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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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 Department of the Treasury Internal Revenue Service **Inspection** The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning July 1 2009, and ending June 30 20 10 C Name of organization California Communications Access Foundation D Employer identification number Please B Check if applicable Doing Business As 1411655 Address change label or print or E Telephone number Number and street (or PO box if mail is not delivered to street address) Room/suite Name change type 1300 Clay Street 600 510) 446-7766 Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc Oakland, CA 94612 tions G Gross receipts \$ 14037595 Amended return F Name and address of principal officer Shellev Bergum-same as C above Application pending H(a) Is this a group return for affiliates? Yes V No H(b) Are all affiliates included? Yes □No √ 501(c) (3)

√ (insert no.)

√ 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ www.communicationsaccess.org H(c) Group exemption number Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 2002 M State of legal domicile CA Summary Briefly describe the organization's mission or most significant activities: The mission of California Communications Access Foundation (CCAF) is to aid individuals with functional limitations of hearing, vision, speech, mobility, manipulation, and/or cognition by promoting access to society through telecommunications and other means 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 6 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 88 5 Total number of employees (Part V. line 2a) 6 6 Total number of volunteers (estimate if necessary) 6 7a 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34, 7b 0 Prior Year **Current Year** 0 8 Contributions and grants (Part VIII, line 1h) . . 11355028 13873800 9 Program service revenue (Part VIII, line 2g) . . . 269349 163795 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14037595 11624377 0 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 7101127 8204854 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 25-1-12-35/48-4 1205581 1351629 17 Other expenses (Part IX, column (A), lines 11a-1 (d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, coliginal 8306708 9556483 19 Revenue less expenses. Subtract line 18 from line /12 3317669 4481112 Beginning of Current Year End of Year 16114095 21209721 20 Total assets (Part X, line 16) . 797901 1412415 21 Total liabilities (Part X, line 26) 15316194 22 Net assets or fund balances. Subtract line 21/from line 2 19797306 Part II Signature Block Under penalties of penury, 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 Signature of officer Here Date Check if Preparer's identifying number Preparer's (see instructions) signature employed ▶ □ Paid Preparer's Firm's name (or yours FIN Use Only if self-employed), address, and ZIP + 4 Phone no > (

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Yes No Form 990 (2009)



Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The mission of California Communications Access Foundation (CCAF) is to aid individuals with functional limitations of hearing, vision, speech, mobility, manipulation, and/or cognition by promoting access to society through telecommunications and other means.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O 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 561000) (Expenses \$ 9216649 including grants of \$ 0) (Revenue \$ 13873800) Through a contract with the California Public Utilities Commission (CPUC), CCAF provided specialized telecommunications equipment to over 132,000 new deaf and disabled consumers through oversight of a centralized call center, which received over 192,000 calls annually. CCAF also provided specialized equipment to over 26,000 consumers in their homes or in eight Service Centers throughout California. Through its contract with the CPUC, CCAF also managed contracts with the California Relay Service vendors, who relayed over 2,234,000 calls to and from deaf, hard of hearing, and speech disabled users.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 0316649
40	Total program service expenses ▶ 9216649

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
3	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.	3		\
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	1	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12A ✓			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	<u> </u>

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization 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	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
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>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	•

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 88 1f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .	<u>3b</u>		
	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)?	4a		1
	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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		/
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		✓
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	_6a		V
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b_		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		✓
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	9		
	required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		-
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:]		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		-

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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?	2		1
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?	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		·	
	the year by the following.			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, 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	9a		✓
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Hev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		-
b	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?	10b		ļ
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	
	form?	11	✓	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,	<u> </u>
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		,	
	rise to conflicts?	12b	_ V	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	✓.	
14	Does the organization have a written document retention and destruction policy?	14		√
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?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	-		
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?	16a		1
b	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?	16b		
Sec	tion C. Disclosure			_
17	List the states with which a copy of this Form 990 is required to be filed ▶ California		· -	-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	s)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	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 recoorganization: CCAF - Attn: James Murphy, 1300 Clay Street, Ste 600, Oakland, CA 94612 Phone: 510-			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (d	chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Harry Bornstein Chairman - Director	2	,						0	0	0
John Davies		✓	 		-	ļ				
Treasurer - Director	2	1			ļ			0	0	0
Alice Nemon	2							0	o	C
Secretary - Director	+	√_	\vdash	\vdash		-				
Mary Herman-Armstrong Director	2	1						0	0	C
Laura Strom Director	2	 						0	o	C
Laura Clark Director	2	1						0	0	C
Shelley Bergum CEO & Director	40	1		1				203026	0	59909
James Murphy Controller	40			1				129994	0	72368
Sharon Albert Operations Director	40			Ť	1			130216	0	27807
Charlotte Harper Admin & HR Manager	40					1		104252	0	40539

16	Section A. Officers, Directors, Tru		Emp	loy		_	d Higi	nest		Employees (continued	<u>) </u>
	(A) Name and title	(B) Average	(C) Position (check all that an					-1.4	(D)	(E)		(F)
	Name and title	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	ame comp (comp fro orga and	imated ount of other ensation on the inization related nizations
												4
••••												
							·					
1b	Total			_				▶	567488		0	200623
2	Total number of individuals (including but n reportable compensation from the organiza	not limited t	to the	se	liste	ed a	lbove)) wh	o received mo	ore than \$100,	000 in	
											1	es No
3	Did the organization list any former officer employee on line 1a? If "Yes," complete So	r, director chedule J f	or tru	iste ch i	e, k indi	ey vidu	emplo	yee	, or highest c	ompensated	3	
4	For any individual listed on line 1a, is the si the organization and related organizations of individual.	um of repo greater tha	rtabl n \$15	e co 50,0	omp 00?	ens If "	ation	and	other compe	nsation from	4	✓
5	Did any person listed on line 1a receive of services rendered to the organization? If "Y	or accrue es," comp	comp lete S	ens Sch	satio edu.	on f <i>le J</i>	rom a	any uch		anization for	5	1
Se	ction B. Independent Contractors											
1	Complete this table for your five highest co compensation from the organization.	mpensated	d inde	epe	nde	nt c	ontra	ctor	s that received	d more than \$	100,000	of
	(A) Name and business addi	ress							(B) Description of se	ervices	(C) Compens	sation
NO	NE											
						-						
	-											
2	Total number of independent contractors (in more than \$100,000 in compensation from	ncluding bu	t not	limi n ▶	ited 0	to t	hose	liste	d above) who	received		

Par	: VII	Statement of Revenue					T
				(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	b d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e	0				
Contributions and other sin	f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	0	0			
Revenue	2a b	Svcs to support the DDTP	Business Code 561000	13873800	13873800		
Program Service Revenue	c d e						
Progr	f g	All other program service revenue . Total. Add lines 2a–2f		13873800			
	3	Investment income (including dividence other similar amounts)	▶	163795 0			163795
	b	Tichtal friconic of floody	0 0	0			
	7a	Net rental income or (loss). Gross amount fromsales of assets other than inventory Less: cost or other basis and sales expenses .		0			
		Gain or (loss) Net gain or (loss)		0			
Other Revenue	b	Gross income from fundraising events (not including \$	0				
δ		Net income or (loss) from fundraising	events >	0			
	Ь	Gross income from gaming activities See Part IV, line 19	,0				
	10a	Net income or (loss) from gaming actions sales of inventory, less returns and allowances at Less cost of goods sold	0	0			
		Net income or (loss) from sales of inven Miscellaneous Revenue	tory ► Business Code	0			
	11a b						
		All other revenue		0		-	
	e 12	Total. Add lines 11a-11d Total revenue. See instructions .	•	14037595	13873800		163795

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colunot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the	0	0		
	U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members Compensation of current officers, directors,		-		
5	trustees, and key employees	660277	516945	126607	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	5129359	5129359	16725	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	639241	615973	23268	0
9	Other employee benefits	1313180	1292697	20483	0
10	Payroll taxes	462797	455121	7676	0
11	Fees for services (non-employees)				
а	Management	5155	0	5155	0
b	Legal	4810	0	4810	0
c	Accounting	13200	0	13200	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
_	Other	227938	227938	0	0
	Advertising and promotion	942766	869327	73439	0
13	Office expenses	942700	003327	0	0
14	Information technology	0	0	0	0
15 16	Royalties	19086	0	19086	0
17	Travel	109484	108360	1124	0
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	1404	929	475	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	8286	0	8286	0
23	Insurance	19500	0	19500	0
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 b					
C					
d					
e					
f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	9556483	9216649	339834	0
26	Joint costs. Check here ▶ ☐ 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			· · · · · · · · · · · · · · · · · · ·
<u> </u>		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	394695	1	435381
2	Savings and temporary cash investments	12895972	2	18394192
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	2697324	4	2271663
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
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	0	6	0
ध्र ७	Notes and loans receivable, net	0	7	0
Assets 8 8	Inventories for sale or use	0	8	0
8 9	Prepaid expenses and deferred charges	123717	9	92053
10a	140-1 040501			
l t	Less: accumulated depreciation 10b 8426	2387	10c	16432
11	Investments—publicly traded securities	0	11	0
12	Investments—other securities See Part IV, line 11	0	12	0
13	Investments-program-related See Part IV, line 11	0	13	0
14	Intangible assets	0	14	0
15	Other assets See Part IV, line 11	0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	16114095	16	21209721
17	Accounts payable and accrued expenses	797901	17	1412415
18	Grants payable	0	18	0
19	Deferred revenue	0	19	0
20	Tax-exempt bond liabilities	0	20	0
	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
-	persons. Complete Part II of Schedule L	0	22	0
23	Secured mortgages and notes payable to unrelated third parties	0	23	0
24	Unsecured notes and loans payable to unrelated third parties	0	24	0
25	Other liabilities Complete Part X of Schedule D	0	25	0
26 %	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	797901	26	1412415
	Unrestricted net assets	15316194	27	19797306
27 28 28	Temporarily restricted net assets	0	28	0
면 29	Permanently restricted net assets	0	29	0
2	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			<u> </u>
Net Assets or 33 33 33	Capital stock or trust principal, or current funds	0	30	0
9 31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
8 32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
₹ 33	Total net assets or fund balances	15316194	33	19797306
2 34	Total liabilities and net assets/fund balances	16114095	$\overline{}$	21209721

Form **990** (2009)

Part >	XI Financial Statements and Reporting			
			Yes	No
1 Ad	ccounting method used to prepare the Form 990: Cash Accrual Other			
lf	the organization changed its method of accounting from a prior year or checked "Other," explain in			
Sc	chedule O			,
2a W	/ere the organization's financial statements compiled or reviewed by an independent accountant? .	2a		✓
b W	/ere the organization's financial statements audited by an independent accountant?	2b	✓	
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	ne audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	\	
	the organization changed either its oversight process or selection process during the tax year, explain in			
Sc	chedule O.			
d If	"Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
IS!	sued on a consolidated basis, separate basis, or both			
\mathbf{Z}	Separate basis Consolidated basis Both consolidated and separate basis			
3a As	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	ne Single Audit Act and OMB Circular A-133?	3a		✓
b If	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
re	equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **California Communications Access Foundation** 1411655 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (v) Did you notify (ii) EIN (iii) Type of organization (iv) is the organization (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col (i) organized in the above or IRC section. governing document? col (i) of your US2 (see instructions)) support? Yes Yes No No Yes

Pai	Support Schedule for Org (Complete only if you chec	anizations D	escribed in on line 5, 7, o	Sections 170 or 8 of Part I.	D(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support		-				
Ca	llendar 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")	7632537	11674870	11467444	11355028	13873800	56003679
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	7632537	11674870	11467444	11355028	13873800	56003679
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)						0
6	Public support. Subtract line 5 from line 4.	<u> </u>					56003679
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(4) 2009	(=) 2000	(f) Total
		7632537	11674870	11467444	(d) 2008 1135 5028	(e) 2009 13873800	56003679
7	Amounts from line 4	1632331	110/40/0	11407444	11333020	130/3000	30003079
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65146	196861	322829	269349	163795	1017980
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .	. *	28		<i>;</i>	¥	57021659
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re		d, third, fourth,			n 501(c)(3)
Sec	tion C. Computation of Public Su	pport Percer	ntage		,		
14	Public support percentage for 2009 (line	6, column (f) div	vided by line 11	i, column (f))		14	98 %
15	Public support percentage from 2008 Sci					15	98 %
16a	33½ % support test—2009. If the organiand stop here. The organization qualifies					6 or more, chec	
b	33% % support test—2008. If the organization qua						check this ▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances" facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances" facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances" facts – 20 more, and if the organization meets the "facts-and-circumstances" facts – 20 more, and if the organization meets the "facts-and-circumstances" facts – 20 more, and if the organization meets the "facts-and-circumstances" facts – 20 more, and if the organization meets the "facts-and-circumstances" facts – 20 more, and if the organization meets the "facts-and-circumstances" facts – 20 more, and if the organization meets the "facts-and-circumstances" facts – 20 more, and if the organization meets the "facts-and-circumstances" facts – 20 more, and if the organization meets the "facts-and-circumstances" facts – 20 more, and if the organization meets the "facts-and-circumstances" facts – 20 more, and if the organization meets the "facts-and-circumstances" facts – 20 more, and if the organization meets the "facts-and-circumstances" facts – 20 more, and if the organization meets the "facts-and-circumstances" facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets facts – 20 more, and if the organization meets – 20 more, and if t	acts-and-circum	nstances" test,	check this box a	and stop here.	Explain in Part	IV how the _
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstant"	acts-and-circum	stances" test, c	heck this box a	nd stop here	Explain in Part	IV how the _

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 ▶ □

•	·								
	dule A (Form 990 or 990-EZ) 2009 Tt III Support Schedule for Orga	nizations De	escribed in S	Section 509(a	1)(2)			Page 3	3
	(Complete only if you checke				·/(-/				
	tion A. Public Support				,				
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(е	2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year								_
C	Add lines 7a and 7b					 			-
8	Public support (Subtract line 7c from line 6)		,	*	6		• \$		_
	tion B. Total Support	(a) 2005	(h) 2006	(-) 0007	(4) 0000	1	1 0000	(6 T-1-1	-
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	l (e	2009	(f) Total	-
9 10a	Amounts from line 6 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								
с 11	Add lines 10a and 10b 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 organization, check this box and stop	here	<u></u>	nd, third, fourth					-
	tion C. Computation of Public Su					1	<u> </u>		-
15	Public support percentage for 2009 (lin				(f)) .	15			-
16 Sec	Public support percentage from 2008 Stion D. Computation of Investmen			• • •		16	L		-
17	Investment income percentage for 200			d by line 12 a	olumn (A)	17		%	-
• •	mirosiment income percentage for 200	♥ (III I♥ 100, CO	iaitiit (i) ulvidei	u by mierio, Co	viullili (I)) .	_ **			_

Investment income percentage from 2008 Schedule A, Part III, line 17

line 18 is not more than 33½%, check this box and **stop here**. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

18

	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
					•
					•••••
		•••••			•••••
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

► Complete if the organization is described below.

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

Open to Public Inspection

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

If the	e organization answered "Yes	that have NOT filed Form 5/68 (elections," to Form 990, Part IV, line 5 (Proxy		(h)). Complete Part II-B Do	o not complete Part II-A.
Nar	Section 501(c)(4), (5), or (6) orga me of organization lifornia Communications A	· · · · · · · · · · · · · · · · · · ·		Employe	r identification number
_		organization is exempt unde	er section 501(c		
1 2 3	Provide a description of th	e organization's direct and indirect	t political campai	gn activities in Part IV.	
Pai	t I-B Complete if the	organization is exempt und	er section 501(c)(3).	
	Enter the amount of any enter the organization incurred Was a correction made? If "Yes," describe in Part I"		managers under m 4720 for this ye	section 4955 . \$ ear?	Yes No
Pai	t I-C Complete if the	organization is exempt und	er section 501(c), except section 5	01(c)(3).
1	activities			▶ \$	
2	527 exempt function activi			▶ \$	
3	line 17b	penditures. Add lines 1 and 2 Er		▶ \$	•••••
5	Enter the names, addresses were made. For each organiz contributions received that v	file Form 1120-POL for this year? and employer identification number that it is a satisfication for the amount paid from the promptly and directly delivered mmittee (PAC). If additional space is	r (EIN) of all section from the filing organ to a separate politi	n 527 political organizati ization's funds Also ente ical organization, such as	ons to which payments in the amount of political
	(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-

p	ac	16	2

Sch	hedule C (Form 990 or 990-EZ) 2009					Page 2
Р	art II-A Complete if the organizat under section 501(h)).	ion is exem	pt under section	n 501(c)(3) and	filed Form 5768	(election
	Check ► ☐ if the filing organization Check ► ☐ if the filing organization				ons apply.	
	Limits on Lob (The term "expenditures" m	bying Expend	litures		(a) Filing organization's totals	(b) Affiliated group totals
	 a Total lobbying expenditures to influenc b Total lobbying expenditures to influenc c Total lobbying expenditures (add lines d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines) f Lobbying nontaxable amount. Enter the columns. 	e a legislative 1a and 1b) Id lines 1c and	body (direct lobb	oying)		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	20% of the au \$100,000 plus \$175,000 plus	montaxable amount mount on line 1e s 15% of the excess 10% of the excess 5% of the excess	s over \$500,000 s over \$1,000,000		
	g Grassroots nontaxable amount (enter 2 h Subtract line 1g from line 1a. If zero or 3 Subtract line 1f from line 1c. If zero or 3 If there is an amount other than zero on section 4911 tax for this year?	less, enter -0 less, enter -0- either line 1h	- 	organization file Fo		☐ Yes ☐ No
	(Some organizations that ma	ide a section	Period Under S 501(h) election ou uctions for lines		mplete all of the f page 4.)	ive
	Lobbying	Expenditure	s During 4-Year	Averaging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
_	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

	(election under section 501(h)).	(a)			(b)	
	Ye	s	No		lmoun	ıt
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:	X				
а	Volunteers?	4	<u>√</u>		\(\frac{1}{2}\)	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .	\perp	<u> </u>		كأهب	
С	Media advertisements?	4	_<_			
d	Mailings to members, legislators, or the public?	_	<u>√</u>			
е	Publications, or published or broadcast statements?	4	√			
f	Grants to other organizations for lobbying purposes?	_	<u>√</u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	_	<u> </u>			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .	4	<u> </u>			
i	Other activities? If "Yes," describe in Part IV		✓_			
j		?: 2				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .	_	_✓	<u>Žibiti.</u>	<u>`</u>	
	If "Yes," enter the amount of any tax incurred under section 4912	*				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		É Žina.		May 10000	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	ᆛ		3636	W 600 - 1	Contraction 1
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	c)(5	5), o	r seci	tion	
	55.(4)(4)				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3		
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes." Dues, assessments and similar amounts from members	, lir	ne 3	is an	swer	ed
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	. [27			
-	expenses for which the section 527(f) tax was paid).	,				
а	Current year	L	2a			_
b	Carryover from last year	L	2b			
C	Total	L	2c			_
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	L	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?	9	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	ŀ	_ <u>-</u> -			
Par						
Com Also, CCA	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line complete this part for any additional information. If may, from time to time and to an in substantial dergree, make comments or statements conceptuations which may impact deaf and disabled consumers in California. These comments or see form of letters or emails to various federal, state, or local officials. CCAF has not intervened	ern	ing eme	legisl	ation ay be	e 1i.
cam	paigns nor supported candidates for any elective offices.				• • • • • • • • • • • • • • • • • • • •	
		••••			•••••	
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Schedule C (Fo	orm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information (continued)	
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Employer identification number California Communications Access Foundation 61 : 1411655 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 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 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 Tax Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2¢ Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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: \$ 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: Assets included in Form 990, Part X . .

	•							
_	dule D (Form 990) 2009 t III Organizations Maintain	ing Collections	of Art. Hist	orical Treasure	es. or (Other Similar	Assets (conti	Page 2
3	Using the organization's acquisition collection items (check all that appl	, accession, and o						
а	Public exhibition	у).	a [Loan or exc	hange :	orograms		
b	Scholarly research		e [_				
С	Preservation for future general							
4	Provide a description of the organize Part XIV.	zation's collections	and explai	n how they furth	er the c	organization's ex	kempt purpos	e in
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive do	nations of a ined as part	rt, historical treas of the organization	ures, or on's coll	other similar lection?	Yes [No_
Pai	Escrow and Custodial A IV, line 9, or reported an				answe	red "Yes" to F	orm 990, Par	t
1a	Is the organization an agent, truste included on Form 990, Part X?	e, custodian or ot	ner intermed	diary for contribu			ot Yes [□ No
b	If "Yes," explain the arrangement in				• •			
	•		•	•			Amount	
					. 10	·		
ď	Additions during the year				10			
е	Distributions during the year				. 16			
f	Ending balance				. <u>1</u> f	<u></u>		
2a	Did the organization include an ame if "Yes," explain the arrangement in	ount on Form 990	, Part X, line	21?			L Yes ℓ	_ No
	rt V Endowment Funds. Co		anization :	newered "Vee	" to Fo	rm 990 Part	V line 10	
	2.140111161111411401.00	(a) Current year	(b) Prior ye			(d) Three years ba		s back
1a	Beginning of year balance				; %			· \$\dag{\chi_{\chi}}
b	Contributions					(. 3		- 3
	Net investment earnings, gains,			VW	60.50	733.4	7 3	7. 3
•	and losses			, ,8	Maryin.		10000	***
ď	Grants or scholarships				, E%	·		^1
	Other expenditures for facilities			200	\$ × 2	2	i i	** !
	and programs , , , ,			- 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		% . %/	3, 1	1
	Administrative expenses			# \- \\				- '
•	End of year balance				747 Wales	<u> </u>		***
2	Provide the estimated percentage of	•		s:				
	Board designated or quasi-endown		%					
	Permanent endowment ▶							
	Term endowment ▶ 9	•						
3a	Are there endowment funds not in thorganization by:	e possession of th	e organizatio	on that are held a	and adm	ninistered for the	Yes	No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
	If "Yes" to 3a(II), are the related org						3b	1
4 201	Describe in Part XIV the intended up				7 and 17	line 10		
	T VI Investments—Land, But Description of investment	(a) Cost or ot			1		40.0-1	
	Description of investment	(a) Cost or ot		(b) Cost or other basis (other)		Accumulated epreciation	(d) Book val	ue

24858

1a Land . . .

e Other .

b Buildingsc Leasehold improvements

d Equipment

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

16432

8426

Schedule D (Form 990) 2009	<u> </u>			Page \$
Part VII Investr	nents—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of	security or category me of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
Financial derivatives				
Closely-held equity int				
	• • • • • • • • • • • • • • • • • • • •			
		· 		
	•			
	·			
	orm 990, Part X, col (B) line 12)			
Part VIII Investr	ments—Program Relate	d. See Form 990, Part X,	line 13.	
(a) Description	of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
	- 120chol-			
	orm 990, Part X, col (B) line 13)		`***	X 1/2
Part IX Other A	Assets. See Form 990, Pa		·	_
_		(a) Description		(b) Book value
				
				
				
_				
				
			· · · · · · · · · · · · · · · · · · ·	
Total (Column (h) must	equal Form 990, Part X, col.	(P) (no. 15.)		
	iabilities. See Form 990,		<u> </u>	
	cription of liability	(b) Amount		
Federal income taxes	cription of hability	(b) Amount		
Tederal income taxes			닉	
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			⊣	
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Total (Column (h) must sound 5	Form 990, Part X, col (B) line 25)		-	
	·	the feathers to the same in	intionia financial state	at reports the
organization's liability	for uncertain tax positions u	nder FIN 48.	ation's financial statements the	it reports the

	lule D (Form 990) 2009			Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial S	tatement	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	14037595
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	9556483
3	Excess or (deficit) for the year. Subtract line 2 from line 1		_3	4481112
4	Net unrealized gains (losses) on investments		4	0
5	Donated services and use of facilities		5	0
6	Investment expenses		6	0
7	Prior period adjustments		7	0
8	Other (Describe in Part XIV.)		8	0
9	Total adjustments (net). Add lines 4 through 8		9	0
10	excess or (deficit) for the year per audited financial statements. Comb	ine lines 3 and 9 .	10	4481112
Par	t XII Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Re	turn
1	Total revenue, gains, and other support per audited financial statemer	nts	1	14037595
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		*	
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	₩ \$.	
С	Recoveries of prior year grants	2c	_]., ′	
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
C			4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			14037595
Par	t XIII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per R	eturn
1	Total expenses and losses per audited financial statements		1	9556483
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		3,	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1.44	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	, a, ab ,	
b	Other (Describe in Part XIV.)	4b	Li assaic	
С	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part i	!, line 18.)	5	9556483
Par	t XIV Supplemental Information			,
and	plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b	and 9; Part III, lines 1a a b; and Part XIII, lines 2d a	nd 4; Part i nd 4b. Also	V, lines 1b complete
	part to provide any additional information.			
GA,	AP provides accounting and disclosure guidance about positions ta	ken by an organization	in its tax re	eturns that
mig	ht be uncertain. Management has considered its tax positions and	believes that all of the p	ositions ta	ken by CCAF in
its 1	ederal and state exempt organization tax returns are more likely that	an not to be sustained u	pon exami	nation. CCAF's
	rns for the years ended June 30, 2007, 2008 and 2009 are subject to		and state	taxing
aut	norities, generally for three years after they are filed.			

Schedule D (Form 990) 2009

Schedule D (For	rm 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
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		• • • • • • • • • • • • • • • • • • • •
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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

Compensated Employees
► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

61 : **California Communications Access Foundation** 1411655 Part I Questions Regarding Compensation Yes No 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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are 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 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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. ☐ Compensation committee ✓ Written employment contract ✓ Independent compensation consultant ☑ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?..... 4a 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . c Participate in, or receive payment from, an equity-based compensation arrangement?. 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: 5a a The organization?. 5b If "Yes" to line 5a or 5b, describe in Part III. 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?..... 6a 6b **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 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 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 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . 9

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

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.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	ban tanamonton (3)	olderstand (C)	Total of of Tab	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(u)(a)	reported in pror Form 990-EZ
Shelley Bergum	€ 8	203026	0	0	32000	27909	262935	242970
	3	420003		•		40360	20000	
James Murphy	≘ ≘	CCCCY			20026	90004	105707	
Sharon Albert	Ξ	130216	0	0	21376	6431	158023	0
	(ii)				1	3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Open to Public Inspection

OMB No. 1545-0047

Employer identification number California Communications Access Foundation 61 1411655 Form 990, Part VI, Section B.11A - The Controller prepares Form 990 and provides a draft to the President and full Board for a detailed review. Board members provide comments and questions. The final Form 990 is sent to the full Board before filing. In addition, a copy of the Audited Financial Statements was provided to the Board of Directors. Form 990, Part VI, Section B.12c - CCAF's Conflict of Interest and Disclosure Policy is based on non-allowed activities and disclosures required in the Form 700, Statement of Economic Interests, which is completed by all drectors, officers and managers annually. All directors, officers and managers are required to refrain from activities with any program vendors or contractors which could create a real or perceived conflict of interest and to annually disclose any relationships, financial or other, with any program contractors or vendors which could influence the employee's work activities. The disclosure and reporting forms are reviewed by the CEO and provided to the State of California and copies of all forms are maintained by the organization. Form 990, Part VI, Section B. 15a and b - CCAF uses an independent compensation firm to set the compensation for all employees, including all management. The independent compensation firm reviews current job descriptions and compares them to similar positions in similar California-based organizations to determine a market-based compensation range. The market-based compensation range, including total renumeration, for the CEO and executive management positions is presented to the Board of Directors, and the independent directors determine the officer's compensation levels and authorize any changes. This compensation benchmarketing is performed every 3 to 5 years for the entire organization and more frequently for selected positions as necessary. Form 990, Part VI, Section C.19 - The Organization makes its Form 990 available to the public upon request.

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
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