



**CITY OF RIALTO**

**COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING APPLICATION**  
**ADMINISTRATIVE SERVICES DEPARTMENT**

All organizations wishing to apply for Community Development Block Grant (CDBG) funds must complete an application form to be considered. All applications must be received at Rialto Administrative Services Department, Deputy City Managers Office Attn: Frank Perez, CDBG Program Consultant, 150 S. Palm Ave. Rialto, California, 92376 by **12:00 noon** on **Thursday, February 18, 2021**. Late applications will not be accepted. **NO EXCEPTIONS.**

To be considered for funding, all sections of the application must be completed. Any sections that do not apply should be marked N/A.

APPLICANT INFORMATION	
Organization Name: Easterseals Southern California	Contact Person: Paula Pompa-Craven
Corporate Status <i>(Check One)</i> : <input checked="" type="checkbox"/> Nonprofit <input type="checkbox"/> For-Profit <sup>1</sup> <input type="checkbox"/> Public (City Dept.)	Contact Title: Chief Clinical Officer, Autism Services
Organization Address: Address: 4688 Ontario Mills Parkway City, State, Zip: Ontario, CA 91764	Telephone No.: 818-681-1390 Name and Title of Person Authorized to Sign Contracts: Paula Pompa-Craven, Chief Clinical Officer
Federal Tax ID No.: 94-3068149	Email Address: paula.pompa-craven@essc.org
DUNS No.: 168675759	System for Awards Management (SAMs Cage Code) No: 168675759

PROGRAM/PROJECT INFORMATION	
Program/Project Title: Autism Services Health Disparities	This request is for a <i>(Check One)</i> : <input checked="" type="checkbox"/> New Program/Project <input type="checkbox"/> Existing Program/Project <input type="checkbox"/> Expanded Program/Project
Amount of CDBG Funds Being Requested: \$20000	Program/Project Site Location Address: Address: 4688 Ontario Mills Parkway City, State, Zip: Ontario, CA 91764
Has your Organization previously received HUD or CDBG funds? <i>(Check One)</i> : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<sup>1</sup>Pursuant to 570.500(c). For profit CDBG subrecipients may only apply for microenterprise activities found at 570.201(o).

## NARRATIVE QUESTIONS

- 1. Provide a detailed description of the proposed Program/Project. Explain how the Program/Project will benefit the community, the characteristics of the people who will benefit from the Program/Project and how CDBG funds will be used to implement the Program/Project. *(Limited to space provided for each question)***

Easterseals Southern California (ESSC), via MediCal and Commercial health plans, provides interdisciplinary treatment (e.g., applied behavior analysis (ABA), speech therapy, occupational therapy, physical therapy) in homes and in therapy centers for persons with autism spectrum disorder (ASD) and other diagnoses who exhibit challenging behaviors and skill deficits. This includes young children, teens, and young adults. Research is clear about the benefits of early autism diagnosis and treatment and advancing the quality of life for individuals and families.

The Autism Services Health Disparities project strives to increase the accessibility of fact-based, quality, autism services to Black, Indigenous, and People of Color (BIPOC) and low-income families. The goals of the project are threefold: the provision of timely, outcome-driven, outreach services, the provision of caregiver education, and the increase in diversity and cultural competence of the service provider workforce. Outreach initiatives will provide families with resources and connect them with organizations to access necessary services (e.g., diagnoses and/or assessments, health care, social care). Outreach efforts will involve partnering with health and social care organizations in communities in the greater Rialto area in an effort to reach a broad range of families of all race and income groups. Outreach services will also be provided to individuals and families in need, as co-occurring needs may pose as a barrier to accessing autism diagnoses and services. Individual meetings will be offered to assist families with accessing services. Educational initiatives aim to increase caregiver knowledge regarding autism, the diagnostic process, and treatments. BIPOC and low-income families identified lack of knowledge about autism and the diagnostic process, developmental milestones, and inability to advocate for autism services as barriers to receiving a diagnosis and treatment. The project team will provide caregiver education in the form of online, recorded, and in-person (when possible) webinars and workshops for these topics and other topics of need, as identified by community feedback. The aforementioned services and resources will be provided free of charge to any family who has a need and will be shared with other organizations. Initiatives to increase the diversity of the workforce will involve collaboration with other departments (e.g., recruitment, human resources) and key partners to provide cultural competence and implicit bias trainings to staff and to implement recruitment and retention strategies to increase the diversity of the workforce. The project group will identify and implement maintenance and sustainability strategies across all initiatives. Feedback will be sought from participants, staff, and key partners to measure and ensure social acceptability and satisfaction.

CDBG funds will be spent on startup funds including personnel and operating expenses. Personnel expenses include funding for a project director and administrative support. Operating expenses include funding for contracted trainings; outreach and education materials and strategies; and recruiting materials, strategies, and designs.

## NARRATIVE QUESTIONS - CONTINUED

- 2. Describe the target population. Indicate the number of unduplicated people or households the Program/Project will serve, their income levels, and if the target population is limited to one or more special needs groups. *(Limited to space provided for each question)***

The project will targets individuals and families at risk or with concerns about their children from BIPOC and low-income backgrounds, though services will be provided to anyone with health or social care needs. In the city of Rialto, there are about 104,000 residents, with the 3 largest ethnic groups being White (Hispanic) (52.9k residents), Other (Hispanic) (19.3k residents), and Black/African-American (Non-hispanic) (11.8k residents). 17% of the population in Rialto live below the poverty line. With regards to health insurance access, 13% of the population in Rialto does not have health insurance.

Easterseals will conduct outreach with our contracted health insurance plans, as well as with medical groups and health systems to determine the precise and maximum number of individuals who will benefit from this programs.

- 3. Please describe the level of need for the proposed program in the City of Rialto. Provide verifiable data or evidence of this need to support the development of 2020-2024 Consolidated Plan -Strategic Plan goals. (If the activity will provide Fair Housing and landlord/tenant mediation services, describe how your Agency will assist the City in the implementation of the Fair Housing Plan that is part of the most recent Analysis of Impediments to Fair Housing Choice). *(Limited to space provided for each question)***

Currently ESSC Autism Services team serves 118 unique individuals with Autism Spectrum Disorders and another 1,896 unique individuals outside of Rialto but living in the greater Rialto area. The largest number of these individuals have MediCal or Commercial health coverage through Kaiser Permanente. With this funding, ESSC would simultaneously better serve our existing participants and their families and also accelerate our outreach programs to the full Rialto community. ESSC continues to improve our programs to serve the entire community as we know too well the challenge the disability community faces.

There are clear early signals of the behaviroal health challenges brought about by the pandemic. ESSC has grown its Autism Services team from 430 professionals in 2012 to 1404 in 2019. The funding will allow ESSC to better focus needed resources for individuals living or working in Rialto.

- 4. Describe all similar Program/Projects your organization has carried out in the last five years. For each Program/Project, provide a reference name and telephone number from the HUD grantee that provided CDBG or other HUD funding. *(Limited to space provided for each question)***

The Autism Services Health Disparities project is a continuous initiative and ESSC strives to continue to make further progress in addressing health and social care disparities ESSC has established a workgroup with initaitives focused on increaing access to autism services. Despite the COVID-19 pandemic and its challenging financial impact, ESSC continues to make progress in these initiatives, as apparent by the current implicit bias trainings provided to staff to ensure outstanding service quality and outcomes. ESSC also secured recent funding from Kaiser Permanente as we work with partners in the greater community on our initiatives.

There have been no CDBG or HUD funding grants received within the last five years.

- 5. Identify and describe any audit findings, liens, investigations, or probation by any oversight organization in the five years preceding this application. If none, so indicate. *(Limited to space provided for each question)***

None

## PROPOSED PROGRAM/PROJECT OPERATING BUDGET

Provide the anticipated operating budget for the proposed CDBG Program/Project. The CDBG portion of the budget must reflect only those costs of serving CDBG-eligible City residents. Indicate any leveraged funds to be used in conjunction with CDBG funds to implement the Program/Project. Additionally, provide the total operating budget for your organization for each type of operating expense. Please round up to the nearest dollar. *(Note: once you have entered the amounts, right click on the Total Budget cell for each column and select the "Update Field" option to update the totals)*

Cost Category	Proposed CDBG Program/Project Operating Budget			Total Organization Operating Budget
	CDBG Funds Requested*	Leveraged Funds	Total Program / Project Operating Budget	
<b>Personnel Costs</b> (Salaries, Benefits, Other)	\$12500	\$12,000	\$24,500.00	\$71072624
<b>Non-Personnel Costs</b> (Supplies, Consultants, etc.)	\$7500	\$12,500	\$20,000.00	\$127262268
<b>Capital Improvement Costs</b> (Design, Construction, etc.)	\$0	\$0	\$ 0.00	\$0
<b>Total Budget</b>	<b>\$20,000.00</b>	<b>\$24,500.00</b>	<b>\$44,500.00</b>	<b>\$284,988.00</b>

\*For public service programs, the City generally encourages the use of CDBG funds for personnel costs to reduce the amount of documentation required by the organization. Include all Program/Project costs and overall organization budget by the three cost categories listed. Leveraged funds are not required for Programs/Projects, but will enhance your proposal. Leveraged funds are other non-CDBG funds that will be used in conjunction with CDBG funds to implement the Program/Project. Leveraged funds include, but are not limited to, cash, gifts, in-kind gifts, or volunteer labor.

## SOURCES OF FUNDING

If you have included leveraged funds in the section above, use the section below to list the sources of funding you anticipate using to implement the City CDBG Program/Project by source, amount, type and status below. The amount of CDBG funding you are seeking in this application is listed first. Fill in the remaining rows to indicate other leveraged funds. The total of all sources listed in the table below should equal the Total Program/Project Operating Budget in the table above. *(Note: once you have entered the amounts, right click on the Total Budget cell for the column and select the "Update Field" option to update the totals)*

Source	Amount	Status (Not yet applied), Committed, In-hand, or Unknown)	Comments
CDBG (this application)	\$20,000	Unknown	N/A
Kaiser Foundation Hospitals	\$24500	Committed	
Sony Foundation	\$100,000	Unknown	
	\$		
	\$		
	\$		
<b>Total Prog./Proj. Budget:</b>	<b>\$44,500.00</b>		



**TO BE COMPLETED FOR PUBLIC SERVICE PROGRAM APPLICATIONS ONLY**

**PUBLIC SERVICE PROGRAM ACCOMPLISHMENTS**

<b>Indicate the number of unduplicated people/households served:</b>	<b>City Residents</b>	<b>Total Unduplicated People/HH Served</b>
Actually served during Program Year 2019-2020	0	0
Expected to be served during the current Program Year 2020-2021	0	0
Expected to be served during the upcoming Program Year 2021-2022	170	170

**Describe how the Program will benefit low- and moderate-income residents. For Programs that previously received CDBG funds, discuss the number of unduplicated people or households served in prior years and provide the unduplicated number expected to be served in the event that this application is fully or partially funded. *(Limited to space provided for each question)***

ESSC does not break down by income by city the number of participants we serve. We do capture MediCal versus Commerical health insurance coverage. It is clear ESSC programs skew to low and moderate income residents in the Rialto area.

ESSC laregley transitioned to an onsite to a telehalth clincial model stgartering in March 2020. It would be a rough guess to estimate the number of people served in 2021 and 2022 as it will be greatly impacted by vaccination rates However, as we head in Q2, ESSC's ASD census largely mirrors the census pre pandemic.

**TO BE COMPLETED FOR CAPITAL IMPROVEMENT PROJECT APPLICATIONS ONLY**

**CAPITAL IMPROVEMENT PROJECT IMPLEMENTATION SCHEDULE**

<b>Milestone</b>	<b>Target Date</b>	<b>Comments</b>
Phase 1: Preparation of Bid Document		
Phase 2: Pre-Bid		
Phase 3: Bid Opening		
Phase 4: Contract Award		
Phase 5: Pre-Construction / Notice to Proceed		
Phase 6: Mid-Construction		
Phase 7: Construction Completed		
Phase 8: Post Construction/Labor Clearance		

**CAPITAL IMPROVEMENT PROJECT SPECIAL REQUIREMENTS**

**Has your organization implemented a project within the last five years subject to the following requirements?**

The procurement and contracting requirements of 2 CFR Part 200	<input type="checkbox"/> Yes <input type="checkbox"/> No
The prevailing wage requirements of the Davis-Bacon and Related Acts	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Equal Employment Opportunity and Women's/Minority-owned Business Requirements (WBE/MBE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 3 of the Housing and Urban Development Act of 1968	<input type="checkbox"/> Yes <input type="checkbox"/> No

**I hereby certify that the aforementioned statements are true and correct. As the submitting agency, I certify that no member, officer or employee of the Sub recipient is an officer or employee of the City or member of any of its boards, commissions or committees or has any interest or holdings, which could be affected by any actions taken in execution of this application.**

Paula Pompa-Craven, Chief Clinical Officer  
PRINT NAME OF PERSON SIGNING CONTRACT

SIGNATURE

DATE

# **PUBLIC DISCLOSURE COPY**

**PLEASE FILE IN A SAFE PLACE**

**ARMANINO LLP**

12657 Alcosta Blvd., Suite 500  
San Ramon, CA 94583  
ph 925.790.2600  
fx 925.790.2601

**Return of Organization Exempt From Income Tax**  
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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning

and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>EASTER SEALS SOUTHERN CALIFORNIA, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1063 MCGAW AVENUE 100 City or town, state or province, country, and ZIP or foreign postal code IRVINE, CA 92614 <b>F</b> Name and address of principal officer: <b>SUSAN BERGLUND</b> SAME AS C ABOVE	<b>D</b> Employer identification number 94-3068149 <b>E</b> Telephone number (714) 834-1111 <b>G</b> Gross receipts \$ 295,965,006. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <a href="http://WWW.EASTERSEALS.COM/SOUTHERNCAL">WWW.EASTERSEALS.COM/SOUTHERNCAL</a>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Year of formation: 1988		<b>M</b> State of legal domicile: CA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>EASTER SEALS SOUTHERN CALIFORNIA PROVIDES SERVICES THAT EMPOWER INDIVIDUALS (CONTINUED ON SCHEDULE O)</b>	
<b>2</b>	Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	22
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	22
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	3692
<b>6</b>	Total number of volunteers (estimate if necessary)	22
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	103,592.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	-215,798.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	19,022,385.
<b>9</b>	Program service revenue (Part VIII, line 2g)	275,269,938.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	678,864.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	647,469.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	295,618,418.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	129,028,723.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	51,000.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	1,253,704.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	162,170,567.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	291,250,290.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	4,368,128.
<b>20</b>	Total assets (Part X, line 16)	124,501,440.
<b>21</b>	Total liabilities (Part X, line 26)	37,987,284.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	87,772,853.

**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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>SUSAN BERGLUND, CFO</b> Type or print name and title	Date <b>7/15/2020</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KATY BROWN</b> Preparer's signature <b>KATY BROWN</b> Date <b>07/15/20</b> Check if self-employed <input type="checkbox"/> PTIN <b>P00650274</b> Firm's name <b>ARMANINO LLP</b> Firm's EIN <b>94-6214841</b> Firm's address <b>12657 ALCOSTA BLVD, STE. 500</b> <b>SAN RAMON, CA 94583-4600</b> Phone no. <b>925-790-2600</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ 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:

EASTER SEALS SOUTHERN CA PROVIDES SERVICES THAT EMPOWER INDIVIDUALS  
WITH DISABILITIES AND SPECIAL NEEDS AT ALL STAGES OF LIFE. AUTISM  
SERVICES, INDEPENDENT LIVING SERVICES, SOCIAL SKILLS SUPPORT, EARLY  
CHILDHOOD EDUCATION SERVICES, AND EMPLOYMENT (CONTINUED ON SCHEDULE O)

**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 ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 254,650,515. Including grants of \$ ) (Revenue \$ 275,269,938. )

EASTER SEALS SOUTHERN CALIFORNIA PROVIDES A WIDE RANGE OF LIFE-CHANGING  
SERVICES THAT SUPPORT CHILDREN AND ADULTS WITH DISABILITIES TO LIVE,  
LEARN WORK AND PLAY IN THEIR COMMUNITY.

ADULT DAY SERVICES: EASTER SEALS TRAINED LIFE SKILLS COACHES PARTNER  
WITH ADULTS WITH DEVELOPMENTAL DISABILITIES AND EMPOWER THEM TO BECOME  
ACTIVE MEMBERS OF THEIR COMMUNITIES AND GAIN WORK-RELATED SKILLS  
THROUGH VOLUNTEERISM.

AUTISM SERVICES: EASTER SEALS IS A TRUSTED EXPERT AND PREMIER PROVIDER  
OF THERAPIES THAT ARE PROVEN TO BE EFFECTIVE IN INCREASING THE SKILLS  
OF INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS (CONTINUED ON SCHEDULE O)

**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 254,650,515.



**Part IV Checklist of Required Schedules**

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

**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? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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	399	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 3692		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
<b>b</b> If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	11a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
<b>c</b> Enter the amount of reserves on hand	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019)

**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 ☒

**Section A. Governing Body and Management**

	1a	22	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		22		
b Enter the number of voting members included on line 1a, above, who are independent .....	1b	22		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? .....				X
6 Did the organization have members or stockholders? .....				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body? .....	8a		X	
b Each committee with authority to act on behalf of the governing body? .....	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....				X

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

	10a	Yes	No
10a Did the organization have local chapters, branches, or affiliates? .....	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	12c	X	
13 Did the organization have a written whistleblower policy? .....	13	X	
14 Did the organization have a written document retention and destruction policy? .....	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official .....	15a	X	
b Other officers or key employees of the organization .....	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	16b		

**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. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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 ☒ SUSAN BERGLUND CFO - (714) 834-1111  
1063 MCGAW AVENUE, SUITE 100, SANTA ANA, CA 92614



**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 instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) MOLLY PYOTT CHAIR	5.00	X						0.	0.	0.
(2) MARK BERTRAND 1ST VICE CHAIRMAN	5.00	X						0.	0.	0.
(3) JODI HUSTON 2ND VICE CHAIRMAN	5.00	X						0.	0.	0.
(4) DAVID WOLF TREASURER	5.00	X						0.	0.	0.
(5) HANS GETTY SECRETARY	5.00	X						0.	0.	0.
(6) MAUREEN CORMIER MEMBER	5.00	X						0.	0.	0.
(7) ANDRE FILIP MEMBER	5.00	X						0.	0.	0.
(8) BARSAM KASRAVI MEMBER	5.00	X						0.	0.	0.
(9) MARILYN LINDHEIM MEMBER	5.00	X						0.	0.	0.
(10) PAUL KOTT MEMBER	5.00	X						0.	0.	0.
(11) BEATRICE MALLORY MEMBER (START 07/2019)	5.00	X						0.	0.	0.
(12) KIM MICHEL MEMBER	5.00	X						0.	0.	0.
(13) MIKE MURTAUGH MEMBER	5.00	X						0.	0.	0.
(14) NIC NOVICKI MEMBER	5.00	X						0.	0.	0.
(15) TONY PAGANO MEMBER	5.00	X						0.	0.	0.
(16) TOM PORTER MEMBER	5.00	X						0.	0.	0.
(17) MARY PLATT MEMBER	5.00	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) DAVID RITBLATT MEMBER	5.00	X						0.	0.	0.
(19) BEATRICE SANDOVAL MEMBER	5.00	X						0.	0.	0.
(20) CLAUDIA VILLAMIZAR MEMBER	5.00	X						0.	0.	0.
(21) JENNI WILSON MEMBER	5.00	X						0.	0.	0.
(22) KAITLYN YANG MEMBER (START 07/2019)	5.00	X						0.	0.	0.
(23) MARK WHITLEY CHIEF EXECUTIVE OFFICER	38.00			X				474,464.	0.	16,127.
(24) BEVERLYN MENDEZ CHIEF OPERATING OFFICER	38.00			X				335,273.	0.	30,854.
(25) SUSAN BERGLUND CHIEF FINANCIAL OFFICER	38.00			X				326,914.	0.	24,262.
(26) PAULA POMPA CRAVEN CHIEF CLINICAL OFFICER	38.00					X		309,688.	0.	37,840.
<b>1b Subtotal</b>								1,446,339.	0.	109,083.
<b>c Total from continuation sheets to Part VII, Section A</b>								926,248.	0.	92,462.
<b>d Total (add lines 1b and 1c)</b>								2,372,587.	0.	201,545.

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

68

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
BEHAVIOR FRONTIERS, LLC P.O. BOX 102127, PASADENA, CA 91189	AUTISM SERVICES	18,208,527.
PACIFIC CHILD AND FAMILY ASSOCIATES, LLC, 1055 E. COLORADO BLVD., STE. 560, BEHAVIOR HEALTH WORKS, INC.	AUTISM SERVICES	16,344,697.
1301 E. ORANGEWOOD AVE., ANAHEIM, CA 92805	AUTISM SERVICES	14,549,112.
AUTISM SPECTRUM THERAPIES, INC., 2550 N. HOLLYWOOD WAY SUITE 102, BURBANK, CA 91505	AUTISM SERVICES	12,941,275.
INTERCARE THERAPY, INC., 4221 WILSHIRE BOULDEVAUD, LOS ANGELES, CA 90010	AUTISM SERVICES	9,933,253.

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

106

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

[illegible]

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	21,600.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	16,872,895.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,127,652.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			19,022,147.			
	<b>Program Service Revenue</b>	2 a PROGRAM SERVICE FEES	Business Code	900099	275,269,938.	275,269,938.	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				275,269,938.			
<b>Other Revenue</b>		3 Investment income (including dividends, interest, and other similar amounts)			678,930.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real 391,061.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	391,061.				
	d Net rental income or (loss)			391,061.		103,592.	287,469.
	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	66.				
	c Gain or (loss)	7c	-66.				
	d Net gain or (loss)			-66.			-66.
	8 a Gross income from fundraising events (not including \$ 21,600. of contributions reported on line 1c). See Part IV, line 18	8a	588,855.				
	b Less: direct expenses	8b	342,672.				
	c Net income or (loss) from fundraising events			246,183.			246,183.
	9 a Gross income from gaming activities. See Part IV, line 19	9a	398.				
b Less: direct expenses	9b	3,850.					
c Net income or (loss) from gaming activities			-3,452.			-3,452.	
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							
<b>Miscellaneous Revenue</b>	11 a MISCELLANEOUS INCOME	Business Code	900099	13,677.			13,677.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			13,677.			
12 Total revenue. See instructions			295,618,418.	275,269,938.	103,592.	1,222,741.	



**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

☒ X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,259,937.		1,259,937.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	107,981,692.	84,243,262.	23,386,491.	351,939.
<b>8</b> Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)	1,886,638.	1,492,064.	383,700.	10,874.
<b>9</b> Other employee benefits	9,735,902.	8,941,559.	696,150.	98,193.
<b>10</b> Payroll taxes	8,164,554.	6,250,769.	1,865,542.	48,243.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,102,574.		1,102,574.	
<b>c</b> Accounting	176,446.		176,446.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	51,000.			51,000.
<b>f</b> Investment management fees	23,741.		23,741.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	126,383,279.	123,406,856.	2,872,733.	103,690.
<b>12</b> Advertising and promotion	2,462,945.	1,793,895.	576,976.	92,074.
<b>13</b> Office expenses	2,530,931.	2,408,323.	118,261.	4,347.
<b>14</b> Information technology	3,724,538.	3,120,016.	567,079.	37,443.
<b>15</b> Royalties				
<b>16</b> Occupancy	6,088,985.	5,939,088.	102,970.	46,927.
<b>17</b> Travel	437,701.	347,332.	65,868.	24,501.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	656,552.	520,997.	98,803.	36,752.
<b>20</b> Interest	303,958.	161,932.	142,026.	
<b>21</b> Payments to affiliates	241,708.		241,708.	
<b>22</b> Depreciation, depletion, and amortization	2,010,851.	1,762,263.	242,159.	6,429.
<b>23</b> Insurance	3,576,313.	3,346,212.	206,155.	23,946.
<b>24</b> 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.)				
<b>a</b> MISCELLANEOUS	5,041,959.	3,829,937.	952,698.	259,324.
<b>b</b> CLIENT TRAVEL AND MILEAGE	3,930,368.	3,831,313.	86,004.	13,051.
<b>c</b> PROGRAM SUPPLIES	3,477,718.	3,254,697.	178,050.	44,971.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	291,250,290.	254,650,515.	35,346,071.	1,253,704.
<b>26</b> 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 ☐ 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
<b>Assets</b>	1 Cash - non-interest-bearing .....	21,714,837.	1	17,887,067.
	2 Savings and temporary cash investments .....	3,281,020.	2	3,328,525.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	26,819,805.	4	26,219,724.
	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 .....	4,141,074.	9	3,313,747.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 72,034,336.		
	b Less: accumulated depreciation .....	10b 12,848,770.		
		53,273,036.	10c	59,185,566.
	11 Investments - publicly traded securities .....	14,693,014.	11	21,174,277.
	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 .....	578,654.	15	2,090,407.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	124,501,440.	16	133,199,313.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	26,902,269.	17	32,396,820.
	18 Grants payable .....		18	
	19 Deferred revenue .....	1,897,681.	19	2,089,519.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	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 .....	6,052,202.	23	2,366,107.
	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 .....	1,876,435.	25	1,134,838.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	36,728,587.	26	37,987,284.
	<b>Net Assets or Fund Balances</b>	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 .....		87,271,048.	27	94,805,724.
28 Net assets with donor restrictions .....		501,805.	28	406,305.
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 <b>Total net assets or fund balances</b> .....		87,772,853.	32	95,212,029.
33 <b>Total liabilities and net assets/fund balances</b> .....		124,501,440.	33	133,199,313.

Form 990 (2019)

**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	295,618,418.
2	Total expenses (must equal Part IX, column (A), line 25)	2	291,250,290.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,368,128.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	87,772,853.
5	Net unrealized gains (losses) on investments	5	3,071,048.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	95,212,029.

**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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ 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	2b	X
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	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 _____	3b	X

Form 990 (2019)

**SCHEDULE A**  
(Form 990 or 990-EZ)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

EASTER SEALS SOUTHERN CALIFORNIA, INC.

Employer identification number

94-3068149

**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 or 990-EZ).)
- 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 in 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		
<b>Total</b>						



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14,068,370.	16,075,695.	5,368,297.	19,022,385.	19,022,147.	73,556,894.
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 .....	14,068,370.	16,075,695.	5,368,297.	19,022,385.	19,022,147.	73,556,894.
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.						73,556,894.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4 .....	14,068,370.	16,075,695.	5,368,297.	19,022,385.	19,022,147.	73,556,894.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	127,238.	473,406.	205,834.	815,052.	966,399.	2,587,929.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....				0.	0.	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	13,364.	533,589.	452,686.	654,995.	602,930.	2,257,564.
11 Total support. Add lines 7 through 10 .....						78,402,387.
12 Gross receipts from related activities, etc. (see instructions) .....					12	967,736,513.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	93.82	%
15 Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	95.26	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 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 - 2018. 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"/>

Schedule A (Form 990 or 990-EZ) 2019

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First five years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b>		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>
	<b>2a</b>	
<b>b</b>		Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>
	<b>3a</b>	
<b>b</b>		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>
	<b>3b</b>	

**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 1-1/2% 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 .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 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019



**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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**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.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****MISCELLANEOUS INCOME**

2015 AMOUNT: \$ 13,364.

2016 AMOUNT: \$ 3,159.

2017 AMOUNT: \$ 30.

2018 AMOUNT: \$ 2,442.

2019 AMOUNT: \$ 13,677.

**FUNDRAISING INCOME**

2016 AMOUNT: \$ 505,560.

2017 AMOUNT: \$ 430,906.

2018 AMOUNT: \$ 652,553.

2019 AMOUNT: \$ 589,253.

**GAMING INCOME**

2016 AMOUNT: \$ 24,870.

2017 AMOUNT: \$ 21,750.

**SCHEDULE A PART II**

THE 2017 TAX YEAR REPRESENTS A SHORT YEAR DUE TO THE ORGANIZATION

CHANGING ITS YEAR END FROM AUGUST 31 TO DECEMBER 31.

**SCHEDULE D**  
(Form 990)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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

EASTER SEALS SOUTHERN CALIFORNIA, INC.

Employer identification number

94-3068149

**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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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? .....

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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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 .....

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

Schedule D (Form 990) 2019

932051 10-02-19

**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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other \_\_\_\_\_

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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 on 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:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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		23,018,793.		23,018,793.
b Buildings		31,282,914.	4,707,734.	26,575,180.
c Leasehold improvements		1,433,056.	1,094,768.	338,288.
d Equipment		8,010,785.	6,190,574.	1,820,211.
e Other		8,288,788.	855,694.	7,433,094.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				59,185,566.

Schedule D (Form 990) 2019

**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, col. (B) line 12.) ▶

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

**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) PENSION LIABILITY	813,042.
(3) SECURITY DEPOSITS	206,906.
(4) CAPITAL LEASE OBLIGATIONS	114,890.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,134,838.

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 ... ☐

Schedule D (Form 990) 2019



**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	299,176,388.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	3,071,048.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	140,400.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	3,211,448.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	295,964,940.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-346,522.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	-346,522.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	295,618,418.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	291,737,212.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	140,400.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	140,400.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	291,596,812.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-346,522.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	-346,522.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	291,250,290.

**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 XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

-346,522.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

-346,522.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

2019

### Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Employer identification number**  
94-3068149

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	SAFE HALLOWEEN (event type)	CVS GOLF (event type)	2 (total number)	
<b>Revenue</b>				
1 Gross receipts .....	188,956.	102,385.	319,114.	610,455.
2 Less: Contributions .....		21,600.		21,600.
3 Gross income (line 1 minus line 2) .....	188,956.	80,785.	319,114.	588,855.
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes .....		7,588.	2,335.	9,923.
6 Rent/facility costs .....		13,329.	25,077.	38,406.
7 Food and beverages .....		6,686.		6,686.
8 Entertainment .....				
9 Other direct expenses .....	89,232.	60,248.	138,177.	287,657.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				342,672.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				246,183.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue .....				
<b>Direct Expenses</b>				
2 Cash prizes .....				
3 Noncash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....				
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO., LLC

(I) ADDRESS OF FUNDRAISER: 527 MADISON AVE 5TH, NEW YORK, NY 10022

<b>Part IV</b>	<b>Supplemental Information</b> (continued)
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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

EASTER SEALS SOUTHERN CALIFORNIA, INC.

Employer identification number

94-3068149

**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.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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.

☐ Compensation committee

☐ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ 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**

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b**

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

**4c**

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**

**b** Any related organization?

**5b**

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**

**b** Any related organization?

**6b**

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**

**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**

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

**9**

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

Schedule J (Form 990) 2019



Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

JOHN SAAVEDRA RECEIVED PAYMENTS RELATED TO A SEVERANCE AGREEMENT WHICH WILL

TOTAL \$228,800.

PART I, LINE 7:

AT THE END OF EACH FISCAL YEAR, SUPERVISORS SUBMIT "BONUS REQUEST FORMS"

FOR EACH ASSOCIATE THEY ARE REQUESTING A BONUS FOR. THEY DESCRIBE DUTIES

PERFORMED ABOVE AND BEYOND THEIR NORMAL JOB RESPONSIBILITIES. THESE FORMS

ARE SUBMITTED TO THE VP HUMAN RESOURCES AND HE AND THE CEO REVIEW AND

APPROVE THEM. THE CEO'S BONUS IS DETERMINED BY THE COMPENSATION COMMITTEE.

THESE AMOUNTS ARE NOT SPECIFIED IN ADVANCE IN ANY CONTRACT. THE AMOUNT

REQUESTED IS DETERMINED BY THE SUPERVISOR BUT THE VP OF HR AND CEO CAN

REVISE THE AMOUNT IF THEY SEE FIT.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

EASTER SEALS SOUTHERN CALIFORNIA, INC.

Employer identification number  
94-3068149

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

WITH DISABILITIES AND SPECIAL NEEDS AT ALL STAGES OF LIFE THROUGH

AUTISM THERAPY, INDEPENDENT LIVING AND SOCIAL SKILLS SUPPORT, EARLY

CHILDHOOD EDUCATION AND EMPLOYMENT SERVICES. WE HELP PEOPLE LIVE FULL

AND PRODUCTIVE LIVES.

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

SERVICES FOR CIVILIANS AND MILITARY VETERANS ARE ALL DESIGNED TO HELP

PEOPLE LIVE INDEPENDENT AND PRODUCTIVE LIVES SO THEY CAN LIVE, LEARN,

WORK AND PLAY IN THEIR COMMUNITIES.

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

AND SIMILAR DISABILITIES. THOSE TREATMENTS INCLUDE BEHAVIOR ANALYSIS

AND SPEECH, PHYSICAL AND OCCUPATIONAL THERAPY SERVICES.

LIVING OPTIONS: EASTER SEALS PROVIDES A COMMUNITY-BASED ALTERNATIVE TO

INSTITUTIONALIZATION THAT ENABLES ADULTS TO LIVE INDEPENDENTLY IN THEIR

OWN HOMES WITH SUPPORT CUSTOMIZED TO MEET THEIR SPECIFIC NEEDS.

CHILD DEVELOPMENT SERVICES: EASTER SEALS PROVIDES QUALITY EARLY

CHILDHOOD DEVELOPMENT SERVICES TO CHILDREN AND FAMILIES IN WARM, CARING

ENVIRONMENTS THROUGH EARLY HEAD START, HEAD START AND DAY CARE

PROGRAMS. THESE PROGRAMS HELP CHILDREN PREPARE ACADEMICALLY AND

SOCIALLY FOR KINDERGARTEN AND BEYOND.

SENIOR DAY CARE: EASTER SEALS OFFERS QUALITY, COMMUNITY-BASED SUPPORT

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

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

932211 09-08-19

12330715 701245 111835

33  
2019.04000 EASTER SEALS SOUTHERN CAL 111835\_1

Name of the organization

EASTER SEALS SOUTHERN CALIFORNIA, INC.

Employer identification number

94-3068149

FOR ADULTS WITH ALZHEIMER'S DISEASE, DEMENTIA AND OTHER MEMORY

IMPAIRMENTS IN A COMFORTING SETTING. THESE SERVICES ALLOW PARTICIPANTS

TO STAY IN THEIR HOME LONGER AND IMPROVE THE QUALITY OF LIFE FOR

FAMILIES AND CAREGIVERS.

EMPLOYMENT SERVICES: EASTER SEALS PROVIDES ONE-ON-ONE TRAINING AND

SUPPORT TO ADULTS WITH DISABILITIES AND VETERANS (WITH OR WITHOUT A

DISABILITY) SO THEY CAN FIND MEANINGFUL WORK SUITED TO THEIR INDIVIDUAL

TALENTS AND OBJECTIVES.

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

THE FORM 990 IS REVIEWED BY THE BOARD EITHER IN A MEETING OR VIA ELECTRONIC

DISTRIBUTION BEFORE IT IS FILED WITH THE IRS.

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

EVERY YEAR, EACH BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF

INTEREST STATEMENT WHICH DISCLOSES ANY INTERESTS THAT COULD GIVE RISE TO

CONFLICTS. WHEN A CONFLICT OCCURS, IT IS REVIEWED AND RESOLVED BY A

COMMITTEE OF THE BOARD. RESOLUTIONS TO CONFLICTS OF INTEREST INCLUDE

RECUSING THE PERSON IDENTIFIED WITH A CONFLICT FROM PARTICIPATING IN

DISCUSSION OR VOTING ON RELATED MATTERS.

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

THE CEO'S COMPENSATION IS DETERMINED BY THE CEO EVALUATION AND COMPENSATION

COMMITTEE WHICH MEETS ANNUALLY. THE COMMITTEE USES DATA SUPPLIED BY AN

INDEPENDENT COMPENSATION CONSULTANT. THE ANALYSIS PROVIDED BY THE

CONSULTANT INCLUDES SALARIES OF COMPENSATION PAID TO CEO'S OF

COMPARABLY-SIZED NOT-FOR-PROFIT ORGANIZATIONS LOCATED IN SOUTHERN



Name of the organization

EASTER SEALS SOUTHERN CALIFORNIA, INC.

Employer identification number  
94-3068149

CALIFORNIA.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE PROVIDED UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

THERAPY CONTRACTING FEES:

PROGRAM SERVICE EXPENSES 109,964,109.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 109,964,109.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 13,442,747.

MANAGEMENT AND GENERAL EXPENSES 2,872,733.

FUNDRAISING EXPENSES 103,690.

TOTAL EXPENSES 16,419,170.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 126,383,279.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM PREVIOUS YEAR.

**Part I** **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

[illegible]

**Part II** Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

[illegible]

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

Schedule R (Form 990) 2019



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s)		<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				







## What are Autism Therapy Services?

Easterseals focus is on therapies that are proven to be effective in increasing skills of individuals with autism spectrum disorders and similar disabilities. Easterseals offers services based on the science of Applied Behavior Analysis (ABA) for individuals diagnosed on the autism spectrum as well as Speech, Occupational and Physical therapy services.

### Applied Behavior Analysis (ABA)

methods are used to support persons with autism by helping to increase and maintain positive behaviors and to teach new skills.

### Speech and Language Therapy

provides evaluations and ongoing therapy to enhance communication skills and abilities.

### Occupational Therapy (OT)

provides evaluations and ongoing therapy. Therapists assist participants in becoming more independent with self-help and various motor skills.

### Physical Therapy (PT)

Physical Therapists provide evaluations and ongoing therapy to enhance and restore function and mobility.



## How are services provided?

All services at Easterseals are provided by qualified professionals who specialize in the treatment of autism. Our team will work closely with the individual and family, the individual's physician, and other team members to set treatment goals that are realistic and consistent with the individual's needs. Our services involve both direct treatment and home programming—family involvement is a critical component of this process.

## Where are services available?

Therapy services are available throughout all the counties served by Easterseals Southern California. That includes Los Angeles, Orange, San Diego, Imperial, Riverside, San Bernardino, Kern, Ventura, Santa Barbara and San Luis Obispo Counties.

## How can I get services?

Services are by referral only. Individuals must speak with their medical insurance provider to determine eligibility to receive services specifically from Easterseals.

## Contact Us:

Add contact info here.





## ¿Qué son los Servicios de Terapia para el Autismo?

El enfoque de Easterseals es en terapias que han demostrado ser eficaces en incrementar las destrezas de personas con trastornos del espectro autista u otras discapacidades similares. Easterseals ofrece servicios basados en la ciencia de Análisis de Comportamiento Aplicado (ABA) para personas diagnosticadas en el espectro de autismo y también servicios como Terapia del Habla, Ocupacional, y Física.

### Análisis de Comportamiento Aplicado (ABA)

métodos son utilizados para apoyar a personas con autismo por medio de ayudarlos a aumentar y mantener comportamientos positivos y enseñar nuevas destrezas.

### Terapia del Habla y Lenguaje

provee evaluaciones y terapia continua para mejorar las destrezas y habilidades comunicativas.

### Terapia Ocupacional (OT)

provee evaluaciones y terapia continua. Terapistas asisten a participantes en convertirse más independientes por medio de destrezas de autocuidado y varias habilidades motoras.

### Terapias Físicas (PT)

proveen evaluaciones y terapia continua para mejorar y restaurar el funcionamiento y movilidad.



## ¿Cómo son los servicios proporcionados?

Todos los servicios en Easterseals son proporcionados por profesionales calificados que se especializan en el tratamiento de autismo. Nuestro equipo trabajará cercanamente con el individuo y su familia, el médico del individuo, u otros miembros del equipo para establecer metas de tratamiento que son realísticas y consistentes con las necesidades del individuo.

## ¿Dónde están los servicios disponibles?

Servicios de terapia están disponibles en todos los condados que sirve Easterseals del sur de California. Esto incluye los condados de Los Ángeles, Orange, San Diego, Valle Imperial, Riverside, San Bernardino, Kern, Ventura, Santa Bárbara y San Luis Obispo.

## ¿Cómo puedo obtener servicios?

Los servicios son proporcionados por medio de una remisión. Personas deben de hablar con el proveedor de seguro médico para determinar elegibilidad para recibir servicios específicamente de Easterseals.

## Éntrenos en contacto con:

Add contact info here.





April 8, 2021

Congressional Community Project Funding Team

RE: Support for the EasterSeals Southern California 2021 Proposal for Services for Individuals with Autism with Severe Behavior

Dear Funding Team,

On behalf of the Autism Society of California, I am writing in support of the EasterSeals Southern California (ESSC) Severe Behavior Services proposal.

Because people with severe autism have such a hard time communicating their needs verbally, many may find expression in behaviors that can be frightening to their caregivers and others. If the behaviors cannot be addressed or managed, they can be dangerous. In many cases, it becomes impossible for parents or siblings to live safely with a severely autistic teen or adult. These behaviors can result in self-injury, aggressive behaviors towards others, running away from the home, disruption in special education classes, encounters with law enforcement, and families who experience violence and trauma every day.

Currently there is little to no funding is available for these specialty services related to individuals with these severe behaviors. As a result, many severe behavior cases are cared for outside of California. The ESSC program would support the greater Southern California population.

Having a center that specializes in treating these children, teens and adults would decrease in adverse interaction between individuals with severe behavior issues and law enforcement professionals, decrease in long term placement in residential facilities, increase in productive educational activity in school settings and improve the quality of life for these individuals and families.

In working with ESSC as a disability advocate for more than 10 years, I have full confidence that given this funding this project would be an asset to the autism community in Southern California.

Sincerely,

A handwritten signature in blue ink, appearing to read "Beth Burt".

Beth Burt  
President,  
Autism Society of California



## **BOARD RESOLUTION**

June 3, 2021

Beverlyn Mendez, Chief Operating Officer

The following resolution is required for Autism Services.

BE IT RESOLVED that the Board of Directors of Easterseals Southern California, Inc. authorizes President and CEO Mark Whitley to bind Easterseals Southern California in contracts and to submit the application and to enter into an agreement with the City of Rialto in the event that the applicant should receive funding from the City of Rialto.

---

Tony Pagano, Secretary




[Our Purpose](#)
[Our Impact](#)
[Financials](#)
[Year in Review](#)
[Leadership](#)
[Archives & PDFs](#)

# COMBINED STATEMENT OF SUPPORT, REVENUE AND EXPENSE

FYE 12/31/19

(Audited)

## HOW FUNDS ARE SPENT



**Program Services**

**Management and  
General Operating  
Expenses**

**Fundraising**

## REVENUE

## EXPENSES

**SUPPORT AND REVENUE**

**Program Services**

Adult Services      \$45,569,826

Support contributions and Special Events*	\$2,878,905	Children's Services	\$209,221,800
<b>REVENUE</b>		<b>TOTAL PROGRAM SERVICES</b>	
Fees for Services and Program Grants	\$292,142,833	Support Services	\$254,790,900
Unrealized Loss on Investments and Other Income	\$4,154,650	Management and General Fundraising	\$35,346,071
<b>TOTAL SUPPORT AND REVENUE</b>		<b>TOTAL SUPPORT SERVICES</b>	\$1,600,226
<b>\$299,176,388</b>		<b>TOTAL EXPENSES</b>	<b>\$36,946,297</b>
			<b>\$292,737,212</b>

*\*Additional fundraising revenue raised but not  
recognized \$778,882*

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## BOARD OF DIRECTORS

(as of 12/9/19)

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Vice President, Space & Defense  
Boeing Capital Corporation  
898 N. Sepulveda Blvd., Suite 880  
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**Andre Filip** (*Chairperson*)  
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## BOARD OF DIRECTORS

(as of 12/9/19)

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**Claudia Villamizar**

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## COMMUNITY VOLUNTEERS SERVING ON COMMITTEES

(as of 12/9/19)

**Kevin Matthews, FCCA CFE**

*Audit Committee Member*

President

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e-mail: [kmatthews@NobleAccountingLLC.com](mailto:kmatthews@NobleAccountingLLC.com)

**Howard McBroom**

*Program Committee Member*

Program Representative

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**Matt Parsons**

*Audit Committee Member*

Senior Manager

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*Program Committee Member*

College of Education

Child & Family Development Chair

San Diego State University

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e-mail: [ritblatt@mail.sdsu.edu](mailto:ritblatt@mail.sdsu.edu)

**Ashley Stelzl**

*Program Committee Member*

Parent Representative

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e-mail: [ashleystelzl@gmail.com](mailto:ashleystelzl@gmail.com)

**W. Rod Stern**

*Audit Committee Member*

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(949) 794-4000

e-mail: [rstern@mmnt.com](mailto:rstern@mmnt.com)



Easterseals Southern California (ESSC) is the largest non-profit health organization in the US. ESSC Autism Services Division alone served approximately 2,676 unique Riverside - San Bernardino residents last year. ESSC is a non-profit, serving 13,000+ disabled participants annually, and employs 2,248 staff. ESSC has trained more Board-Certified Behavior Analysts (BCBAs) than any other organization in the USA. These BCBAs are graduate level analysts and one of the reasons ESSC is the exclusive autism provider to Kaiser Permanente in SoCal.


While the most recent American Rescue Plan benefits many in the disability community, the provisions that directly benefit non-profit autism providers, funded by MediCal and commercial insurance, did not make it into the final bill.

Autism affects all ethnic and socioeconomic groups. In part due to ESSC's efforts, the disparity in diagnosis and access to care for minority groups is decreasing. In order to increase the accessibility of autism services to BIPOC and low-income families, the Autism Services Health Disparities project strives to provide outreach services and caregiver education to families in need. This project also aims to implement strategies to increase the diversity and cultural competence of the autism services workforce. Outreach and education services will be offered to individuals diagnosed with autism and their families residing in the greater Rialto area. The project team will provide education and outreach services in the form of online and recorded workshops and webinars, support groups, and technical assistance to increase knowledge, provide resources, and assist with the acquisition of services. Caregiver education will include (but not be limited to) the following topics: a) developmental milestones and signs of autism, b) diagnostic process, c) treatments and support for autism, and d) service advocacy. Webinars and information will be provided in the preferred language of the recipient and/or translation services will be made available. ESSC will establish partnerships with organizations providing health and social services to individuals diagnosed with autism and other developmental disabilities to expand outreach efforts. BIPOC and low-income families will be targeted by this project although the resources and services provided by this project will be available to any family who has a need.

There is a need to increase the diversity of staff to better serve all members of the greater Rialto community. The project team's recruitment goals aim to increase the diversity and cultural competence of the autism services workforce to increase the quality of services. The project team will work with the recruitment and human resources departments to implement strategies aimed at recruiting and retaining a more diverse workforce. ESSC will provide implicit bias and cultural competency trainings to all staff; with resources available to other organizations who serve individuals with disabilities.

With the sudden and significant onset of Covid-19 and the continuous changes to health and safety recommendations, ESSC continues to identify and evaluate the provision of disability services to families and individuals across various service lines. ESSC's staff have been devoted to coming up with new and innovative ways to provide and help families access our services. We have provided iPads and Wi-Fi to families who did not have access to these resources. We have

created resources for families to assist in accessing and navigating these devices and technology, including a Telehealth user guide. The project team continues to discuss the administration of the project's goals during this time and anticipates changes to previous processes to adhere to health and safety guidelines, including attending remote recruitment events and the provision of remote and recorded webinars and trainings. The project team will continue to evaluate the needs of the individual and families serviced to ensure we can provide support to access services.

 **IRS** Department of the Treasury  
Internal Revenue Service  
P.O. Box 2508  
Cincinnati OH 45201

filed N° KLOK1  
In reply refer to: 0248221235  
Oct. 27, 2011 LTR 4168C EO 11/3/11  
94-3068149 000000 00

00012463  
BODC: TE

EASTER SEALS SOUTHERN CALIFORNIA  
INC  
1570 E 17TH STREET  
SANTA ANA CA 92705-8511



010728

Employer Identification Number: 94-3068149  
Person to Contact: April Howard  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 18, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in February 1993.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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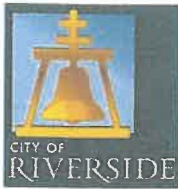
EASTER SEALS SOUTHERN CALIFORNIA  
INC  
1570 E 17TH STREET  
SANTA ANA CA 92705-8511

If you have any questions, please call us at the telephone number  
shown in the heading of this letter.

Sincerely yours,



S. A. Martin, Operations Manager  
Accounts Management Operations



## Office of the Mayor

*City of Arts & Innovation*

### Congressional Community Project Funding Team

As a former gubernatorial appointee to the California Board of Behavioral Sciences, I am acutely aware of the explosive growth in children on the autism spectrum and the challenges in early diagnosis. The Center for Disease Control and Prevention (CDC) reports about 1 in 54 children has been identified with autism spectrum disorder (ASD) according to estimates from CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network.

I write today in support of the Easterseals Southern California (ESSC) American Rescue Plan Community Project Funding requests.

As you may know, ESSC is a non-profit, serving 13,000+ disabled participants annually in eight southern California counties. They served approximately 2,676 unique individual last year within the Inland Empire (Riverside and San Bernardino Counties) alone. They have several offices in Riverside and the greater Riverside area including, 1737 Atlanta Avenue, Riverside 92507. The largest ESSC office in Southern California is based in the Riverside area.

Easterseals Southern California has trained more Board-Certified Behavior Analysts (BCBAs) than any other organization in the United States. These BCBAs are graduate level analysts. Which is one of the reasons why ESSC is the exclusive autism provider to Kaiser Permanente and among the most forward-thinking organizations in the U.S. serving the autism community.

Easterseals Southern California is applying for three Community Funding Project programs:

#### **1) Funding of \$689,203 for Severe Behavior Services.**

ESSC in conjunction with payers (e.g., Medi-Cal and commercial health insurance plans, regional centers, school districts, etc.) are committed to providing Severe Behavioral Services (SBS) for persons with autism spectrum disorder and other comorbid diagnoses who exhibit severe behaviors. However, little to no funding is available for these services related to service start-up, staff training, building infrastructure, and/or equipment needed to perform these services. As a result, many severe behavior cases are cared for outside of California. The ESSC program would support the needs of greater Southern California.

The ESSC application provides great detail but the topline benefits to CA taxpayers are:

- Decrease in adverse interaction between individuals with severe behavior issues and law enforcement professionals
- Decrease in long term placement in residential facilities
- Increase in productive educational activity in school settings.

#### **2) Funding of \$274,363 for addressing social disparities**



ESSC leadership has been forward thinking in addressing the full spectrum of the disability community and composition of its leadership and workforce. The Closing the Gap in Autism Services Health Disparities project strives to accelerate its programs to increase the accessibility of fact-based, quality, autism services to low income and BIPOC families. While the Closing the Gap program is needed throughout California, our Riverside community would be particularly well served by this program. The goals of the project are threefold: the provision of timely, outcome-driven, outreach services, the provision of caregiver education, and the increase in diversity and cultural competence of the workforce.

The ESSC application provides greater detail but the topline benefits to CA taxpayers are:

- Increase in early diagnosis and treatment for all southern California participants and their family members
- Increase in working with local stakeholders, including health and social care organizations and families in understanding autism and other behavior health challenges
- Increase in highlighting the opportunities, at all levels that exist in serving the disability community.

**3) Funding of \$2,069,363 for the construction and renovation of a state-of-the-art therapy center in Covina**

This facility will be used to provide community-based Applied Behavior Analysis services, diagnostic services, social skills groups, severe behavior services assessments, speech therapy, occupational therapy, and physical therapy. Grant funding would provide the capacity to provide outreach, education, and early diagnoses services to the San Gabriel Valley, with targeted outreach to the Asian Americans, Native Hawaiians, Pacific Islanders (AANHPI) and Latinx communities. Services will be extended to all individuals and families with a need across Southern California.

The ESSC application provides great detail but the topline benefits to CA taxpayers are:

- Increase in health outcomes via a facility that will incorporate the most up to date evidence-based therapy services
- Increase in outreach to a population that has historically been a low utilizer of these services
- Increase in capabilities to address what is clearly a surge in COVID related behavior health conditions

Again, I strongly support the ESSC's American Rescue Plan Community Project Funding requests.

Let me know if I can help address any questions you have or connect you to the ESSC Chief Clinical Officer.

Sincerely,



Patricia Lock Dawson  
Mayor  
City of Riverside