

2011

**California Exempt Organization
Annual Information Return**

199

Calendar Year 2011 or fiscal year beginning month **JULY** day **1** year **2011**, and ending month **JUNE** day **30** year **2012**.

Corporation/Organization name CALIFORNIA HEAD START ASSOCIATION			California corporation number 1940430
Address (suite, room, or PMB no.) 1107 9TH ST, NO. 810			FEIN 77-0412315
City SACRAMENTO	State CA	ZIP Code 95814	

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>• <input type="checkbox"/> Dissolved • <input type="checkbox"/> Surrendered (Withdrawn)</p> <p>• <input type="checkbox"/> Merged/Reorganized Enter date: _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990(PF) (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	730,852.00
	2 Gross dues and assessments from members and affiliates	2	128,472.00
	3 Gross contributions, gifts, grants, and similar amounts received	3	17,513.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B	4	876,837.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	876,837.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	819,043.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	57,794.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title EXECUTIVE DIRE	Date	Telephone 916-444-7760
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01402505
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address S D MAYER & ASSOCIATES, LLP 235 MONTGOMERY STREET, 12TH FL SAN FRANCISCO, CA 94104	FEIN 46-1171913	Telephone 415-691-4040	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	730,852.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	730,852.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	85,000.00
	12	Other salaries and wages	•	12	141,000.00
	13	Interest	•	13	00
	14	Taxes	•	14	18,582.00
	15	Rents	•	15	39,613.00
	16	Depreciation and depletion (See instructions)	•	16	00
	17	Other Expenses and Disbursements	•	17	534,848.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	819,043.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		295,809.		• 338,138.
2	Net accounts receivable		3,995.		• 13,210.
3	Net notes receivable				•
4	Inventories				•
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments				•
10 a	Depreciable assets	15,417.		15,615.	
b	Less accumulated depreciation	(5,945.)	9,472.	(10,278.)	5,337.
11	Land				•
12	Other assets STMT 4		32,416.		• 52,856.
13	Total assets		341,692.		409,541.
Liabilities and net worth					
14	Accounts payable		30,583.		• 29,129.
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities STMT 5		93,002.		109,688.
19	Capital stock or principle fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		218,107.		• 270,724.
22	Total liabilities and net worth		341,692.		409,541.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000			
1	Net income per books	• 57,794.	
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	Total. Add line 1 through line 5	57,794.	
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year	•	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		57,794.

FORM 199 OTHER INCOME STATEMENT 1

DESCRIPTION	AMOUNT
CONFERENCES & PROFESSIONAL DEVELOPMENT COLLABORATION	670,711.
CONSULTING & OTHER	57,604.
	2,537.
TOTAL TO FORM 199, PART II, LINE 7	730,852.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
PAMM SHAW 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	PRESIDENT 0.00	0.
BRENDA POTEETE 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	VICE PRESIDENT 0.00	0.
ESTER RUBIO 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	SECRETARY 0.00	0.
DENISE LEE 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	TREASURER 0.00	0.
DAMON CARSON 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	CLUSTER I REP 0.00	0.
KEESHA WOODS 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	CLUSTER II REP 0.00	0.
STACEY SCARBOROUGH 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	CLUSTER III REP 0.00	0.
ALICIA RAMIREX 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	CLUSTER IV REP 0.00	0.

ANA TRUJILLO 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	CLUSTER V REP 0.00	0.
NAOMI O MIZUMOTO 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	CLUSTER VI REP 0.00	0.
SIDDIQ KIIKENNY 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	CLUSTER VII REP 0.00	0.
CARLA CLARK 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	CLUSTER VIII REP 0.00	0.
DENYSE CARDOZA 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	CLUSTER IX REP 0.00	0.
JANET ORVIS-COOK 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	MIGRANT HEAD START REP 0.00	0.
KAREN GONZALES 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	STAFF REP 0.00	0.
JENNY PETTIT 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	STAFF REP 0.00	0.
KEVIN SMITH 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	STAFF REP 0.00	0.
RICHARD BRYANS 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	PARENT REP 0.00	0.
MARIA FORT 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	FRIEND REP 0.00	0.
PATTY BROWN 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	TRIBAL REP 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<hr/> <hr/> 0.

FORM 199	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	AMOUNT
PAYMENTS TO AFFILIATES	2,727.
OTHER EMPLOYEE BENEFITS	52,733.
MANAGEMENT FEES	11,500.
ACCOUNTING FEES	7,872.
OTHER PROFESSIONAL FEES	17,227.
ADVERTISING AND PROMOTION	695.
OFFICE EXPENSES	30,940.
INFORMATION TECHNOLOGY	1,082.
TRAVEL	17,665.
CONFERENCES AND CONVENTIONS	385,597.
INSURANCE	6,810.
TOTAL TO FORM 199, PART II, LINE 17	534,848.

FORM 199	OTHER ASSETS	STATEMENT	4
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	17,454.	30,156.
PREPAID EXPENSES AND DEFERRED CHARGES	14,962.	22,700.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	32,416.	52,856.

FORM 199	OTHER LIABILITIES	STATEMENT	5
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED LEASE INCENTIVE	9,468.	5,348.
DEFERRED REVENUE	83,534.	104,340.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	93,002.	109,688.

