

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 7/01/2015 , and ending (mm/dd/yyyy) 6/30/2016

Corporation/Organization name CALIFORNIA HEAD START ASSOCIATION

California corporation number 1940430

FEIN 77-0412315

Street address (suite or room) 1107 9TH ST. #810

City SACRAMENTO State CA ZIP code 95814

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

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date (mm/dd/yyyy)

**E** Check accounting method:  
 1  Cash 2  Accrual 3  Other

**F** Federal return filed? 1  990T 2  990-PF 3  Sch H (990)  
 4  Other 990 series

**G** Is this a group filing? See instructions.  Yes  No

**H** Is this organization in a group exemption?  Yes  No  
 If 'Yes,' what is the parent's name?

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions.  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g? ...  Yes  No  
 If 'Yes,' enter the gross receipts from nonmember sources \$

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS

CACAI112L 12/31/15

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	821,825.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B.	3	174,485.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Instruction B...	4	996,310.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	996,310.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	1,202,609.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	-206,299.
<b>Filing Fee</b>	11	Total payments.	11	
	12	Use tax. See General Instruction K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Filing fee \$10 or \$25. See General Instruction F.	15	10.
	16	Penalties and Interest. See General Instruction J.	16	
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result.	17	10.
<b>Sign Here</b>	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.			
<b>Paid Preparer's Use Only</b>	Signature of officer	Title	Date	Telephone 916-444-7760
	Preparer's signature	LINDA PHILLIPS, CPA	Date	PTIN P01402505
	Firm's name (or yours, if self-employed) and address	LINDA PHILLIPS, CPA 35 WHITEHALL DR. ORINDA, CA 94563	Check if self-employed <input checked="" type="checkbox"/>	FEIN
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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	●	7	821,825.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.		8	821,825.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule.	●	9	
	10	Disbursements to or for members.	●	10	
<b>Expenses and Disbursements</b>	11	Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2	●	11	109,328.
	12	Other salaries and wages	●	12	194,943.
	13	Interest	●	13	
	14	Taxes	●	14	24,206.
	15	Rents	●	15	41,418.
	16	Depreciation and depletion (See instructions)	●	16	4,324.
	17	Other Expenses and Disbursements. Attach schedule. SEE STATEMENT 3	●	17	828,390.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.		18	1,202,609.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		543,416.	●	568,808.
2	Net accounts receivable		157,202.	●	65,655.
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10 a	Depreciable assets	28,822.		29,852.	
b	Less accumulated depreciation	22,917.	5,905.	21,022.	8,830.
11	Land			●	
12	Other assets. Attach schedule. STM 4		25,066.	●	15,798.
13	<b>Total assets</b>		731,589.		659,091.
<b>Liabilities and net worth</b>					
14	Accounts payable		67,197.	●	85,247.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule. STM 5		156,377.		272,128.
19	Capital stock or principal fund		508,015.	●	301,716.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	<b>Total liabilities and net worth</b>		731,589.		659,091.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
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	●	-206,299.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule.	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	<b>Total.</b> Add line 1 through line 5.		-206,299.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule.	●	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6.		-206,299.

**Statement 1**  
**Form 199, Part II, Line 7**  
**Other Income**

Advertising.....	\$	23,400.
Miscellaneous.....		46,345.
Other Investment Income.....		6,086.
Program Service Revenue.....		<u>745,994.</u>
Total	\$	<u><u>821,825.</u></u>

**Statement 2**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, Trustees and Key Employees**

**Current Officers:**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Pamm Shaw	President 1.00	\$ 0.	\$ 0.	\$ 0.
,				
Brenda Potette	Vice President 1.00	0.	0.	0.
,				
Colleen Versteeg	Secretary 1.00	0.	0.	0.
,				
Denise Lee	Treasurer 1.00	0.	0.	0.
,				
Esmirna Valencia	Cluster I Rep 1.00	0.	0.	0.
,				
Alethea Arguilez	Cluster I Alt 1.00	0.	0.	0.
,				
Keesha Woods	Cluster II Rep 1.00	0.	0.	0.
,				
Cynthia Allen	Cluster II Alt 1.00	0.	0.	0.
,				
Stacey Scarborough	Cluster III Rep 1.00	0.	0.	0.
,				

**Statement 2 (continued)**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, Trustees and Key Employees**

**Current Officers:**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Paula Kaplan	Cluster III Alt 1.00	\$ 0.	\$ 0.	\$ 0.
,				
Lorraine Neenan	Cluster IV Rep 1.00	0.	0.	0.
,				
Asael Picasso	Cluster IV Alt 1.00	0.	0.	0.
,				
Ana Trujillo	Cluster V Rep 1.00	0.	0.	0.
,				
Camilla Rand	Cluster V Alt 1.00	0.	0.	0.
,				
Sheila Neal	Cluster VI Rep 1.00	0.	0.	0.
,				
Naomi Q. Mizumoto	Cluster VI Alt 1.00	0.	0.	0.
,				
Debbie Peralez	Cluster VII Rep 1.00	0.	0.	0.
,				
Lisa Grocott	Cluster VII Alt 1.00	0.	0.	0.
,				
Brian Heese	Cluster VIII Re 1.00	0.	0.	0.
,				
Carla Clark	Cluster VIII Al 1.00	0.	0.	0.
,				
Gail Nadal	Cluster IX Rep 1.00	0.	0.	0.
,				

**Statement 2 (continued)**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, Trustees and Key Employees**

**Current Officers:**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Edenausegboye Davis	Cluster IX Alt 1.00	\$ 0.	\$ 0.	\$ 0.
,				
Ronda Ritchie	Tribal Rep 1.00	0.	0.	0.
,				
Mattie Mendez	Migrant Rep 1.00	0.	0.	0.
,				
Jose Eleazar Martinez	Migrant Rep 1.00	0.	0.	0.
,				
	0	0.	0.	0.
,				
Rick Mockler	Executive Dir. 40.00	109,328.	2,106.	13,659.
,				
		<u>Total</u>	<u>\$ 109,328.</u>	<u>\$ 2,106.</u>
			<u>\$ 13,659.</u>	

**Statement 3**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Accounting Fees.....	\$ 3,250.
Admin Help.....	3,671.
Advertising and Promotion.....	1,656.
Board Meeting Expenses.....	9,462.
Books & subscriptions.....	2,276.
Business expenses.....	605.
Event - CC Merchant fees.....	8,001.
Event - Comm. travel assistanc.....	860.
Event - Food.....	130,434.
Event - Office supplies.....	12,648.
Event - Online regist.fees.....	5,263.
Event - Planning meeting exp.....	4,430.
Event - Print/Repro/Graphic De.....	13,816.
Event - Shipping/Postage.....	4,131.
Event - Speaker/Presenter.....	42,684.
Event - Staff travel.....	14,940.
Event - Supplies / Promotional.....	29,411.
Event - Temp staff.....	528.
Event A/V.....	61,513.

**Statement 3 (continued)**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Information Technology.....	\$	6,237.
Insurance.....		6,663.
Internet.....		1,450.
Membership dues.....		2,654.
Other Employee Benefit.....		46,252.
Other fees.....		290,129.
Pension Plan Contributions.....		8,513.
Postage and Shipping.....		8,871.
Printing and Publications.....		19,062.
Repairs & Maintenance.....		2,379.
Sponsorship.....		1,128.
Staff development.....		7,382.
Supplies.....		25,259.
Telephone & telecommunications.....		8,727.
Travel.....		44,105.
	Total	<u>\$ 828,390.</u>

**Statement 4**  
**Form 199, Schedule L, Line 12**  
**Other Assets**

Prepaid Expenses and Deferred Charges.....		15,798.
	Total	<u>\$ 15,798.</u>

**Statement 5**  
**Form 199, Schedule L, Line 18**  
**Other Liabilities**

Deferred Lease incentive.....		1,101.
Deferred Revenue.....		267,027.
Due to Affiliates.....		4,000.
	Total	<u>\$ 272,128.</u>