of summer to have the guide to consumers and families.

Jennifer shared that we will be seeking input on the guide from different committees and we will likely share it with this committee.

D. Language Access Plan

Jesse informed that NLACRC has reclassified the Diversity, Equity, and Inclusion position to a supervisory position (with candidates from the Center's recruitment effort for a Specialist), and thus the Center is pausing further work on the Language Access Plan to allow for the DEI Supervisor, once secured, to be involved in the project. That said, the subject matter piece of the plan will continue.

E. <u>The ARC Public Policy Conference</u>

Sara informed that six (6) board members and two (2) staff attended the ARC Public Policy Conference. She solicited feedback from those that have attended the first days of the conference.

Jeremy shared that Isabel Bueso impressed him and he shared part of her story with the committee. He also mentioned that Chris Holden received an award and suggested to the committee to take advantage of the opportunity to participate in events like these.

Ana shared that Isabel Bueso's presentation was her favorite. She added that, although she enjoyed the event, the virtual format is nowhere near the in-person conference.

Ruth echoed Jeremy and Ana's comments and added that while she did not participate as much as she wanted, she found it very inspirational.

In response to Ana's comment that she appreciated that the conference added a session in Spanish, Ruth informed the committee that NLACRC is going to do the same with the April 23rd Purchase of Service (POS) Data Expenditure meeting. There will be two meetings, one in Spanish (with English interpretation) and one in English (with Spanish interpretation). Michele Marra added that the morning presentation will be in Spanish and the evening one in English.

Michelle Heid shared that, for those who missed the conference, ARC did indicate that some of the sessions will be recorded and available later.

F. <u>Plain Language Training for Management Staff</u>

Jennifer informed that NLACRC is currently working with the plain language consultant to secure a contract with them to provide plain language training to our management staff in the future. The purpose of the training is to provide them with the skills and resources that they need to apply it in their daily work and to train their staff. Further, we know how important plain language is to this committee and to the board and we share in it.

G. <u>Committee begins developing a strategy that encompasses the purpose and</u> <u>intent of the board's Service Provider and Elected Representative Visit policy</u> <u>for implementation next fiscal year.</u>

Michele Marra informed that this is the time of year that we start developing our legislative priorities. She reminded the committee that at a previous meeting a board audit question regarding the Disability Community Organization, Service Provider, and Elected Representative Visit Policy was reviewed. The purpose of the policy is to create greater relationships among the Center's Board of Trustees, disability community organization, service providers, and elected representatives. Each year we review this policy to ensure that it reflects the information and objectives that we are trying to achieve as it relates to visiting or working with our community. As part of this policy, we participate in legislative and service provider visits and then typically provide a report to the through the appropriate committee(s) and Board. Further, there is a framework to develop our strategy to achieve the goals. The strategy encompasses our priorities, whether those are town hall events, grassroots visits, or attending another agency's board meetings. At this time, we need to start thinking about our priorities so that we can create the strategy to achieve the priorities. Please reflect on this so we can have further discussion on this topic at the next committee meeting.

Action: Michele will work with Yesenia to send the Disability Community Organization, Service Provider, and Elected Representative Visit Policy to the committee.

V. Board Meeting Agenda Items

The following items were identified for the committee's section of the April 14th board meeting:

A. Minutes of the March 17th Meeting

NLACRC Government & Community Relations Committee Meeting Minutes March 17, 2021

VI. Announcements / Information / Public Input

A. <u>Next Meeting:</u> Wednesday, April 21st at 7:00 p.m.

VII. Adjournment

Jeremy Sunderland adjourned the meeting at 8:18 p.m.

Submitted by:

Yesenia Martinez Executive Assistant

[gcrmin_mar17_2021]



Vendor Advisory Committee

North Los Angeles County Regional Center Vendor Advisory Committee Meeting Minutes March 4, 2021

Draft

Present: Orli Almog, Erica Beall, Suad Bisogno, Catherine Carpenter, Cal Enriquez, Bob Erio, Kenny Ha, Sharoll Jackson, Dana Kalek, Alex Kopilevich, Don Lucas, Jenni Moran, Daniel Ortiz, Kevin Shields, and Nick Vukotic – Committee Members

104 Service Providers also participated on the Zoom call.

Ruth Janka, Kim Rolfes, Jesse Weller, Evelyn McOmie, Jennifer Williamson, Arsho Garlanian, Chantelle Crown, Elisa Hill, Yesenia Martinez, Cristina Preuss, Erin Broughton-Rodriguez, Josie Dauglash, Moné Masa, Royce Remelius, Cathy Robinson-Learn, Venus Rodriguez-Khorasani, and Nancy Salyers – NLACRC Staff

Absent: All Present

I. Call to Order & Introductions

Sharoll Jackson, VAC chair, called the meeting to order at 9:31 a.m. Introductions were made.

II. Public Input

Suad introduced her child to the group and shared that she was happy to see everyone.

Michelle Linares shared information about the Speech Pathologist Association Conference taking place on March $11 - 13^{\text{th}}$.

Scott Shepard shared about the Cal-TASH Virtual Conference taking place tomorrow. It is free for family members, self-advocates, and direct care staff. For more information visit: <u>https://www.caltash.org</u>.

Victoria Berry of Family Focus Resource Center (FFRC) shared information about the parent workshops offered by FFRC, specifically the "Young Children's Development in Daily Routines: A Team Approach" taking place on March 24th at 3:30 p.m. To register or for more information, please visit: <u>https://www.csun.edu/family-focus-resource-center/events/supporting-youngchildrens-development-daily-routines-team</u>.

III. Consent Items

A. <u>Approval of Agenda</u>

M/S/C (J. Moran/S. Bisogno) To approve the agenda as presented.

B. <u>Approval of Minutes from the January 7th VAC Meeting</u>

M/S/C (J. Moran/D. Kalek) To approve the minutes as presented.

C. <u>Approval of Minutes from the February 4th VAC Meeting</u>

M/S/C (J. Moran/K. Shields) To approve the minutes as presented.

IV. Executive Director's Report (Ruth Janka)

A. Legislation

The committee was informed about the Senate Budget Hearing Proposals for Investment in Developmental Disabilities (DD) Services that were presented at the Health and Human Services Subcommittee meeting on February 3rd. There were twelve (12) proposals presented during the subcommittee meeting and a few were shared with the group.

- Increase Competitive Integrated Employment (CIE) and Paid Internship Program (PIP).
- Direct \$13.2 million toward rate adjustment in response to the minimum wage increase.
- Continue virtual Individual Program Planning (IPP) meetings, as statute currently requires in-person.
- Continue Regional Center Executive Director Approvals of Health and Safety Waiver Exemptions.
- Allow Regional Centers to purchase services through generic resources to avoid service delays.
- Remove Budget Language that suspends supplemental rate increases as provided in the 2019 budget.
- Allow the director of DDS to authorize the purchase of out of state services for more than six months.
- Direct \$55 million to hire enough service coordinators to bring caseloads down. ARCA and SEIU support this proposal.

B. <u>COVID-19</u>

Los Angeles County Update:

The number of daily cases has decreased to 7.2 per 100K people. The positivity rate is currently 3.5%, which means that, if we keep this rate for two weeks, we will move into the red tier that allows further reopening, including $7^{\text{th}} - 12^{\text{th}}$ grade schools.

North LA: Total cumulative numbers: 1,151 positive cases, 41 deaths.

C. <u>Vaccination Eligibility and Sites</u>

It was reported that the 16-64 years of age with a developmental disability vaccination eligibility group represents the majority of our consumers. Currently, we are just under 7,000 in San Fernando Valley (SFV), over 12,000 in Santa Clarita Valley (SCV), and just over 3,200 in Antelope Valley (AV).

The distribution efforts are switching to Blue Shield of CA. However, Los County Local Public Health will continue distributing vaccines via their 320 sites, which includes mass sites. In additional to the online appointments system, they are scheduling 3,000 appointments per week over the phone. They will be providing transportation via 1,500 Uber rides for people who need it in order to access the vaccine. Further, to continue to help individuals be vaccinated, LA County will not require government issued IDs to prove identity; other forms of identity will be accepted. In addition to the county sites, there are also vaccines available through FEMA with an access code. There is a FEMA site at Cal State LA.

NLACRC is in partnership with Kaiser in SFV and AV to distribute vaccines to our community. We are looking at a site in AV to give the vaccinations. In addition, we have seven (7) partners, which are City of Lancaster, Wilsona School District, SCV Senior Center, Pleasantview Industries, New Horizons, Tierra Del Sol, and BUILD, willing to host mobile vaccination sites. While we are collaborating to help secure the vaccine for our community, there is a limited supply, and thus, individuals may need help searching for vaccination appointments.

D. <u>Vaccine Eligibility Letters</u>

NLACRC is providing consumer-specific letters to our community. Our goal is to get that letter printed and mailed to individuals so that they have it in time for March 15th eligibility date. If individuals have not received their letter,

they can contact their CSC and we will get the letter to them.

In response to a question, it was reported that the letters will be mailed to the address on file for the individual. It will be sent to the location of the individual or to the home and to the parent of a minor child. Kim added that, when we run our query, we will look at these considerations to make sure we mail it to the best location. This is one of the reasons we have been contacting consumers to update their records. Further, we will be keeping copy of the letters in case individuals do not receive their letter, they can contact us for a copy. The letters are also available to be emailed.

E. <u>Public Meetings/Community Engagement</u>

POS Expenditure Meeting

NLACRC will be seeking information from our community about the barriers to using approved regional center services through a survey. The meetings are scheduled for Thursday, March 11th at 11:00 a.m. and 6:00 p.m.

Virtual Town Halls

The next Virtual Town Hall meeting will be held on Thursday, March 18th at 1:00 p.m. The topic will be Regional Center Services and Advocacy and will be presented by the State Council on Developmental Disabilities.

The ARC DD Public Policy Conference is taking place from March 15th–18th.

F. <u>Consumer Statistics</u>

The Center serves just over 28,000 individuals with 3,737 in Early Start. SFV School Age is just under 5,900. AV has over 2,300 adults, just under 1,700 in the Transition Unit, almost 2,100 in School Age, and 833 in Early Start. SCV has 900 adults, 620 in the Transition Unit, almost 1,230 School Age, and just under 500 in Early Start.

G. <u>Staff/Recruitment</u>

NLACRC is focused on recruitment. We are bringing in 10 staff members in March and opened new CSC positions to bring our caseload numbers down.

V. Chief Financial Officer's Report (Kim Rolfes)

A. <u>Fun Fact</u>

The State of CA DDS is in the process of seeking a claim through FEMA for the services we have been purchasing due to the COVID-19 pandemic. For FY 2020-21, Regional Centers are reporting collectively \$815.5 million in expenditures to provide services and supports to consumers and their families during the pandemic. The top two POS expenditures spent by regional centers was for 1) residential services and 2) personal services. The total statewide POS expenditures for COVID-19 related expenditures for FY2019-2020 (last year) was \$96 million for residential services and \$60.2 million for personal services. The state intends to submit a FEMA claim to reimburse the State for COVID-19 related expenditures, if received, will go back to the general fund.

B. <u>Financial Report</u>

It was reported that the B-2 funding intent letter was received. The Center received funding in operations for staff to conduct specialized home monitoring services, which is a statutory requirement. The Center also received POS funding received to renovate and operate a startup project to develop Enhanced Behavioral Support Home (EBSH). The B-2 budget for Operations is \$59.3 million; POS is \$54.1 million; total is \$613.4 million. The Center is currently projecting a POS deficit of \$6.1 million. The Center does not yet have a projection for CPP-POS and we are expecting to have the information in the next PEP report.

C. <u>Statewide Regional Center (RC) POS Projection (FY 2020-21)</u>

Statewide regional centers are reporting an overall deficit of (\$56,342,677). Nine (9) regional centers are reporting a surplus that ranges from \$93,000 (GGRC) to \$29.9 million (Redwood Coast). Twelve (12) regional centers are reporting a deficit ranging from -\$2.3 million (ELARC) up to a maximum of \$42.2 million (SCLARC). NLACRC's deficit of \$6.1 million is ranked 7th of those regional centers reporting a POS deficit.

D. FY 2018-2019 Final Billing

Final billing for FY 2018-2019 has due on March 6th. NLACRC continues to provide additional check runs. The additional check runs are scheduled on March 30th and April 29th and plan to continue to offer the additional check runs at this time.

E. <u>Staffing</u>

NLACRC is actively recruiting. As of February, we have 547 positions filled out of 596 authorized position. The Center's annualized turnover rate is 0.08%.

F. <u>Transition of Representative Payee Services to VAC</u>

NLACRC is beginning the process to transition representative payee services from NLACRC to FACT because Social Security Administration has informed us that they have resources to support this transition. The Center plans to provide service providers 1) a FAQ regarding what to expect when the representative payee change occurs; and 2) a communication regarding of the timeline.

G. <u>Service Provider Independent Audit/Review Requirement</u>

The Center has received inquiries from service providers inquiring about whether an independent audit/review is required. Although here is a DDS Directive that waives the auditing requirement for regional centers as established in regional center contracts. Each regional center is required to conduct a certain number of vendor audits that is established by DDS; and the DDS Director waives this contractual requirement for regional centers. However, DDS has not issued a directive that waives the independent audit/review requirement for service providers. Kim encouraged service providers to submit their independent audit review reports as provided under statute. It was explained that under statute, the service provider independent audit/review reports are due within nine (9) months after the service provider's fiscal year end, unless a 2-year exemption has been granted.

H. <u>Alternative Services Delivery and E-billing</u>

Since implementing the alternative monthly rates, Kim shared that some service providers reported consumers under traditional services that should be alternative services and vice versa. Kim shared that if the authorization was incorrect or if a change in the method of service delivery was needed, the service provider should contact their CSC directly.

If a service provider did not receive an alternative service rate, the service provider should contact NLACRC at alternativeservicedelivery@nlacrc.org. The Center's Community Services staff will verify that a Certification of Alternative non-

Residential Services ("CANS") Form has been received and then provide the service provider with a worksheet that will be used to one authorize services

and also send a letter to the consumer and their family confirming their interest in receiving services using alternative methods of service delivery.

It was reported that for services vendored on or after March 1, 2020, we are in the process of establishing rates and seeking DDS approval. Currently NLACRC has four (4) vendors for which NLACRC is actively working with DDS to establish the rates.

It was reported that transportation providers and Supported Employment Group providers should continue to bill for services in the same manner prior to January 1, 2021. DDS has not yet established guidelines for transportation or Supported Employment Group providers, although the Center anticipates further DDS guidance will be forthcoming.

For 952 Individualized Services, the DDS rates have been issued. Evelyn reported that service providers will receive their rate letter shortly.

Evelyn reminded service providers that there is an exception process for service providers that were not listed on the list of authorized service types provided in DDS's December 2, 2020 Directive. Service providers interested in seeking an exception should, send their request to alternativeservicedelivery@nlacrc.org. Evelyn reported that DDS will assess each request on a case-by-case basis.

I. <u>E-billing Change</u>

Under the DDS Directive dated 01/27/2021, the requirement that services providers indicate in e-billing by day and by consumer, each type of activity provided to consumers under the alternative service delivery model has been deferred. After March 10th, the e-billing button that provided the means to provide the types of activities performed by consumer will no longer be available since it is no longer required DDS will continue to use Survey Monkey to collect data and information from service providers on services provided using alternative methods. The Survey Monkey replaces the e-billing reporting requirement

It was reported that some of the Survey Monkey(s) submitted by service providers had errors, omissions, or were incomplete. DDS sent regional centers a report of the Survey Monkeys that needed to be updated and asked regional centers to follow up with identified service providers to either update the Survey Monkey or complete a new Survey Monkey. Evelyn reported that the error notices were sent to service providers. Further, Evelyn reported that one of the most frequent errors made by service providers was providing a service code that did not matching the vendor number.

In response to a question, Evelyn informed that the Survey Monkey is reusable. However, if you need to resubmit your information due to an error, you will need to contact DDS to delete the previous one you submitted. Kim added that DDS is looking at other ways they might do this. Our website has a page that takes you to the Survey Monkey.

J. <u>E-billing Password Reset Issues</u>

Kim reported that at the last VAC and subsequent to the VAC meeting, she received feedback from service providers reporting challenges with resetting e-billing passwords or expired e-billing passwords. The Center worked with DDS to troubleshoot the issue and the Center was informed that the issue was the result of the browser used by the service provider. It was reported that the e-billing system does not function properly in Mozilla Firefox, Edge, or Internet Explorer and that e-billing program cannot accommodate these browsers. DDS recommends that service providers use Chrome until further notice, including when attempting to reset your password.

K. Transportation Mileage Rate Change for In-Home Respite Agencies

Kim shared that the Title 17 regulations establish that in-home agency worker travel costs are based on the mileage reimbursement rate for California state employees. On February 8, 2021, DDS notified regional centers that effective January 1, 2021 the mileage reimbursement rate for California state employees decreased from \$0.575 per mile to \$0.56 per mile. In accordance with the regulations, the Center has reduced the in-home respite mileage rate to \$0.56 per mile, effective January 1st.

L. <u>Update on State EVV Development</u>

Kim shared that the DDS conducted a webinar on February 11 2021regarding the Electronic Visit Verification (EVV) Project. Service providers that provide respite, SLS, homemaker services, and personal assistance services will be required to use the EVV system to provide data of the services provided to consumers. DDS reported that they will be using an "Open Vendor Model" approach, which means the service provider may choose to use the state's system to send data, use their current EVV system, or other system to provide the data. The State reported it plans to select the EVV contractor by May 2021.

VI. Chief of Program Services Report (Jesse Weller)

A. <u>Announcements</u>

- 1. DD Awareness Month is in March. On behalf of NLACRC, we want to recognize each and every person in our system.
- 2. Gabby Eshrati has been promoted to Consumer Services Director of the Antelope Valley, Santa Clarita Valley, and Self Determination Program. We now have three (3) director positions filled.
- 3. We are reclassifying the Diversity, Equity, and Inclusion Supervisor to a supervisory position that will be reporting to Jazmin Zinnerman and will be working with our parent mentors.
- 4. The Self Determination Program (SDP) is going live on July 1st. NLACRC is increasing orientations and reaching out to eligible individuals in preparation for going live. We are 5th in SDP enrollment, including existing enrollments, 3rd place statewide.
 - The next Local Advisory Committee meeting is on Thursday, March 18th at 7 p.m.
 - The Disability Voices United (DVU) SDP Virtual Conference starts on April 16th. This may be a good platform to encourage individuals to join SDP.
- 5. Cal-TASH Virtual Conference is taking place on Friday, March 5th and Saturday, March 6th. The theme is "Together for Justice, Inclusion, and Community".
- 6. Purchase of Service (POS) Data Information meeting is taking place on March 11th at 11 a.m. and 6 p.m. The purpose of this meeting is to inform our community how much money was spent on services by consumer age, race or ethnicity, language, disability, and residence for FY 2019-20.
- 7. Department of Developmental Services (DDS) has a Wellness Toolkit website. It is focused on providing information and tools related to health and safety for self-advocates, direct support professionals, and vendors/providers. For more information visit: <u>https://www.dds.ca.gov/consumers/wellness-toolkit/</u>
- 8. CSCs will be obtaining data on people needing transportation to vaccination sites.
- B. <u>Group Meetings/Events</u>
 - 1. Alianza de Hombres (Men's Group): continues to meet monthly.
 - 2. Cafecito Entre Nos (Coffee Among Us): continues to meet monthly.

- 3. Black and African-American Family Focus Support Group: meets the first Monday of each month.
- 4. Modern Support Services: Armenian Support Group and Spanishspeaking support group; meets every 2nd and 4th Tuesday at 6:30 p.m.
- 5. Family Focus Resource Center (FFRC) continues to offer events for families, including parent nights.
- C. <u>Surge Placement Update</u>
 - 1. COVID-19 Displaced/Exposed: 5 beds
 - 2. COVID-19 Positive: 3 beds
 - Fairview Development Center No NLACRC Consumers as of 3/4/2021
 - Porterville Development Center No NLACRC Consumers as of 3/4/2021
- D. <u>Aging Adult Specialist</u>

The Aging Adult Specialist, formerly called the Older Adult Specialist, presentation was shared with the committee. (Due to the negative input received on the "Older Adult" title, the name was changed to "Aging Adult".)

It was reported that this position will provide support through the lifespan; down to completing forms for advanced directives. The position will be housed under Gabby Eshrati in the Antelope Valley office and will be implemented this month.

On behalf of the executive and senior executive team, the VAC was thanked for their contribution to the policy and resulting position.

E. <u>Technology Survey</u>

The Technology Survey went out today. The purpose of the survey to find out what our community's needs are in terms of access to technology. It will be posted on our website. We are asking service providers, if you can, to reply on behalf of your program.

F. <u>POS Disparity Stakeholders Survey Questions</u>

The Purchase of Services (POS) Disparity Survey is directly related to our meeting next week. The purpose of the survey is to understand disparity, such as why individuals and families not using authorized services.

VII. Community Services Director's Report (Evelyn McOmie)

Staff Changes

Lisa Mayti, the Resource Development Supervisor, is no longer with the agency. She has moved on to work with the homeless population. We are actively recruiting to fill the position.

DS1891 Final Notices

The DS1891 final notices were sent out two weeks ago. Staff are available to provide technical assistance as needed.

Annual Program Evaluations

In Home Respite, Service Code 862, reminder letters were sent. They are due 4/30/2021. Please submit to <u>Contract&Compliance@nlacrc.org</u>.

Independent Audits FY 2019

Final Notices will be sent later this month. The Independent Audit requirement is for providers that receive over \$500,000 from the regional center.

COVID-19 109 Health & Safety (H&S) Letters

The 109 Health & Safety letters are being routed in the next couple of weeks and will specify when DDS will sunset the 109 H&S. The Center will issue letters notifying those with approved H&S.

Announcement

Any children agencies wanting to receive 3-ply disposable children's mask, please contact Venus Rodriguez-Khorasani. Please keep in mind that supply is limited.

CCL PIN Update

PIN 21-12-ASC

Resident Isolation and Cohorting, Staffing, Personal Protective Equipment, and Face Coverings. Gives updated guidance to Adult and Senior Care (ASC) residential licensees related to resident isolation and cohorting, staffing considerations based on the residents' COVID-19 status, use of Personal Protective Equipment (PPE), N95 respirators, and required use of face coverings. For more information visit: <u>https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2021/ASC/PIN-21-12-ASC.pdf</u>

VIII. Progress Reports from Service Provider "Return to Work" Groups

A. <u>Early Start</u>

Dana Kalek informed that the Early Start (ES) group provided the "Debunking Myths of E-therapy" training to about sixty (60) ES Consumer Services Coordinators (CSCs). The results were positive and were sent to Elisa Hill and Cristina Preuss.

During our meeting, we discussed how service providers are doing with the decrease in numbers. However, I am happy to hear from Ruth that numbers are increasing. Moreover, we continue to wait for directives for extension of services. We are hoping telehealth will continue to be used.

B. Licensed Site-Based Programs

Bob Erio informed that the next meeting will be next Thursday. We will be reiterating the update from the VAC meeting, discussing vaccination and testing procedures, and sharing updates from transportation.

C. <u>Community-Based Programs</u>

Suad Bisogno informed that the group met recently. We discussed alternative billing as it relates to members getting their needs met and the challenges for group homes that have been vaccinated but not able to return to services. We are working on how to best support those situations.

D. Independent Living/Supported Living Services

Kevin Shields informed that the group disbanded months ago. However, he shared his email for individuals to contact him if they would like to restart the meetings.

E. <u>Individualized Services</u>

Dr. Bruce Gale informed that the meeting was yesterday. It was a follow up from a webinar that he held regarding the telehealth survey for parents that was done last June. He shared that he has planned to do another survey in English and Spanish and looking at ways to complete the survey via telephone. The survey will be in plain language and will try to line up questions with North LA's. In addition, we discussed that there are some delays in traditional services.

F. <u>Residential Services</u>

Venus Rodriguez-Khorasani informed that the group met in January and is looking to meet in March, especially given the new PINs that need to be discussed. There are concerns regarding the steps and procedures for returning to services. We will be sharing information at our next meeting

IX. Reports from the VAC Priority Issue Work Groups

A. <u>Early Start Services</u> (Dana Kalek)

Comments included in the summary above.

B. <u>School Age Services</u> (Cal Enriquez)

It was shared that Victoria Berrey and FFRC are a great resource group. The group discussed the possibility of school districts reopening in the fall and not knowing what will be happening. Additionally, he shared that summer camps would be great for our kids, especially for the school age group.

C. <u>Adult Services</u> (Suad Bisogno & Erica Beall)

Suad informed that the group met on Monday and they discussed the Older Adult survey. She shared that the group's main focus is on employment and housing/living options. Right now, we do not have any specific goals or outcomes because we are still researching the challenges.

Erica informed that in terms of employment, the group is looking at CIE and PIP shared stories of when things are going well. In regards to housing, since it is so complicated, we are researching to find out if there is common knowledge and all the options that are out there, as we want to bring some of that information to this group.

Suad shared her contact information for those who would like to join the group.

D. <u>Implementation of Legislative Changes</u> (Sharoll Jackson)

It was reported that the group met and looked at the baseline of what legislation the group is going to monitor. Some of the items that will be monitored are state updates and proposals, and the activities of coalitions. Additionally, we discussed renaming the group.

Ruth informed that this group's legislative advocacy initially started to implement trailer bill language and now it has evolved to include identifying advocacy needed. Hence, this group spans more than just discussion of implementation of legislative changes.

After some discussion, the group was renamed Legislative Issues and Advocacy.

X. Report on Board Committee Meetings

Minutes from the NLACRC Board of Trustees meetings and minutes from all of its subcommittee meetings are posted on the center's website under the "Governance/ Board of Trustees/Approved Meeting Minutes" tab.

- A. Administrative Affairs (Kevin Shields)
- B. Board of Trustees (Sharoll Jackson)
- C. Consumer Services (Orli Almog)
- D. Government & Community Relations (Orli Almog)
- E. Nominating (Bob Erio)
- F. Strategic Planning (Erica Beall/Nick Vukotic)

XI. Agenda Items for the Next Board Meeting

The committee identified the following items for their section of the March 10th board meeting agenda:

- A. Minutes of the January 7th VAC Meeting
- B. Minutes of the February 4th VAC Meeting
- C. Minutes of the March 4th VAC Meeting

XII. Announcements/Public Input

A. <u>Next Meeting</u>: Thursday, April 1st at 9:30 a.m. (break out groups meet)

XIII. Adjournment

Sharoll Jackson adjourned the meeting at 11:21 a.m.

Submitted by,

Yesenia Martinez Executive Assistant

[vacmin_mar4_2021]



North Los Angeles County Regional Center FY 2020-21 Board of Trustees Board and Committee Time Report

| Fiscal Year 2020-2021 | (Rounded to t | he nearest q | uarter of an ho | ur.) | | | | | | | | |
|------------------------------------|---------------|--------------|-----------------|---------|---------|----------|------------|---------|---------|----------|-------------------|---------|
| | Jul-20 | | | | | Α | ug-20 | | | S | ep-20 | |
| Committee | Start | End | Total Time | Rounded | Start | End | Total Time | Rounded | Start | End | Total Time | Rounded |
| Ad Hoc Bylaws | | | | | | | | | | | | |
| Administrative Affairs | 6:30 PM | 8:50 PM | 02:20 | 2.25 | 6:04 PM | 7:51 PM | 01:47 | 1.75 | 6:00 PM | 7:19 PM | 01:19 | 1.25 |
| Board Meeting | | | | | 6:33 PM | 9:10 PM | 02:37 | 2.50 | 6:32 PM | 9:18 PM | 02:46 | 2.75 |
| Consumer Services | 6:04 PM | 7:41 PM | 01:37 | 1.50 | 6:04 PM | 7:20 PM | 01:14 | 1.25 | | | | |
| Executive | 8:52 PM | 10:30 PM | 01:38 | 1.75 | 8:03 PM | 9:34 PM | 01:31 | 1.50 | 7:19 PM | 9:41 PM | 02:22 | 2.25 |
| Government and Community Relations | 7:45 PM | 9:33 PM | 01:48 | 1.75 | 7:23 PM | 8:55 PM | 01:32 | 1.50 | | | | |
| Nominating | | | | | 5:36 PM | 6:19 PM | 00:43 | 0.75 | | | | |
| Nominating | | | | | | | | | | | | |
| Nominating | | | | | | | | | | | | |
| Nominating | | | | | | | | | | | | |
| Post Retirement Medical Trust | 5:35 PM | 6:29 PM | 00:54 | 1.00 | | | | | | | | |
| Strategic Planning | | | | | 6:08 PM | 7:48 PM | 01:40 | 1.75 | | | | |
| Vendor Advisory | | | | | 9:35 AM | 12:32 PM | 02:57 | 3.00 | 9:35 AM | 12:08 PM | 02:33 | 2.50 |

North Los Angeles County Regional Center FY 2020-21 Board of Trustees Board and Committee Time Report

| Fiscal Year 2020-2021 | (Rounded to the nearest quarter of an hour.) | | | | | | | | | | |
|------------------------------------|--|----------|-------------------|---------|---------|----------|------------|---------|-------|--------|--|
| | Oct-20 | | | | | N | ov-20 | | Dec | Dec-20 | |
| Committee | Start | End | Total Time | Rounded | Start | End | Total Time | Rounded | Start | End | |
| Ad Hoc Bylaws | | | | | | | | | | | |
| Administrative Affairs | 6:17 PM | 7:41 PM | 01:24 | 1.50 | 6:02 PM | 7:19 PM | 01:17 | 1.25 | | | |
| Board Meeting | 6:56 PM | 8:54 PM | 01:58 | 2.00 | 6:36 PM | 8:55 PM | 02:19 | 2.25 | | | |
| Consumer Services | 6:09 PM | 7:23 PM | 01:14 | 1.25 | 6:03 PM | 7:18 PM | 01:15 | 1.25 | | | |
| Executive | 8:01 PM | 8:50 PM | 00:49 | 0.75 | 7:20 PM | 9:35 PM | 02:15 | 2.25 | | | |
| Government and Community Relations | 7:27 PM | 8:36 PM | 01:09 | 1.25 | 7:23 PM | 8:28 PM | 01:05 | 1.00 | | | |
| Nominating | | | | | | | | | | | |
| Nominating | | | | | | | | | | | |
| Nominating | | | | | | | | | | | |
| Nominating | | | | | | | | | | | |
| Post Retirement Medical Trust | 5:33 PM | 6:11 PM | 00:38 | 0.75 | | | | | | | |
| Strategic Planning | | | | | 6:01 PM | 6:58 PM | 00:57 | 1.00 | | | |
| Vendor Advisory | 9:38 AM | 11:58 AM | 02:20 | 2.25 | 9:30 AM | 11:06 AM | 01:36 | 1.50 | | | |

North Los Angeles County Regional Center FY 2020-21 Board of Trustees Board and Committee Time Report

| Fiscal Year 2020-2021 | (Rounded to the nearest quarter of an hour.) | | | | | | | | | | | |
|------------------------------------|--|----------|------------|---------|---------|----------|------------|---------|---------|----------|------------|---------|
| Committee | Jan-21 | | | | Feb-21 | | | | Mar-21 | | | |
| | Start | End | Total Time | Rounded | Start | End | Total Time | Rounded | Start | End | Total Time | Rounded |
| Ad Hoc Bylaws | 6:09 PM | 7:49 PM | 01:40 | 1.75 | 4:05 PM | 6:16 PM | 2:11 | 2.25 | 4:08 PM | 5:02 PM | 0:54 | 1.0 |
| Administrative Affairs | 6:25 PM | 8:17 PM | 01:52 | 1.75 | 6:00 PM | 8:18 PM | 2:18 | 2.25 | 6:02 PM | 7:36 PM | 1:34 | 1.5 |
| Board Meeting | 6:31 PM | 9:15 PM | 02:44 | 2.75 | 6:33 PM | 8:48 PM | 2:15 | 2.25 | 6:33 PM | 9:16 PM | 2:43 | 2.7 |
| Consumer Services | 6:03 PM | 8:19 PM | 02:16 | 2.25 | 6:05 PM | 7:02 PM | 0:57 | 1.00 | 6:01 PM | 6:56 PM | 0:55 | 1.0 |
| Executive | 8:25 PM | 10:52 PM | 02:27 | 2.50 | 8:25 PM | 10:17 PM | 1:52 | 2.00 | 7:41 PM | 9:50 PM | 2:09 | 2.2 |
| Government and Community Relations | 8:25 PM | 10:26 PM | 02:01 | 2.00 | 7:08 PM | 8:23 PM | 1:15 | 1.25 | 7:02 PM | 8:18 PM | 1:16 | 1.2 |
| Nominating | 5:33 PM | 7:40 PM | 02:07 | 2.00 | 5:39 PM | 6:46 PM | 1:07 | 1.00 | 5:38 PM | 9:24 PM | 3:46 | 3.7 |
| Nominating | | | | | | | | | 5:38 PM | 9:05 PM | 3:27 | 3.5 |
| Nominating | | | | | | | | | 5:37 PM | 9:31 PM | 3:54 | 4.0 |
| Nominating | | | | | | | | | 5:34 PM | 6:14 PM | 0:40 | 0.7 |
| Post Retirement Medical Trust | 5:32 PM | 6:24 PM | 00:52 | 0.75 | | | | | | | | |
| Strategic Planning | | | | | 6:06 PM | 7:58 PM | 1:52 | 1.75 | | | | |
| Vendor Advisory | 9:30 AM | 11:19 AM | 01:49 | 2.00 | 9:34 AM | 10:48 AM | 1:14 | 1.25 | 9:31 AM | 11:21 AM | 1:50 | 1.7 |