

Return of Organization Exempt From Income Tax

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

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning <u>7/1/2009</u> , and ending <u>6/30/2010</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>California Association of Local Agency Formation Commissions</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>1215 K Street Suite 1650</u> City, town, or country State ZIP + 4 <u>Sacramento CA 95814</u>
	D Employer identification number <u>94-3312376</u>
	E Telephone number <u>916 442-6536</u>
	F Group Exemption Number . . . ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: Cash Accrual
Other (specify) ▶

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.calafco.org

J Tax-exempt status (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 326,038

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	153,142
	3 Membership dues and assessments	3	172,041
	4 Investment income	4	855
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	0
	b Less: direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶ _____)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	326,038	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	128,734
	14 Occupancy, rent, utilities, and maintenance	14	15,740
	15 Printing, publications, postage, and shipping	15	7,097
	16 Other expenses (describe ▶ <u>See Attached Statement</u>)	16	153,239
17 Total expenses. Add lines 10 through 16 ▶	17	304,810	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	21,228
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	113,495
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	134,723

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

			(A) Beginning of year		(B) End of year
22 Cash, savings, and investments			146,717	22	157,378
23 Land and buildings				23	
24 Other assets (describe ▶ <u>See Attached Statement</u>)			2,000	24	2,600
25 Total assets			148,717	25	159,978
26 Total liabilities (describe ▶ <u>See Attached Statement</u>)			35,222	26	25,255
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)			113,495	27	134,723

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? <u>Education Services for Members and General Public</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	Services and education of members & public on the role and responsibilities of local agency formation commissions. Services covered 57 LAFCO's, 563 Commissioners 112 Staff and 32 Associate Members (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	115,252
29	Planning and executing various Member programs to educate, exchange information and develop LAFCo staff for 57 LAFCO's and their commissioners and staff. 442 attendees were covered during the tax year ended June 30, 2010. (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	118,235
30	 (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a) 32		233,487

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Anderson, Roger 1215 K Street Suite 1650 Sacramento CA	Title Chair Hr/WK 1.00	0	0	0
Griego, Mary Jane 1215 K Street Suite 1650 Sacramento CA	Title Board Member Hr/WK 1.00	0	0	0
Gladbach, Jerry 1215 K Street Suite 1650 Sacramento CA	Title Treasurer Hr/WK 2.00	0	0	0
McKenna, Kate 1215 K Street Suite 1650 Sacramento CA	Title Depty EO Hr/WK 2.00	0	0	0
Jones, Gay 1215 K Street Suite 1650 Sacramento CA	Title Board Member Hr/WK 2.00	0	0	0
Jones, SR 1215 K Street Suite 1650 Sacramento CA	Title Executive Officer Hr/WK 2.00	0	0	0
Lange, George 1215 K Street Suite 1650 Sacramento CA	Title Board Member Hr/WK 1.00	0	0	0
Connelly, William 1215 K Street Suite 1650 Sacramento CA	Title Board Member Hr/WK 1.00	0	0	0
Novelli, Ted 1215 K Street Suite 1650 Sacramento CA	Title Board Member Hr/WK 2.00	0	0	0
Richardson, Sepi 1215 K Street Suite 1650 Sacramento CA	Title Secretary Hr/WK 1.00	0	0	0
Rushing, Denise 1215 K Street Suite 1650 Sacramento CA	Title Board Member Hr/WK 1.00	0	0	0
Hosmer, Kay 1215 K Street Suite 1650 Sacramento CA	Title Board Member Hr/WK 1.00	0	0	0
Schlottmann, Cathy 1215 K Street Suite 1650 Sacramento CA	Title Board Member Hr/WK 1.00	0	0	0
Settle, Allan 1215 K Street Suite 1650 Sacramento CA	Title Board Member Hr/WK 1.00	0	0	0
Souza, Stephen 1215 K Street Suite 1650 Sacramento CA	Title Board Member Hr/WK 2.00	0	0	0
Tooker, Christopher 1215 K Street Suite 1650 Sacramento CA	Title Board Member Hr/WK 1.00	0	0	0
Vicklund Wilson, Susan 1215 K Street Suite 1650 Sacramento CA	Title Vice Chair Hr/WK 1.00	0	0	0
Texeira, Lou Ann 1215 K Street Suite 1650 Sacramento CA	Title Deputy EO Hr/WK 1.00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. 39a		
b	Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶		
42 a	The organization's books are in care of ▶ William Chiat Telephone no. ▶ 916 442-6536 Located at ▶ 1215 K Street Suite 1650 City Sacramento ST CA ZIP + 4 ▶ 95814		
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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|------------|-----|----|
| 46 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. | 46 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. | 47 | X | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 48 | | X |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | | X |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK .00	0	0	0

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>Executive Director information includes</u> Str <u>Directors and Key Employee Section</u> City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0
Name _____ Str _____ City _____ ST ZIP _____		0

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here 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.

Signature of officer: William S. Chiat Date: _____
 Type or print name and title: Executive Director

Paid Preparer's Use Only

Preparer's signature: James Gladfelter Date: 12/13/2010 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: Alta Mesa Group, LLC. 324 Alta Mesa Circle, Napa, CA 94558 EIN: 26-1836473
 Phone no.: 707 253-9079

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

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp. benefit plans & deferred compensation	Expense account and other allowances
Chiat, William 1215 K Street Suite 1650 Sacramento CA	Title Executive Director Hr/WK 25.00	95,190	0	2,401
Alsop, Clark 1215 K Street Suite 1650 Sacramento CA	Title Attorney Hr/WK 5.00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0
----- ----- -----	Title Hr/WK .00	0	0	0

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test–2009. 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 type="checkbox"/>		
b 33 1/3% support test–2008. 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–2009. 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 IV 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–2008. 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 <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"/>		

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	80,975	118,516	142,505	171,443	172,041	685,480
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	127,693	162,280	160,212	177,849	153,142	781,176
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	208,668	280,796	302,717	349,292	325,183	1,466,656
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						1,466,656

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	208,668	280,796	302,717	349,292	325,183	1,466,656
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	585	618	3,118	4,725	855	9,901
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	585	618	3,118	4,725	855	9,901
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	209,253	281,414	305,835	354,017	326,038	1,476,557
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.33%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.28%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.67%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.72%

19a 33 1/3% support tests—2009. 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—2008. 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 . . . ▶

Political Campaign and Lobbying Activities

2009

**Open to Public
Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization California Association of Local Agency Formation Commissions	Employer identification number 94-3312376
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.	
2	Political expenditures	\$ 6,402
3	Volunteer hours	0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$ 0
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$ 0
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$ 0
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$ 0
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$ 0
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	0												
c	Total lobbying expenditures (add lines 1a and 1b)	0	0												
d	Other exempt purpose expenditures	0	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	0	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0	0												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	0	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	0	0		0	0
b Lobbying ceiling amount (150% of line 2a, column(e))					0
c Total lobbying expenditures	0	0		0	0
d Grassroots nontaxable amount	0	0		0	0
e Grassroots ceiling amount (150% of line 2d, column (e))					0
f Grassroots lobbying expenditures	0	0		0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6,402
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			6,402
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part I, Line 16 (990-EZ) - Other Expenses

153,239

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	6,219
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Legislative Services	13	8,990
14	LAFCo Stipends	14	7,000
15	Board Expenses	15	9,271
16	Program and Member Services	16	121,759
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

Part II, Line 24 (990-EZ) - Other Assets

		2,000	2,600
	Description	Beginning	End
1	Deposits		2,000
2	Member Receivables	2,000	600
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			

Part II, Line 26 (990-EZ) - Liabilities

		35,222	25,255
	Description	Beginning	End
1	Accounts Payable	13,953	12,939
2	Deferred Conference Revenue and Member Dues	21,269	12,316
3			
4			
5			
6			
7			
8			
9			
10			

California Exempt Organization Annual Information Return

2009

199

Calendar Year 2009 or fiscal year beginning month 7 day 1 year 2009, and ending month 6 day 30 year 2010

A First Return Filed? B Type of organization

Corporation/Organization Name California Association of Local Agency Formation Commissions

Address 1215 K Street Suite 1650

City Sacramento State CA ZIP Code 95814

C Amended Return? D Are you a subordinate/affiliate in a group exemption? E Final return? F Check the box if the organization filed the following federal forms or schedule: G 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.

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

Table with 15 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line items 1-15 and their corresponding amounts.

Sign Here 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.

Paid Preparer's Use Only Preparer's signature James Gladfelter Date 12/13/2010

Firm's name (or yours, if self-employed) and address Alta Mesa Group, LLC. 324 Alta Mesa Circle Napa, CA 94558

May the FTB discuss this return with the preparer shown above? See instructions Yes 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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	153,142	00
	2	Interest	●	2	855	00
	3	Dividends	●	3	0	00
	4	Gross rents	●	4	0	00
	5	Gross royalties	●	5	0	00
	6	Gross amount received from sale of assets (See Instructions)	●	6	0	00
	7	Other income. Attach schedule	●	7	0	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	153,997
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	0	00
	10	Disbursements to or for members	●	10	0	00
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	0	00
	12	Other salaries and wages	●	12	0	00
	13	Interest	●	13	0	00
	14	Taxes	●	14	0	00
	15	Rents	●	15	15,740	00
	16	Depreciation and depletion (See instructions)	●	16	0	00
	17	Other. Attach schedule	●	17	289,070	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9				18	304,810

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		146,717.		157,378.
2	Net accounts receivable		0.		0.
3	Net notes receivable. Attach schedule		0.		0.
4	Inventories		0.		0.
5	Federal and state government obligations		0.		0.
6	Investments in other bonds. Attach schedule		0.		0.
7	Investments in stock. Attach schedule		0.		0.
8	Mortgage loans (number of loans _____)		0.		0.
9	Other investments. Attach schedule		0.		0.
10	a Depreciable assets	0.		0.	
	b Less accumulated depreciation	(0.)	0.	(0.)	0.
11	Land		0.		0.
12	Other assets. Attach schedule		2,000.		2,000.
13	Total assets		148,717.		159,378.
Liabilities and net worth					
14	Accounts payable				0.
15	Contributions, gifts, or grants payable		0.		0.
16	Bonds and notes payable. Attach schedule		0.		0.
17	Mortgages payable		0.		0.
18	Other liabilities. Attach schedule		35,222.		25,255.
19	Capital stock or principle fund		0.		0.
20	Paid-in or capital surplus. Attach reconciliation		0.		0.
21	Retained earnings or income fund		113,495.		134,723.
22	Total liabilities and net worth		148,717.		159,978.

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	●	21,228.	7	Income recorded on books this year not included in this return.	
2	Federal income tax	●			Attach schedule	●
3	Excess of capital losses over capital gains	●		8	Deductions in this return not charged against book income this year.	
4	Income not recorded on books this year. Attach schedule	●			Attach schedule	●
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●		9	Total. Add line 7 and line 8	0.
6	Total.			10	Net income per return.	
	Add line 1 through line 5		21,228.		Subtract line 9 from line 6	21,228.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number <u>131508</u> California Association of Local Agency Formation Commissions Name of Organization <u>1215 K Street Suite 1650</u> Address (Number and Street) <u>Sacramento, CA 95814</u> City or Town, State and ZIP Code	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2117544</u> Federal Employer I.D. No. <u>94-3312376</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 7/1/2009 ending 6/30/2010) list:
 Gross annual revenue \$ 326,038 Total assets \$ 159,978

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 916 442-6536

Organization's e-mail address wchiat@calafco.org

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

William S. Chiat

Executive Director

Printed Name

Title

Date

STATE OF CALIFORNIA
 EXEMPT ORGANIZATIONS SECTION
FRANCHISE TAX BOARD
 PO BOX 1286
 RANCHO CORDOVA CA 95741-1286
 TELEPHONE: (916) 845-4171

**Political or Legislative Activities
 By Section 23701d Organizations**

Name California Association of Local Agency Formation Commissions		Corporate Number 2117544	
Number and Street 1215 K Street Suite 1650		Federal Identification Number 94-3312376	
City or Town Sacramento	State CA	Zip Code 95814	

		Please Check (✓)	
		YES	NO
I	(a) Have you participated or intervened in any political campaign on behalf of any elective public office candidate? If you have, attach a detailed activity description and copies of any published material relating to the activity.		X
	(b) Have you contributed funds to support or oppose any individual public office candidate or any organizations formed to support or oppose a public office candidate? If you have, attach a detailed activity description and a schedule including the name of the individual or organization you contributed to, the amount you paid, and date you paid them.		X
II	(a) Have you attempted to influence any national, state or local legislation or ballot measure? If you have, attach a detailed activities description, copies of any published materials relating to the activities and a schedule of expenditures.	X	
III	Public Charities - Election to make expenditures to influence legislation		
	(a) Have you filed a federal election to make expenditures to influence legislation? If you have, furnish a copy of Form 5768 you filed with the IRS if you have not previously furnished it. This fulfills your need to file an election for state purposes.		X

NOTE: You cannot make this election if you are a church, an integrated auxiliary of a church, or a private foundation. State and federal law are the same with regard to this election, except state law does not provide for an excise tax on excess lobbying expenditures.

(b) Organizations that elected to make expenditures to influence legislation must furnish the following financial information for the taxable year:	
1. EXEMPT PURPOSE EXPENDITURES (The total amount you paid or incurred to accomplish the charitable, educational, religious, etc. purpose.)	\$ 337,006.
2. LOBBYING EXPENDITURES (The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation.)	\$ 6,402.
3. GRASS ROOTS EXPENDITURES (The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it.)	\$

Line 17, Part II (CA 199) - Other Deductions

1 Pension plans, employee benefits	1	0
2 Legal fees	2	0
3 Accounting fees	3	6,000
4 Other professional fees	4	122,734
5 Travel, conferences, and meetings	5	0
6 Printing and publications	6	7,097
7 Special events direct expenses	7	
8 Office expenses	8	
9 Other Expenses	9	153,239
10	10	
11	11	
12 Total	12	289,070

Line 12, Sch L (CA 199) - Other Assets

	Beginning	End
1 Deposits	2,000	2,000
2		
3		
4		
5		
6		
7		
8		
9		
10 Total	2,000	2,000

Line 18, Sch L (CA 199) - Other Liabilities

	Beginning of Year	End of Year
1 Liabilities	35,222	25,255
2		
3		
4		
5		
6		
7		
8		
9		
10 Total	35,222	25,255