

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization REGIONAL CENTER OF ORANGE COUNTY, INC. Doing Business As		D Employer identification number 95-3119548
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (714) 796-5100
		P.O. BOX 22010 City or town, state or country, and ZIP + 4		G Gross receipts \$ 283,397,141.
		F Name and address of principal officer: LARRY LANDAUER P.O. BOX 22010 SANTA ANA, CA 92702-2010		

Public Inspection Copy

H(a) Is this a group return for affiliates?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H(b) Are all affiliates included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "No," attach a list. (see instructions)

I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c) (3) (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
J Website:	WWW.RCOCDD.COM		
K Type of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association
L Year of formation:	1977		M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: REGIONAL CENTER OF ORANGE COUNTY, INC. (THE CENTER) IS A PRIVATE, NONPROFIT CORPORATION THAT PROVIDES SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	485
	6 Total number of volunteers (estimate if necessary)	6	14
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	234,790,729.	283,279,376.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NONE	NONE
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	750,326.	117,765.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	235,477,720.	283,397,141.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,592.	NONE
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	38,646.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,777,157.	25,561,595.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses, Part IX, column (D), line 25	NONE	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	210,651,704.	257,697,365.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	235,484,453.	283,297,606.	
19 Revenue less expenses. Subtract line 18 from line 12.	-6,733.	99,535.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	29,659,324.	30,593,808.
	22 Net assets or fund balances. Subtract line 21 from line 20.	29,645,732.	30,480,681.

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.

Sign Here		Date	5/17/2010
	LARRY LANDAUER	EXECUTIVE DIRECTOR	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
		5-17-10	<input type="checkbox"/>	
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.	
KPMG LLP 355 S. GRAND AVE., SUITE 2000 LOS ANGELES, CA 90071		13-5565207	213-972-4000	

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

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

Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 46,741,764. including grants of \$ NONE) (Revenue \$ NONE)

OUT OF HOME PROGRAMS: PURCHASE OF RESIDENTIAL SERVICES. APPROXIMATELY 1,907 INDIVIDUALS BENEFITED FROM THESE SERVICES IN FISCAL YEAR 2008-2009.

4b (Code:) (Expenses \$ 76,316,025. including grants of \$ NONE) (Revenue \$ NONE)

DAY PROGRAMS: PURCHASE OF DAY CARE, DAY ACTIVITY TRAINING, HABILITATION, INFANT DEVELOPMENT AND TRAINING FOR INDEPENDENT LIVING. APPROXIMATELY 8,945 INDIVIDUALS BENEFITED FROM THESE SERVICES IN FISCAL YEAR 2008-2009.

4c (Code:) (Expenses \$ 153,834,004. including grants of \$ NONE) (Revenue \$ NONE)

OTHER: PURCHASES OF SERVICES SUCH AS BEHAVIORAL, TRANSPORTATION, RESPITE, OCCUPATIONAL, PHYSICAL, SPEECH THERAPY, AND SUPPORTED LIVING. APPROXIMATELY 25,658 INDIVIDUALS BENEFITED FROM THESE SERVICES IN FISCAL YEAR 2008-2009.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ NONE including grants of \$ NONE) (Revenue \$ NONE)

4e Total program service expenses ► \$ 276,891,793. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-27 detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12a regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (13); 1b Enter the number of voting members that are independent (13); 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 or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9a Does the organization have local chapters, branches, or affiliates? (X); 9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 (X); 11 Is there any officer, director or 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 in Schedule O. (X)

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include: 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (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: 15a The organization's CEO, Executive Director, or top management official? (X); 15b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) (X); 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? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. (X) Own website, (X) Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: (BETTE BABER 801 CIVIC CENTER DRIVE WEST SANTA ANA, CA 92702 714-796-5100)

Part VIII Statement of Revenue

95-3119548

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	283,141,195.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	138,181.			
	g	Noncash contributions included in lines 1a-1f: \$		NONE			
	h	Total. Add lines 1a-1f		283,279,376.			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		NONE				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	STMT 3	117,765.		117,765.	
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
c	Gain or (loss)						
d	Net gain or (loss)		NONE				
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a					
		b	Less: direct expenses				
		c	Net income or (loss) from fundraising events		NONE		
9a	Gross income from gaming activities. See Part IV, line 19.	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities.		NONE		
10a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory		NONE		
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		NONE				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		283,397,141.			117,765.	

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) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members, STMT. 4 . . .	38,646.	38,646.		
5 Compensation of current officers, directors, trustees, and key employees	1,481,468.	836,380.	645,088.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages.	19,340,936.	16,615,137.	2,725,799.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). .	2,094,409.	1,570,807.	523,602.	
9 Other employee benefits	2,396,900.	2,218,252.	178,648.	
10 Payroll taxes	247,882.	214,272.	33,610.	
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	362,718.		362,718.	
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	251,008,228.	251,008,228.		
12 Advertising and promotion	NONE			
13 Office expenses	1,069,978.	730,066.	339,912.	
14 Information technology.	NONE			
15 Royalties.	NONE			
16 Occupancy	2,270,857.	1,703,143.	567,714.	
17 Travel	353,144.	315,194.	37,950.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	74,383.	55,787.	18,596.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	NONE			
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DATA PROCESSING AND MAINT.	1,156,688.	867,516.	289,172.	
b CONTRACT/CONSULTANTS	384,132.	107,222.	276,910.	
c GENERAL EXPENSE	344,411.	258,308.	86,103.	
d CLINICAL TEAM & ASSESSMENTS	254,480.	254,480.		
e INSURANCE	177,959.		177,959.	
f All other expenses	240,387.	98,355.	142,032.	
25 Total functional expenses. Add lines 1 through 24f	283,297,606.	276,891,793.	6,405,813.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	6,630,558.	2 1,265,463.
	3	Pledges and grants receivable, net	22,589,219.	3 28,888,179.
	4	Accounts receivable, net		4
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sales or use		8
	9	Prepaid expenses and deferred charges	316,468.	9 345,680.
	10a	Land, buildings, and equipment: cost basis.	10a	
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b	10c
	11	Investments - publicly traded securities.		11
	12	Investments - other securities. See Part IV, line 11.		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	123,079.	15 94,486.
16	Total assets. Add lines 1 through 15 (must equal line 34)	29,659,324.	16 30,593,808.	
Liabilities	17	Accounts payable and accrued expenses	26,376,542.	17 27,869,578.
	18	Grants payable.		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow account liability. Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable		24
25	Other liabilities. Complete Part X of Schedule D	3,269,190.	25 2,611,103.	
26	Total liabilities. Add lines 17 through 25.	29,645,732.	26 30,480,681.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27
	28	Temporarily restricted net assets	13,592.	28 113,127.
	29	Permanently restricted net assets.		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances.	13,592.	33 113,127.	
34	Total liabilities and net assets/fund balances.	29,659,324.	34 30,593,808.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 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?	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?	3b	X

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 99.72%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f. 99.68%; 16a 33 1/3% support test - 2008. 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. [X]; 16b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization REGIONAL CENTER OF ORANGE COUNTY, INC.	Employer identification number 95-3119548
---	---

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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 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 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's accession and other records, check any of the following that are a 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 programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XV.

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Investment earnings or losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	283,397,141.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	283,297,606.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	99,535.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9.	10	99,535.

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

1	Total revenue, gains, and other support per audited financial statements	1	283,397,141.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	283,397,141.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	283,397,141.

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

1	Total expenses and losses per audited financial statements	1	283,297,606.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	283,297,606.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	283,297,606.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

FIN 48

FORM 990, SCHEDULE D, PART X

THERE IS NO FIN 48 FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS OF

REGIONAL CENTER OF ORANGE COUNTY, INC. THE IMPACT OF THE ADOPTION OF FIN

48 HAS BEEN DETERMINED TO BE IMMATERIAL TO THE AUDITED FINANCIAL

STATEMENTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

REGIONAL CENTER OF ORANGE COUNTY, INC.

Employer identification number

95-3119548

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is 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.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in 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?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM BOWMAN	(i) 223,975. (ii) NONE	NONE NONE	NONE NONE	64,883. NONE	19,934. NONE	308,792. NONE	150,680. NONE
JANIS WHITE	(i) 139,474. (ii) NONE	NONE NONE	NONE NONE	39,654. NONE	9,144. NONE	188,272. NONE	92,653. NONE
BETTE BABER	(i) 147,393. (ii) NONE	NONE NONE	NONE NONE	28,827. NONE	5,684. NONE	181,904. NONE	89,385. NONE
PETER HIMBER	(i) 147,794. (ii) NONE	NONE NONE	NONE NONE	47,431. NONE	3,973. NONE	199,198. NONE	97,366. NONE
LIBERTY LOWE	(i) 111,927. (ii) NONE	NONE NONE	NONE NONE	36,536. NONE	1,638. NONE	150,101. NONE	NONE NONE
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----
	(i) ----- (ii) -----	----- -----	----- -----	----- -----	----- -----	----- -----	----- -----

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization: **REGIONAL CENTER OF ORANGE COUNTY, INC.**
Employer Identification number: **95-3119548**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
CLIFFORD AMSDEN DIRECTOR	1.	X						NONE	NONE	NONE
CHAD ARNETT DIRECTOR	1.	X						NONE	NONE	NONE
JAY CONNOR DIRECTOR/VICE CHAIRPERSON	1.	X						NONE	NONE	NONE
CHERYL DAY DIRECTOR	1.	X						NONE	NONE	NONE
SYLVIA DELGADO DIRECTOR	1.	X						NONE	NONE	NONE
CHRISTIAN F. DUBIA, JR. DIRECTOR/CHAIRMAN	1.	X						NONE	NONE	NONE
JOSEPH DECARLO DIRECTOR	1.	X						NONE	NONE	NONE
LORE FLAVELL DIRECTOR	1.	X						NONE	NONE	NONE
ALAN MARTIN DIRECTOR/SECRETARY	1.	X						NONE	NONE	NONE
KATHY MCCRYSTAL DIRECTOR	1.	X						NONE	NONE	NONE
THOMASINA PARKER DIRECTOR/TREASURER	1.	X						NONE	NONE	NONE
MARTHA PATARROYO DIRECTOR	1.	X						NONE	NONE	NONE
HILDA SRAMEK DIRECTOR	1.	X						NONE	NONE	NONE
BOB WATSON DIRECTOR	1.	X						NONE	NONE	NONE
KEN SMART DIRECTOR	1.	X						NONE	NONE	NONE
CHAD ARNETT DIRECTOR	1.	X						NONE	NONE	NONE
JANIS WHITE INTERIM CEO	40.			X				139,474.	NONE	48,798.
BETTE BABER CFO	40.			X				147,393.	NONE	34,511.
LARRY LANDAUER INTERIM COO	40.					X		108,010.	NONE	38,308.
JOHN ABERNATHA DIRECTOR HUMAN RESOURCES	40.					X		101,860.	NONE	25,451.
LEEANN CHRISTIAN DIRECTOR ORG EFFECTIVENESS	40.					X		104,751.	NONE	20,696.

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

Schedule J-2 (Form 990) 2008

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Name of the organization

Employer identification number

REGIONAL CENTER OF ORANGE COUNTY, INC.

95-3119548

PROCESS OF REVIEWING FORM 990

FORM 990, PART VI, SECTION A, QUESTION 10

AFTER THE FORM IS COMPLETED, IT IS PRESENTED TO THE BUDGET AND FINANCE

COMMITTEE AND THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING. A PDF OF

THE FINAL 990 IS DISTRIBUTED TO THE ENTIRE BOARD PRIOR TO FILING.

Name of the organization

Employer identification number

REGIONAL CENTER OF ORANGE COUNTY, INC.

95-3119548

MONITORING AND ENFORCING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, QUESTION 12C

RCOC IS SUBJECT TO THE CALIFORNIA CODE OF REGULATIONS, TITLE 17, CONFLICT

OF INTEREST REGULATIONS AS WELL AS ITS OWN CONFLICT OF INTEREST POLICY.

CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY ALL EMPLOYEES AND BOARD

MEMBERS. INITIALLY, EMPLOYEES COMPLETE A CONFLICT OF INTEREST STATEMENT AS

PART OF THE PRE-EMPLOYMENT VERIFICATION PROCESS, AND BOARD MEMBERS

COMPLETE A CONFLICT OF INTEREST STATEMENT AS PART OF THEIR BOARD

MEMBERSHIP APPLICATION FORMS. CONFLICT OF INTEREST STATEMENTS ARE

COMPLETED ANNUALLY THEREAFTER, OR EARLIER, IF THE CONFLICT OF INTEREST

STATUS CHANGES. ANY PRESENT OR POTENTIAL CONFLICTS OF INTEREST ARE

REVIEWED BY RCOC'S ATTORNEYS.

Name of the organization

Employer identification number

REGIONAL CENTER OF ORANGE COUNTY, INC.

95-3119548

PROCESS OF DETERMINING COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15

THE REGIONAL CENTER OF ORANGE COUNTY'S (RCOC'S) BOARD OF DIRECTORS'

EXECUTIVE COMMITTEE IS COMPOSED OF OFFICERS, I.E., CHAIRPERSON, VICE

CHAIRPERSON, SECRETARY, AND TREASURER, NONE OF WHOM HAVE A CONFLICT OF

INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT. THE EXECUTIVE

COMMITTEE IS ACCOUNTABLE FOR SETTING A REASONABLE COMPENSATION PACKAGE

FOR THE CEO. CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND

PRINCIPLES, THE EXECUTIVE COMMITTEE DEVELOPS THE ANNUAL PERFORMANCE GOALS

AND CRITERIA TO BE USED IN DETERMINING THE COMPENSATION PACKAGE FOR THE

CEO. APPROPRIATE COMPARABLE COMPENSATION AND BENEFIT DATA IS OBTAINED

FROM OTHER REGIONAL CENTERS AND OTHER SIMILAR TAX EXEMPT ORGANIZATIONS.

THE WRITTEN RECORDS INCLUDE KEY DELIBERATIONS OF THE COMMITTEE, SUCH AS

THE TERMS OF THE ARRANGEMENT, THE NAMES OF THE MEMBERS PRESENT, A

DESCRIPTION OF THE COMPARABLE DATA UTILIZED, ETC.

DURING THE FISCAL YEAR ENDED JUNE 30, 2009, RCOC'S CEO UTILIZED

COMPARABILITY DATA OBTAINED FROM OTHER REGIONAL CENTERS IN ESTABLISHING

THE COMPENSATION PACKAGES FOR KEY EMPLOYEES AND OFFICERS. THE

ORGANIZATION IS IN THE PROCESS OF REVISING ITS POLICIES AND PROCEDURES

WITH RESPECT TO SETTING THE COMPENSATION PACKAGES OF ITS KEY EMPLOYEES

AND OFFICERS WITH THE INTENTION OF ESTABLISHING A PROCESS THAT MEETS THE

REBUTTABLE PRESUMPTION OF REASONABLENESS.

Name of the organization

Employer identification number

REGIONAL CENTER OF ORANGE COUNTY, INC.

95-3119548

GOVERNING DOCUMENT DISCLOSURE

FORM 990, PART VI, SECTION C, QUESTION 19

ALL THE BOARD GOVERNANCE DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE ON RCOC'S WEB SITE.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

REGIONAL CENTER OF ORANGE COUNTY, INC. (THE CENTER) IS A PRIVATE, NONPROFIT CORPORATION THAT OPERATES UNDER A CONTRACT WITH THE STATE OF CALIFORNIA (THE STATE) DEPARTMENT OF DEVELOPMENTAL SERVICES TO PROVIDE SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. SERVICES PROVIDED INCLUDE OUT-OF-HOME PLACEMENT, RESPITE, DAY TRAINING, BEHAVIOR MODIFICATION, AND TRANSPORTATION. THERE ARE 21 SUCH CENTERS THROUGHOUT THE STATE.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

=====

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
NO ORDINARY MOMENTS 16742 GOTHARD ST., SUITE 115 HUNTINGTON BEACH, CA 92647	SUPPORTED LIVING	12,997,818.
ACES 3731 6TH AVE., SUITE 100 SAN DIEGO, CA 92103	INFANT DEVELOPMENT	8,278,410.
GOODWILL OF ORANGE COUNTY 410 N. FAIRWAY STREET SANTA ANA, CA 92703	DAY PROGRAMS	8,504,839.
AUSTISM SPECTRUM THERAPIES 6001 BRISTOL PARKWAY, SUITE 200 CULVER CITY, CA 90230	FAMILY TRAINING	7,801,423.
WESTVIEW SERVICES, INC. 10522 KATELLA AVENUE ANAHEIM, CA 92804	DAY PROGRAMS	7,844,008.
TOTAL COMPENSATION		----- 45,426,498. =====

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME	117,765.			117,765.
TOTALS	117,765.			117,765.

FORM 990, PART IX - BENEFITS PAID TO OR FOR MEMBERS
=====

THE TOTAL SPECIFIC SERVICE AND ASSISTANCE 38,646.
PROVIDED TO INDIVIDUALS WHICH CANNOT BE PAID
OUT OF STATE GRANTS WAS \$38,646 FOR THE YEAR
ENDED JUNE 30, 2009. THIS AID REPRESENTS
PAYMENTS FOR PERSONAL SERVICES NOT RELATED TO
THE CLIENT'S DISABILITIES SUCH AS FOOD,
CLOTHING, RENT, UTILITIES AND MEDICAL
EXPENSES.

TOTALS 38,646.
=====