

WINDES, INC.
2050 MAIN ST., STE. 1300
IRVINE, CA 92614

SAN ANDREAS REGIONAL CENTER
6203 SAN IGNACIO AVE.
SAN JOSE, CA 95119



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CLIENT'S COPY

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

Part I - Identification

| | | |
|--|---|---|
| Type or Print | Name of exempt organization, employer, or other filer, see instructions. SAN ANDREAS REGIONAL CENTER | Taxpayer identification number (TIN) 94-2591195 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 6203 SAN IGNACIO AVE. | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN JOSE, CA 95119 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JOHN HUNT**
6203 SAN IGNACIO AVE. - SAN JOSE, CA 95119

Telephone No. **408-374-9960** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: SAN ANDREAS REGIONAL CENTER
D Employer identification number: 94-2591195
E Telephone number: 408-374-9960
G Gross receipts \$: 924,151,801.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.SARC.ORG
K Form of organization:
L Year of formation: 1969
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer JAVIER ZALDIVAR, EXECUTIVE DIRECTOR
Date
Paid Preparer Use Only: Preparer's name ELEANOR A. LIVINGSTON, CP
Preparer's signature ELEANOR A. LIVINGSTON
Date 04/30/26
Check if self-employed
PTIN P00226461
Firm's name WINDES, INC.
Firm's EIN 95-3001179
Firm's address 2050 MAIN ST., STE. 1300 IRVINE, CA 92614
Phone no. 949-852-9433

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE CENTER PROVIDES ADVOCACY, ASSESSMENT, INFORMATION, AND COORDINATED SERVICES THAT SUPPORT INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES IN MAKING INFORMED CHOICES AND LEADING SELF-DIRECTED LIVES.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 929,093,644. including grants of \$ 862,684,645.) (Revenue \$ 1,507,921.) THE ORGANIZATION WAS ORGANIZED IN ACCORDANCE WITH THE PROVISIONS OF THE LANTERMAN DEVELOPMENTAL DISABILITIES SERVICES ACT OF THE WELFARE AND INSTITUTIONS CODE OF CALIFORNIA. IN ACCORDANCE WITH THE ACT, THE ORGANIZATION WORKS IN PARTNERSHIP WITH PEOPLE WITH DEVELOPMENTAL DISABILITIES, THEIR FAMILIES, LOCAL COMMUNITIES, SERVICE PROVIDERS, AND THE GOVERNMENT. ITS MISSION IS TO ENABLE PERSONS WITH DEVELOPMENTAL DISABILITIES TO LIVE INDEPENDENT, PRODUCTIVE, AND SATISFYING LIVES IN THEIR COMMUNITY. THE ORGANIZATION ALSO STRIVES TO LESSEN DEVELOPMENTAL DELAYS IN INFANTS AND YOUNG CHILDREN TO MINIMIZE THE RISK OF DEVELOPMENT DISABILITIES. AMONG THE SERVICES AND SUPPORT THE ORGANIZATION PROVIDES OR COORDINATES ARE DIAGNOSIS AND ASSESSMENT, INDIVIDUALIZED PLANNING AND SERVICE COORDINATION, EARLY INTERVENTION

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 929,093,644.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

| | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c 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 | |
| 25a 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | X |
| 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 "Yes," complete Schedule L, Part III</i> | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | X |
| 35a 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 "Yes," complete Schedule R, Part V, line 2</i> | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 38 X | |

Note: All Form 990 filers are required to complete Schedule O

Part 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 |
|---|---------------|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a 279 | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 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) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
JOHN HUNT - 408-374-9960
6203 SAN IGNACIO AVE., SAN JOSE, CA 95119

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JAVIER ZALDIVAR CHIEF EXECUTIVE OFFICER | 40.00 | | | X | | | 348,339. | 0. | 85,903. | |
| (2) ANGELINA M. JOHNSON DIRECTOR OF HUMAN RESOURCES | 40.00 | | | | X | | 251,217. | 0. | 51,210. | |
| (3) JOHN HUNT CHIEF FINANCIAL OFFICER | 40.00 | | | X | | | 265,707. | 0. | 35,693. | |
| (4) MICHAEL KEELEY DIRECTOR OF CONSUMER SERVICES | 40.00 | | | | X | | 235,971. | 0. | 50,746. | |
| (5) AZELIN ELLIS ASD & CLINICAL MANAGER | 40.00 | | | | | X | 223,430. | 0. | 42,605. | |
| (6) PHIEN PHAN DIRECTOR OF IT | 40.00 | | | | X | | 213,874. | 0. | 48,603. | |
| (7) IRENE DE LA ROSA ASSOC. DIR. OF CONSUMER SERVICES | 40.00 | | | | | X | 196,530. | 0. | 44,436. | |
| (8) RUND, LISA ASSOC. HEALTH SERVICES COORDINATOR | 40.00 | | | | | X | 198,241. | 0. | 42,074. | |
| (9) MIA GARZA ASSOC. DIR. OF COMMUNITY SERVICES | 40.00 | | | | | X | 184,438. | 0. | 47,174. | |
| (10) IVANIA MOLINA PSYCHOLOGIST | 40.00 | | | | | X | 186,533. | 0. | 38,105. | |
| (11) LISA LOPEZ PRESIDENT | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (12) MAYA BAREKET VICE-PRESIDENT | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (13) GUS MALDONADO TREASURER | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (14) ERIKA GONZALEZ SPAC REPRESENTATIVE | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (15) PAMELA KERMAN SECRETARY | 2.00 | X | | X | | | 0. | 0. | 0. | |
| (16) PALOMA BARRAZA BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |
| (17) COLE BAURMEISTER BOARD MEMBER | 2.00 | X | | | | | 0. | 0. | 0. | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) VERONICA CONTRERAS BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) ELIZABETH EINAUDA BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) CHRISTINE GIANOLA BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) ALICIA MESA BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) RAJESH PATEL BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) NICOLAS SANTOS BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (24) UMA VENKATESH BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (25) ANDY LE BOARD MEMBER (UNTIL 08/2024) | 2.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,304,280. | 0. | 486,549. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,304,280. | 0. | 486,549. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 98

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | X |

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) Name and business address | (B) Description of services | (C) Compensation |
|--|------------------------------------|---------------------|
| AVEANNA HEALTHCARE 100 W. RINCON AVE., CAMPBELL, CA 95008 | HOME HEALTH AGENCY | 55,001,921. |
| HOPE REHABILITATION 30 LAS COLINAS LANE, SAN JOSE, CA 95119 | COMMUNITY INTEGRATION TRAINING | 29,082,473. |
| MISSION BAY, INC. 50 LAS COLINAS LANE, SAN JOSE, CA 95119 | BEHAVIOR MGMT PROGRAM | 21,499,312. |
| ESSENTIAL BEHAVIORAL P.O. BOX 157, CAPITOLA, CA 95010 | ENHANCED BEHAVIORAL SUPPORTS HOMES | 21,129,086. |
| MAXIM HEALTHCARE 631 RIVER OAKS PKWY, SAN JOSE, CA 95134 | HOME HEALTH AGENCY | 18,618,011. |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 424 | |

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|--|--|--|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 921,041,094. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 30,765. | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h | Total. Add lines 1a-1f | | | 921071859. | | | |
| Program Service Revenue | 2 a | ICF SUPPLEMENTAL SERVICES INCOME | Business Code | 624210 | 1,507,921. | 1,507,921. | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | 1,507,921. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | 1,541,586. | | 1541586. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | 6a | (i) Real | (ii) Personal | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: rental expenses ... | 6b | | | | | |
| | c | Rental income or (loss) | 6c | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | | |
| | c | Gain or (loss) | 7c | | | | | |
| | d | Net gain or (loss) | | | | | | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: direct expenses | 8b | | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: direct expenses | 9b | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b | Less: cost of goods sold | 10b | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a | | Business Code | | | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | 900099 | 30,435. | | 30,435. | |
| | e | Total. Add lines 11a-11d | | | 30,435. | | | |
| 12 | Total revenue. See instructions | | | 924151801. | 1,507,921. | 0. | 1572021. | |

Part IX Statement of Functional Expenses

Section 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 response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 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 individuals. See Part IV, line 22 | 862,684,645. | 862,684,645. | | |
| 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 | 1,587,262. | 1,488,470. | 98,792. | |
| 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 | 42,626,765. | 39,973,647. | 2,653,118. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 5,476,025. | 5,135,193. | 340,832. | |
| 9 Other employee benefits | 7,594,349. | 7,121,672. | 472,677. | |
| 10 Payroll taxes | 613,744. | 575,544. | 38,200. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 286,481. | 268,650. | 17,831. | |
| c Accounting | 89,650. | | 89,650. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 538,688. | 505,160. | 33,528. | |
| 12 Advertising and promotion | 6,043. | 6,043. | | |
| 13 Office expenses | 462,270. | 433,498. | 28,772. | |
| 14 Information technology | 865,064. | 811,222. | 53,842. | |
| 15 Royalties | | | | |
| 16 Occupancy | 3,844,533. | 3,605,246. | 239,287. | |
| 17 Travel | 515,903. | 483,793. | 32,110. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 71,894. | | 71,894. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 333,787. | 313,012. | 20,775. | |
| 24 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 O.) | | | | |
| a MAINTENANCE EXPENSE | 2,895,925. | 2,715,681. | 180,244. | |
| b GENERAL ADMINISTRATION | 2,053,184. | 1,925,392. | 127,792. | |
| c COMMUNICATION | 628,043. | 588,953. | 39,090. | |
| d MEDICAL EQUIPMENT | 488,210. | 457,823. | 30,387. | |
| e All other expenses | 146,178. | | 146,178. | |
| 25 Total functional expenses. Add lines 1 through 24e | 933,808,643. | 929,093,644. | 4,714,999. | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 4,990,312. | 1 | 4,782,312. |
| | 2 Savings and temporary cash investments | 76,641,021. | 2 | 95,589,440. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 4,544,272. | 4 | 26,572,724. |
| | 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 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 676,360. | 9 | 22,093,595. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | | |
| | b 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 | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 26,656,488. | 15 | 27,430,801. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 113,508,453. | 16 | 176,468,872. | |
| Liabilities | 17 Accounts payable and accrued expenses | 74,266,847. | 17 | 103,911,868. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 3,339,471. | 21 | 3,743,393. |
| | 22 Loans and other 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 | | 22 | |
| | 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 | 35,551,434. | 25 | 68,455,023. |
| | 26 Total liabilities. Add lines 17 through 25 | 113,157,752. | 26 | 176,110,284. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | -21,375. | 27 | -21,375. |
| | 28 Net assets with donor restrictions | 372,076. | 28 | 379,963. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 350,701. | 32 | 358,588. |
| | 33 Total liabilities and net assets/fund balances | 113,508,453. | 33 | 176,468,872. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 924,151,801. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 933,808,643. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -9,656,842. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 350,701. |
| 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 | 9,664,729. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 358,588. |

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | X | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | X | |

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

| | |
|--|---|
| Name of the organization <p align="center">SAN ANDREAS REGIONAL CENTER</p> | Employer identification number <p align="center">94-2591195</p> |
|--|---|

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 531755638 | 548269572 | 640645828 | 754654648 | 921071859 | 3396397545. |
| 2 Tax revenues levied for the organization'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 | 531755638 | 548269572 | 640645828 | 754654648 | 921071859 | 3396397545. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 3396397545. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 531755638 | 548269572 | 640645828 | 754654648 | 921071859 | 3396397545. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 35,094. | 18,401. | 1142312. | 1424726. | 1541586. | 4162119. |
| 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.) | 16,905. | 12,982. | 576,736. | 28,013. | 30,435. | 665,071. |
| 11 Total support. Add lines 7 through 10 | | | | | | 3401224735. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 7,672,541. |
| 13 First 5 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.86 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 99.88 % |
| 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2023. 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 | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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 | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i> | | |
| 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)? <i>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.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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 other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 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 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see 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): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2024 | | | |
| a From 2019 | | | |
| b From 2020 | | | |
| c From 2021 | | | |
| d From 2022 | | | |
| e From 2023 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to under distributions of prior years | | | |
| h Applied to 2024 distributable amount | | | |
| i Carryover from 2019 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2024 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2024 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2025. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2020 | | | |
| b Excess from 2021 | | | |
| c Excess from 2022 | | | |
| d Excess from 2023 | | | |
| e Excess from 2024 | | | |

Schedule A (Form 990) 2024

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 V, 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.)

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

SAN ANDREAS REGIONAL CENTER

Employer identification number

94-2591195

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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), 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 cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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 \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (Rev. 12-2024)

| | |
|--|---|
| Name of organization SAN ANDREAS REGIONAL CENTER | Employer identification number 94-2591195 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | STATE OF CALIFORNIA DEPARTMENT SERVICES 1215 O STREET SACRAMENTO, CA 95814 | \$ 930,705,823. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization SAN ANDREAS REGIONAL CENTER | Employer identification number 94-2591195 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |
| | | \$ _____ | |

| | |
|--|---|
| Name of organization SAN ANDREAS REGIONAL CENTER | Employer identification number 94-2591195 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

| (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, and 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, and 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, and 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, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SAN ANDREAS REGIONAL CENTER

Employer identification number

94-2591195

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

Part VII 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 or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | |

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 end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | |

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) DEPOSITS | 46,267. |
| (2) CPPDD VENDOR ADVANCES - LEASE | 359,130. |
| (3) CPPDD VENDOR ADVANCES - OTHER | 163,235. |
| (4) OPERATING LEASE RIGHT-OF-USE ASSETS | 26,862,169. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 27,430,801. |

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 25.

| 1. (a) Description of liability | (b) Book value |
|---|--------------------|
| (1) Federal income taxes | |
| (2) OPERATING LEASE LIABILITY - LONG TERM PORTION | 27,812,297. |
| (3) UNFUNDED DEFINED BENEFIT PLAN LIABILITY | 40,642,726. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 68,455,023. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 | 933,816,530. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 9,664,729. |
| e | Add lines 2a through 2d | 2e | 9,664,729. |
| 3 | Subtract line 2e from line 1 | 3 | 924,151,801. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 924,151,801. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|--------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 933,808,643. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 933,808,643. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 933,808,643. |

Part XIII Supplemental Information

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 SERVES AS A REPRESENTATIVE PAYEE FOR A MAJORITY OF ITS CLIENTS IN RESIDENTIAL CARE. IN THIS FIDUCIARY CAPACITY, IT RECEIVES SOCIAL SECURITY BENEFITS AND OTHER SOURCES OF INCOME AND MAKES PAYMENTS ON BEHALF OF CERTAIN DEVELOPMENTALLY DISABLED CLIENTS WHO ARE DEEMED UNABLE TO ADMINISTER THE FUNDS THEMSELVES. CLIENT TRUST TRANSACTIONS ARE NOT CONSIDERED REVENUE OR EXPENSES OF THE CENTER. THE CASH THAT IS RECEIVED AND OUTSTANDING RECEIVABLES, NET OF INTERFUND LIABILITIES ARE REPORTED AS ASSETS AND THERE IS A CORRESPONDING LIABILITY, NET ASSETS HELD FOR OTHERS.

PART X, LINE 2:

THE CENTER RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS 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 STATE PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN PENSION BENEFIT OBLIGATION

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **SAN ANDREAS REGIONAL CENTER** Employer identification number **94-2591195**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| | | | | | | | |
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| | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (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 SERVICES | 18094 | 479,970,043. | 0. | | |
| RESIDENTIAL CARE | 1566 | 275,679,698. | 0. | | |
| DAY PROGRAMS | 6348 | 106,943,954. | 0. | | |
| OTHER PROGRAMS | 86 | 90,950. | 0. | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ASSISTANCE IS PROVIDED TO RESIDENTS OF THE STATE OF CALIFORNIA WHO HAVE DEVELOPMENTAL DISABILITIES. THE ENTITY KEEPS CONFIDENTIAL FILES ON EACH OF ITS CLIENTS. THE ORGANIZATION IS AUDITED BY THE STATE OF CALIFORNIA'S DEPARTMENT OF DEVELOPMENTAL SERVICES AND IS ALSO REVIEWED BY FEDERAL STAFF FROM CMS TO ENSURE COMPLIANCE.

SCHEDULE I, PART III, COLUMN B

THE ORGANIZATION ESTIMATED THE NUMBER OF RECIPIENTS BASED OFF THE TOTAL NUMBER ASSISTED BY THE ORGANIZATION THROUGHOUT THE YEAR. THE SERVICES OFFERED BY THE REGIONAL CENTER VARY BASED ON THE INDIVIDUAL NEEDS OF EACH CONSUMER.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

| | |
|--|---|
| Name of the organization SAN ANDREAS REGIONAL CENTER | Employer identification number 94-2591195 |
|--|---|

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----------|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 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. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 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: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | 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: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | 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: | | |
| a 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 not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space 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.

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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) JAVIER ZALDIVAR CHIEF EXECUTIVE OFFICER | (i) | 348,339. | 0. | 0. | 43,909. | 41,994. | 434,242. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) ANGELINA M. JOHNSON DIRECTOR OF HUMAN RESOURCES | (i) | 251,217. | 0. | 0. | 31,825. | 19,385. | 302,427. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JOHN HUNT CHIEF FINANCIAL OFFICER | (i) | 265,707. | 0. | 0. | 18,881. | 16,812. | 301,400. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) MICHAEL KEELEY DIRECTOR OF CONSUMER SERVICES | (i) | 235,971. | 0. | 0. | 31,825. | 18,921. | 286,717. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) AZELIN ELLIS ASD & CLINICAL MANAGER | (i) | 223,430. | 0. | 0. | 18,887. | 23,718. | 266,035. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) PHIEN PHAN DIRECTOR OF IT | (i) | 213,874. | 0. | 0. | 28,737. | 19,866. | 262,477. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) IRENE DE LA ROSA ASSOC. DIR. OF CONSUMER SERVICES | (i) | 196,530. | 0. | 0. | 24,204. | 20,232. | 240,966. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) RUND, LISA ASSOC. HEALTH SERVICES COORDINATOR | (i) | 198,241. | 0. | 0. | 23,683. | 18,391. | 240,315. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) MIA GARZA ASSOC. DIR. OF COMMUNITY SERVICES | (i) | 184,438. | 0. | 0. | 23,896. | 23,278. | 231,612. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) IVANIA MOLINA PSYCHOLOGIST | (i) | 186,533. | 0. | 0. | 16,101. | 22,004. | 224,638. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SAN ANDREAS REGIONAL CENTER

Employer identification number

94-2591195

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES IN
MAKING INFORMED CHOICES AND LEADING SELF-DIRECTED LIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AND PREVENTION, COMMUNITY LIVING OPTIONS, SUPPORTED WORK AND VOCATIONAL
PROGRAMS, ADVOCACY, TRAINING AND EDUCATIONAL OPPORTUNITIES, AND OTHER
SUPPORT SERVICES FOR CONSUMERS AND FAMILIES.

FORM 990, PART VI, SECTION B, LINE 11B:
THE CONTROLLER AND CHIEF ACCOUNTANT REVIEW THE 990 BY LINE ITEM AND THEN
PASS IT TO THE CFO AND EXECUTIVE DIRECTOR FOR REVIEW. AFTER CORRECTIONS, IF
ANY ARE MADE, THE RETURN IS SENT TO THE BOARD PRIOR TO THE MEETING WHERE IT
IS PRESENTED.

FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD MEMBERS FILL OUT A NEW FORM EVERY AUGUST AND ALL FORMS ARE
REVIEWED BY THE BOARD. THE BOARD MEMBERS VOTED TO FORWARD COMPLETE FORMS TO
THE DDS. IN ADDITION, NEW MEMBERS FILL OUT THE FORM ONCE THEY ARE VOTED TO
BE A BOARD MEMBER. THE SAME PROCESS IS DONE FOR ALL SAN ANDREAS EMPLOYEES,
THIS PROCESS IS DONE THE BEGINNING OF EVERY FISCAL YEAR AND REVIEWED BY HR.
NEW EMPLOYEES FILL OUT THE FORM AS PART OF ORIENTATION.

FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD ASSIGNS A COMPENSATION SUB-COMMITTEE TO DO THE RESEARCH AND
REPORT THEIR FINDINGS BACK TO THE BOARD. THE SUB-COMMITTEE REVIEWS
COMPENSATION INFORMATION WITH HUMAN RESOURCES. THE SUB-COMMITTEE ALSO LOOK
AT THE VARIABLE COMPENSATION DATA TO SEE HOW OTHER ED'S FROM OTHER REGIONAL
CENTERS ARE PAID. IN ADDITION, THEY REVIEW VARIABLE COMPENSATION ON OTHER
NON-PROFITS IN THE GEOGRAPHICAL AREA. ALL OF THIS INFORMATION IS SHARED
WITH THE MEMBERS OF THE BOARD SO THE BOARD CAN APPROVE THE SALARY
RECOMMENDATIONS.

FORM 990, PART VI, SECTION C, LINE 19:
SARC'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON
SARC'S WEBSITE AND AS SOON AS THE FINANCIAL STATEMENTS ARE AVAILABLE, THESE
ARE POSTED ON THE SARC WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN PENSION BENEFIT OBLIGATION 9,664,729.

California Exempt Organization Annual Information Return

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) 07/01/2024, and ending (mm/dd/yyyy) 06/30/2025

Corporation/Organization name SAN ANDREAS REGIONAL CENTER California corporation number 0919776

Additional information. See instructions. FEIN 94-2591195

Street address (suite or room) 6203 SAN IGNACIO AVE. PMB no.

City SAN JOSE State CA ZIP code 95119

Foreign country name Foreign province/state/county Foreign postal code

Form with sections A through O containing checkboxes for filing status, amendments, and organizational details.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Receipts and Revenues, Expenses, and Payments.

Sign Here: Signature of officer, Title EXECUTIVE DIRE, Date 04/30/26

Paid Preparer's Use Only: Preparer's signature ELEANOR A. LIVINGSTON, CPA, M, Date 04/30/26, Firm's name WINDES, INC., Address 2050 MAIN ST., STE. 1300 IRVINE, CA 92614

May the FTB discuss this return with the preparer shown above? See instructions [X] Yes [] No

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.

| | | | | | | | |
|------------------------------------|-----------------------------------|--|---|----|-----------------|-----------------|----------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | • | 1 | | 00 | |
| | 2 | Interest | • | 2 | | 00 | |
| | 3 | Dividends | • | 3 | 1,541,586 | 00 | |
| | 4 | Gross rents | • | 4 | | 00 | |
| | 5 | Gross royalties | • | 5 | | 00 | |
| | 6 | Gross amount received from sale of assets (See instructions) | • | 6 | | 00 | |
| | 7 | Other income. Attach schedule | • | 7 | SEE STATEMENT 2 | 1,538,356 00 | |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | • | 8 | | 3,079,942 00 | |
| | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | • | 9 | STATEMENT 3 | 862,684,645 00 | |
| | 10 | Disbursements to or for members. | • | 10 | | 00 | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule | • | 11 | SEE STATEMENT 4 | 1,587,262 00 | |
| | 12 | Other salaries and wages | • | 12 | | 42,626,765 00 | |
| | Expenses and Disbursements | 13 | Interest | • | 13 | | 71,894 00 |
| | | 14 | Taxes | • | 14 | | 613,744 00 |
| | | 15 | Rents | • | 15 | | 3,844,533 00 |
| | | 16 | Depreciation and depletion (See instructions) | • | 16 | | 00 |
| | | 17 | Other expenses and disbursements. Attach schedule | • | 17 | SEE STATEMENT 5 | 22,379,800 00 |
| | | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | • | 18 | | 933,808,643 00 |

| Schedule L Balance Sheet | Beginning of taxable year | | End of taxable year | |
|--|---------------------------|-------------|---------------------|-------------|
| | (a) | (b) | (c) | (d) |
| Assets | | | | |
| 1 Cash | | 81,631,333 | • | 100,371,752 |
| 2 Net accounts receivable | | 4,544,272 | • | 26,572,724 |
| 3 Net notes receivable | | | • | |
| 4 Inventories | | | • | |
| 5 Federal and state government obligations | | | • | |
| 6 Investments in other bonds | | | • | |
| 7 Investments in stock | | | • | |
| 8 Mortgage loans | | | • | |
| 9 Other investments. Attach schedule | | | • | |
| 10 a Depreciable assets | | | | |
| b Less accumulated depreciation | | | | |
| 11 Land | | | • | |
| 12 Other assets. Attach schedule STMT 6 | | 27,332,848 | • | 49,524,396 |
| 13 Total assets | | 113,508,453 | | 176,468,872 |
| Liabilities and net worth | | | | |
| 14 Accounts payable | | 74,266,847 | • | 103,911,868 |
| 15 Contributions, gifts, or grants payable | | | • | |
| 16 Bonds and notes payable STMT 7 | | 3,339,471 | • | 3,743,393 |
| 17 Mortgages payable | | | • | |
| 18 Other liabilities. Attach schedule STMT 8 | | 35,551,434 | | 68,455,023 |
| 19 Capital stock or principal fund | | | • | |
| 20 Paid-in or capital surplus. Attach reconciliation | | | • | |
| 21 Retained earnings or income fund | | 350,701 | • | 358,588 |
| 22 Total liabilities and net worth | | 113,508,453 | | 176,468,872 |

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

| | | | | | | | |
|---|---|---|-------|----|--|---|------------|
| 1 | Net income per books | • | 7,887 | 7 | Income recorded on books this year not included in this return. Attach schedule * | • | 9,664,729 |
| 2 | Federal income tax | • | | 8 | Deductions in this return not charged against book income this year. Attach schedule | • | |
| 3 | Excess of capital losses over capital gains | • | | 9 | Total. Add line 7 and line 8 | | 9,664,729 |
| 4 | Income not recorded on books this year. Attach schedule | • | | 10 | Net income per return. Subtract line 9 from line 6 | | -9,656,842 |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | • | | | | | |
| 6 | Total. Add line 1 through line 5 | | 7,887 | | | | |

* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT | AMOUNT |
|--|---------------------------------------|--------------|--------------|
| STATE OF CALIFORNIA DEPARTMENT SERVICES | 1215 O STREET SACRAMENTO, CA 95814 | | 930,705,823. |
| TOTAL INCLUDED ON LINE 3 | | | 930,705,823. |

CA 199

OTHER INCOME

STATEMENT 2

| DESCRIPTION | AMOUNT |
|------------------------------------|------------|
| ICF SUPPLEMENTAL SERVICES INCOME | 1,507,921. |
| ALL OTHER REVENUE | 30,435. |
| TOTAL TO FORM 199, PART II, LINE 7 | 1,538,356. |

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 3

ACTIVITY CLASSIFICATION: GRANTS

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| OTHER SERVICES | 6203 SAN IGNACIO AVENUE - SAN JOSE, CA 95119 | NONE | 479,970,043. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| RESIDENTIAL CARE | 6203 SAN IGNACIO AVENUE - SAN JOSE, CA 95119 | NONE | 275,679,698. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| DAY PROGRAMS | 6203 SAN IGNACIO AVENUE - SAN JOSE, CA 95119 | NONE | 106,943,954. |

| <u>DONEES NAME</u> | <u>DONEES ADDRESS</u> | <u>RELATIONSHIP</u> | <u>AMOUNT</u> |
|--------------------|---|---------------------|---------------|
| OTHER PROGRAMS | 6203 SAN IGNACIO AVENUE - SAN JOSE, CA 95119 | NONE | 90,950. |

TOTAL FOR THIS ACTIVITY 862,684,645.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 862,684,645.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|--|-------------------------------------|--------------|
| JAVIER ZALDIVAR 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | CHIEF EXECUTIVE OFFICER 40.00 | 434,242. |
| ANGELINA M. JOHNSON 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | DIRECTOR OF HUMAN RESOURCE 40.00 | 302,426. |
| JOHN HUNT 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | CHIEF FINANCIAL OFFICER 40.00 | 301,401. |
| MICHAEL KEELEY 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | DIRECTOR OF CONSUMER SERVI 40.00 | 286,717. |
| PHIEN PHAN 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | DIRECTOR OF IT 40.00 | 262,476. |
| LISA LOPEZ 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | PRESIDENT 2.00 | 0. |
| MAYA BAREKET 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | VICE-PRESIDENT 2.00 | 0. |
| GUS MALDONADO 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | TREASURER 2.00 | 0. |
| ERIKA GONZALEZ 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | SPAC REPRESENTATIVE 2.00 | 0. |
| PAMELA KERMAN 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | SECRETARY 2.00 | 0. |
| PALOMA BARRAZA 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | BOARD MEMBER 2.00 | 0. |

SAN ANDREAS REGIONAL CENTER

94-2591195

| | | |
|---|----------------------|----|
| COLE BAURMEISTER 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | BOARD MEMBER 2.00 | 0. |
|---|----------------------|----|

| | | |
|---|----------------------|----|
| VERONICA CONTRERAS 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | BOARD MEMBER 2.00 | 0. |
|---|----------------------|----|

| | | |
|--|----------------------|----|
| ELIZABETH EINAUDA 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | BOARD MEMBER 2.00 | 0. |
|--|----------------------|----|

| | | |
|--|----------------------|----|
| CHRISTINE GIANOLA 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | BOARD MEMBER 2.00 | 0. |
|--|----------------------|----|

| | | |
|--|----------------------|----|
| ALICIA MESA 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | BOARD MEMBER 2.00 | 0. |
|--|----------------------|----|

| | | |
|---|----------------------|----|
| RAJESH PATEL 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | BOARD MEMBER 2.00 | 0. |
|---|----------------------|----|

| | | |
|---|----------------------|----|
| NICOLAS SANTOS 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | BOARD MEMBER 2.00 | 0. |
|---|----------------------|----|

| | | |
|--|----------------------|----|
| UMA VENKATESH 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | BOARD MEMBER 2.00 | 0. |
|--|----------------------|----|

| | | |
|--|------------------------------------|----|
| ANDY LE 6203 SAN IGNACIO AVE. SAN JOSE, CA 95119 | BOARD MEMBER (UNTIL 08/202 2.00 | 0. |
|--|------------------------------------|----|

| | | |
|-------------------------------------|--|-------------------|
| TOTAL TO FORM 199, PART II, LINE 11 | | <u>1,587,262.</u> |
|-------------------------------------|--|-------------------|

CA 199

OTHER EXPENSES

STATEMENT 5

| DESCRIPTION | AMOUNT |
|-------------------------------------|-------------|
| MAINTENANCE EXPENSE | 2,895,925. |
| GENERAL ADMINISTRATION | 2,053,184. |
| COMMUNICATION | 628,043. |
| MEDICAL EQUIPMENT | 488,210. |
| PENSION PLAN CONTRIBUTIONS | 5,476,025. |
| OTHER EMPLOYEE BENEFITS | 7,594,349. |
| LEGAL FEES | 286,481. |
| ACCOUNTING FEES | 89,650. |
| OTHER PROFESSIONAL FEES | 538,688. |
| ADVERTISING AND PROMOTION | 6,043. |
| OFFICE EXPENSES | 462,270. |
| INFORMATION TECHNOLOGY | 865,064. |
| TRAVEL | 515,903. |
| INSURANCE | 333,787. |
| ALL OTHER EXPENSES | 146,178. |
| TOTAL TO FORM 199, PART II, LINE 17 | 22,379,800. |

CA 199

OTHER ASSETS

STATEMENT 6

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| PREPAID EXPENSES AND DEFERRED CHARGES | 676,360. | 22,093,595. |
| DEPOSITS | 41,267. | 46,267. |
| CPPDD VENDOR ADVANCES - LEASE | 359,130. | 359,130. |
| CPPDD VENDOR ADVANCES - OTHER | 163,235. | 163,235. |
| OPERATING LEASE RIGHT-OF-USE ASSETS | 26,092,856. | 26,862,169. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 27,332,848. | 49,524,396. |

CA 199

BONDS AND NOTES PAYABLE

STATEMENT 7

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--|--------------|-------------|
| ESCROW ACCOUNT LIABILITIES | 3,339,471. | 3,743,393. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 16 | 3,339,471. | 3,743,393. |

| CA 199 | OTHER LIABILITIES | STATEMENT 8 |
|---|-------------------|-------------|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| OPERATING LEASE LIABILITY - LONG TERM PORTION | 26,835,575. | 27,812,297. |
| CONTRACT ADVANCE - STATE REGIONAL CENTER | 8,715,859. | 0. |
| UNFUNDED DEFINED BENEFIT PLAN LIABILITY | 0. | 40,642,726. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 35,551,434. | 68,455,023. |

| CA 199 | INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN | STATEMENT 9 |
|--|---|-------------|
| DESCRIPTION | | AMOUNT |
| CHANGE IN PENSION BENEFIT OBLIGATION OTHER THAN PERIODIC BENEFIT COSTS | | 9,664,729. |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 7 | | 9,664,729. |

| CA 199 | FUND BALANCES | STATEMENT 10 |
|--|---------------|--------------|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| NET ASSETS WITHOUT DONOR RESTRICTIONS | -21,375. | -21,375. |
| NET ASSETS WITH DONOR RESTRICTIONS | 372,076. | 379,963. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 | 350,701. | 358,588. |

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

| | |
|---|---|
| <p><u>SAN ANDREAS REGIONAL CENTER</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>6203 SAN IGNACIO AVE.</u> Address (Number and Street)</p> <p><u>SAN JOSE, CA 95119</u> City or Town, State, and ZIP Code</p> <p><u>408-374-9960</u> <u>JHUNT@SARC.ORG</u> Telephone Number E-mail Address</p> | <p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number <u>038061</u></p> <p>Corporation or Organization No. <u>0919776</u></p> <p>Federal Employer ID No. <u>94-2591195</u></p> |
|---|---|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

| Total Revenue | Fee | Total Revenue | Fee | Total Revenue | Fee |
|---------------------------------|------|--------------------------------------|-------|---|---------|
| Less than \$50,000 | \$25 | Between \$250,001 and \$1 million | \$100 | Between \$20,000,001 and \$100 million | \$800 |
| Between \$50,000 and \$100,000 | \$50 | Between \$1,000,001 and \$5 million | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million | \$1,200 |

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2024 ending 06/30/2025) list:

Total Revenue (including noncash contributions) \$ 924,151,801 Noncash Contributions \$ 0 Total Assets \$ 176,468,872
 Program Expenses \$ 929,093,644 Total Expenses \$ 933,808,643

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|--|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | | X |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | X |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? | | X |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? | | X |
| 5. During this reporting period, did the organization receive any governmental funding? | X | |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes? | | X |
| 7. Does the organization conduct a vehicle donation program? | | X |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period? | X | |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? | X | |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

| | | | |
|-------------------------------|---------------------------|-------|------|
| <u>JAVIER ZALDIVAR</u> | <u>EXECUTIVE DIRECTOR</u> | | |
| Signature of Authorized Agent | Printed Name | Title | Date |

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 11

STATE OF CALIFORNIA DEPARTMENT SERVICES, 1600 NINTH STREET, SACRAMENTO, CA
95814, NANCY BARGMANN, 916-654-1690

CA RRF-1

INFORMATION REGARDING RESTRICTED ASSETS
PART B, LINE 9

STATEMENT 12

THE REGIONAL CENTER REPORTED (\$21,375) OF UNRESTRICTED NET ASSETS AS OF 6/30/25
DUE TO EXPENSES EXCEEDING REVENUE RELATED TO THE DDS CONTRACT.