

California Exempt Organization
Annual Information Return

Calendar Year 2012 or fiscal year beginning month **JULY** day **1** year **2012**, and ending month **JUNE** day **30** year **2013**.

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"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <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	791,918.00
	2	Gross dues and assessments from members and affiliates	2	132,267.00
	3	Gross contributions, gifts, grants, and similar amounts received	3	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 \$50,000, see General Instruction B	4	924,185.00
	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	924,185.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	895,349.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	28,836.00
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

Sign Here	Signature of officer EXECUTIVE DIRE	Title	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, 28TH 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 \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

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Receipts from Other Sources Expenses and Disbursements	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	791,918.00
	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	791,918.00
	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	102,261.00
	12	Other salaries and wages	•	12	142,508.00
	13	Interest	•	13	00
	14	Taxes	•	14	20,539.00
	15	Rents	•	15	40,360.00
	16	Depreciation and depletion (See instructions)	•	16	00
	17	Other Expenses and Disbursements	•	17	589,681.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	895,349.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		338,138.		• 330,363.
2	Net accounts receivable		13,210.		• 50,510.
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	15,615.		23,772.	
b	Less accumulated depreciation	(10,278.)	5,337.	(15,872.)	7,900.
11	Land				•
12	Other assets		52,856.		• 40,894.
13	Total assets		409,541.		429,667.
Liabilities and net worth					
14	Accounts payable		29,129.		• 41,137.
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities		109,688.		94,564.
19	Capital stock or principle fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		270,724.		• 293,966.
22	Total liabilities and net worth		409,541.		429,667.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 28,836.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	28,836.
6	Total. Add line 1 through line 5	28,836.			

FORM 199 OTHER INCOME STATEMENT 1

DESCRIPTION	AMOUNT
CONFERENCES & PROFESSIONAL DEVELOPMENT	730,245.
COLLABORATION	58,747.
CONSULTING & OTHER	1,726.
POLICY & ADVOCACY	1,200.
TOTAL TO FORM 199, PART II, LINE 7	791,918.

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.
ESTHER 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.
COLLEEN VERSTEEG 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 RAMIREZ 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.
SHEILA NEAL 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	CLUSTER VI REP 0.00	0.
DEBBIE PERALEZ 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	CLUSTER VII REP 0.00	0.
BRIAN HEESE 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.
RAMONA ARAIZA 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	STAFF REP 0.00	0.
DAMOND EDWARDS 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	PARENT REP 0.00	0.
SOPHIA WAUGH 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.
BETHANY EDHOLM 1107 9TH ST, NO. 810 SACRAMENTO, CA 95814	PARENT REP 0.00	0.

STEPHANIE ZURITA
 1107 9TH ST, NO. 810
 SACRAMENTO, CA 95814

PARENT REP
 0.00

0.

TOTAL TO FORM 199, PART II, LINE 11

0.

FORM 199 OTHER EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
MEMBERSHIP DUES	2,816.
STAFF DEVELOPMENT	2,450.
DONATIONS	1,500.
PAYMENTS TO AFFILIATES	2,219.
OTHER EMPLOYEE BENEFITS	48,883.
ACCOUNTING FEES	4,600.
OTHER PROFESSIONAL FEES	59,348.
ADVERTISING AND PROMOTION	325.
OFFICE EXPENSES	31,522.
INFORMATION TECHNOLOGY	3,658.
TRAVEL	18,737.
CONFERENCES AND CONVENTIONS	406,715.
INSURANCE	6,908.
TOTAL TO FORM 199, PART II, LINE 17	589,681.

FORM 199 OTHER ASSETS STATEMENT 4

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	30,156.	27,011.
PREPAID EXPENSES AND DEFERRED CHARGES	22,700.	13,883.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	52,856.	40,894.

FORM 199 OTHER LIABILITIES STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED LEASE INCENTIVE	5,348.	764.
DEFERRED REVENUE	104,340.	93,800.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	109,688.	94,564.

FORM 199

FUND BALANCES

STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	270,724.	293,966.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	270,724.	293,966.