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Amended Return

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)

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

OMB No 1545-0047

A F	or the 2	2010 calendar year, or tax year beginning $\overline{ ext{OCT}}$ 1, 2010 and endin	g SEP 3	0, 2011		
Bc	heck if pplicable	C Name of organization California Rural Legal Assistance		oloyer identifica	ation number	
	Address change	Foundation, Inc.				
	Name change	Doing Business As		94-2800442		
	Initial return	Number and street (or P 0 box if mail is not delivered to street address) Room,	/suite E Tele	phone number		
	Termin- ated	2210 K Street, 2nd Floor		(916)	446-7904	
X	Amended	City or town, state or country, and ZIP + 4	G Gross	receipts \$	879,501.	
	Applica- tion	Sacramento, CA 95816	H(a) Is	this a group ret		
	pending	F Name and address of principal officer: Amagda Perez	fo	r affiliates?	Yes X No	
_		same as C above	H(b) Ar	e all affiliates inclu	ded? Yes No	
		npt status: X 501(c)(3) 501(c)() ((insert no) 4947(a)(1) or	527 If	"No," attach a la	st. (see instructions)	
		▶ www.crlaf.org		oup exemption		
			Year of formati	on 1981 M	State of legal domicile CA	
Pa		Summary				
ø	1 Br	riefly describe the organization's mission or most significant activities: Califor	nia Rur	<u>al Legal</u>		
Governance	<u>A</u>	ssistance Foundation's mission is to help	the rur	al poor	improve	
E .	2 CI	heck this box 🕨 📖 if the organization discontinued its operations or disposed of	more than 25	% of its net ass	ets.	
ŏ	3 N	umber of voting members of the governing body (Part VI, line 1a)		3		
8	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4		
	5 To	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	2.1	
Activities	6 To	otal number of volunteers (estimate if necessary)		6	3!	
Act	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0	
	b Ne	et unrelated business taxable income from Form 990·T, line 34		7ь	0	
				r Year	Current Year	
ē	8 C	ontributions and grants (Part VIII, line 1h)		16,919.	670,754	
Revenue	9 Pr	rogram service revenue (Part VIII, line 2g)		38,944.	64,187	
ڇ	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		63,918.	68,261	
, -	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	76,299	
Rev		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	$\frac{2,1}{}$	19,781.	879,501	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0 .	
Ś		enefits paid to ordok members (Raft IX, column (A), line 4)		0.	0.	
es	15 S	alaries, other compensation, employee-benefits (Part IX, column (A), lines 5-10)	9	60,331.	989,027	
Expenses	16a Pr	rofessione fundraisingifees (Part IX, column (A), line 11e)		0.	0	
Š	b To	otal fundralsing expenses (Part IX, column (D), line 25)			100 000	
ш	17 O	ther expenses (Part-IX, column (A), lines in 1a-11d, 11f-24f)		30,861.	492,080	
	18 To	otal expenses. Add lines its 17 (injust equal Part IX, column (A), line 25)		91,192.	1,481,107	
- (0	19 R	evenue less expenses. Subtract line 18 from line 12	7	28,589.	<601,606	
Net Assets or Fund Balances				f Current Year	End of Year	
sset	20 To	otal assets (Part X, line 16)		87,903.	2,530,874	
gg Ggg	21 To	otal liabilities (Part X, line 26)		56,589.	153,320	
캺	22 N	et assets or fund balances. Subtract line 21 from line 20	3,0	31,314.	2,377,554.	
		Signature Block				
		es of perjury, I declare that I have examined this return, including accompanying schedules and s		-	knowledge and belief, it is	
true,	correct,	and complete Declaration of preparer (other than officer) is based on all information of which pri	eparer has any l			
		Sometimes of others		04/05/ Date	2012	
Sign	I .	Sagnature of officer Amageda Boros Evacutive Director		Date		
Her	e Ì	Amagda Perez, Executive Director Type or print name and title				
	<u> </u>		Date	Check	PTIN	
D=1-		Print/Type preparer's name Prepared's signature	וליונו	,	기 「''' '	
Paid		Carmen Mosley	<u> </u>	self-employed		
		Harrington Group CPASA BLP	0	Firm's EIN		
use	Only F	Firm's address 234 East Colorado Blvd., Suite M15	U	D	261 402 600	
		Pasadena, CA 91101		Phone no (6	26) 403–6801	
		6 discuss this return with the preparer shown above? (see instructions)			Yes No	
0320	01 02-22-	11 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2010	

See Schedule O for Organization Mission Statement Continuation 8 6%

ra	Obselvi Ochselvi Ochs	ਿਦਾ
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: California Pural Logal Assistance Foundation's mission is to be	oln tho
	California Rural Legal Assistance Foundation's mission is to he rural poor improve their social and economic conditions in the	
		united
	States.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	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:) (Expenses \$ 326,677 • including grants of \$) (Revenue \$	64,187.)
	Field Services: The Project provides technical assistance and	education
	on housing policy to legal services attorneys, housing develop	
	others to ensure that they are aware of the most recent change	
	law, and to gather first-hand feedback on what works and what	
	in California's housing regulatory environment.	ID BIONOM
	in california B housing regulatory challonment.	
		
		
	275 550	
4b)
	California Rural Citizenship Campaign provides extensive commu	nity
	education and outreach, advocacy, training, legal and technical	.1
	assistance in marginalized communities throughout rural Califo	rnia.
4c	(Code:) (Expenses \$ 198,561 • including grants of \$) (Revenue \$)
	The Water Project ensures that the rural poor communities are	
	in the various local, regional, and statewide discussions that	
	their local watershed.	·
		
		· · · · · · · · · · · · · · · · · · ·
	<u> </u>	
		··
	Other pregram continent (Departue in Schedule C.)	
4d		
	(Expenses \$ 354,467 • including grants of \$) (Revenue \$) Total program service expenses ▶ 1,155,263 •	
40	rotai program service expenses ► 1/133/403 •	

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
_	during the tax year? If "Yes," complete Schedule C, Part II	_4_	^	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	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	444		X
_	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	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		 -
•	the organization's separate of consolidated invaricus statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	[
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	· · · ·		
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	<u>.</u>
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		1	,,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	 	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals]	l .
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16_		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	İ	x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	├	
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	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	 	- ^*
. 5	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	\vdash	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that			
_	operate one or more hospitals must attach audited financial statements (see instructions)	20ь	L	
			990 ((2010)

			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		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			Х
	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	24a		Х
_	Schedule K. If "No", go to line 25	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		ĺ
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
250	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	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			1
	Schedule L, Part I	25b		X
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		X
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		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	İ	ļ	١,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29	-	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
	Schedule N, Part II	32		
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		Х
24	Was the organization related to any tax-exempt or taxable entity?	"		
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
•	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		X
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		X
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	X	
		Form	990	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 12 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 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 Х (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 21 filed for the calendar year ending with or within the year covered by this return Х b If 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 e-file. (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible? ва b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 Х a 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? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х 7с to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 9a a Did the organization make any taxable distributions under section 4966? 9b **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 11a Gross income from members or shareholders **b** Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Х

Form 990 (2010)

Foundation, Inc.

94-2800442

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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 7 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X 7b **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Does the organization have local chapters, branches, or affiliates? 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 Х 11a 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this is done Х 13 Does the organization have a written whistleblower policy? 13 Х Does the organization have a written document retention and destruction policy? 14 14 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? Х 15a The organization's CEO, Executive Director, or top management official Х **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 16<u>a</u> X taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Daniel Gutierrez - (916)446-7904 2210 K Street, 2nd Floor, Sacramento, CA 95816

Foundation, Inc.

Form 990 (2010)

94-2800442

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

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any. 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.

Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average		Position (check all that app				L.A	Reportable	Reportable	Estimated	
	hours per week	-				app)(y) 	compensation from	compensation from related	amount of other	
	(describe	Individual trustee or director				_		tho	organizations	compensation	
	hours for	88	SE SE			Highest compensated employee		organization	(W-2/1099-MISC)	from the	
	related organizations	133	Institutional frustee		86	<u> </u>		(W-2/1099-MISC)		organization and related	
	in Schedule	iwdua	t t t	O#@cer	Кеу етріоуее	plest	ē			organizations	
	O)	르	먈	₽	5	불통	Ģ				
Silvia Garcia											
Board President	1.00	X	<u> </u>	X	ļ	ļ	_	0.	0.	0.	
Richard Pearl, Esq.	1 00			.,							
Board Vice-President	1.00	X	<u> </u>	X		 		0.	0.	0.	
Leticia Saucedo	1 00	v		v		ł	ł			_	
Board member	1.00	X	├	X		├—	\vdash	0.	0.	0.	
Manual Magana	1.00	x						0.	0.	0.	
Board member Rosario Vasquez	1.00	^		 -		┼─	-				
kosario vasquez Board member	1.00	X						0.	0.	0	
Rosa Armendariz	1.00	1		-		 					
Board member	1.00	X						0.	0.	0.	
Estela Lopez											
Board member	1.00	X	İ	1				0.	0.	0.	
Amagda Perez											
Executive Director	22.50		$oxed{oxed}$	X			ļ	55,011.	0.	4,800	
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(B) (C)							(D) (E)			(F)		
	(6					lv)	Reportable					
week (describe hours for	k libe of director at thousand in						from the organization (W-2/1099-MISC)	from related organization	s	comp fro orga and	other bensate om the anizati relate	tion e on ed
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I Section A		<u>l</u>			•		55,011.		0.		1,8	00.
i, Section A					•		55,011.		0.		1,8	
ot limited to th	nose	liste	ed at	oove	e) wh	no re	eceived more than \$100),000 in reportab	le		Voc	No
uch individual										3	103	х
0,000? If "Yes,	." сс	mpl	ete S	Sche	edule	∍ J f	or such individual			4		Х
						-				5		Х
mpensated in	dep	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of cor	npens	ation f	rom	
address							(B) Description of s	services	С			n
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-			_				d above) who received r					
	Average hours per week (describe hours for related organizations in Schedule O) I, Section A ot limited to the director or tructuch individual aum of reportation, on the control of the	Average hours per week (describe hours for related organizations in Schedule O) II, Section A attraction attraction of reportable county in director or trusted aum of reportable county in compensated independent of the section of	Average hours per week (describe hours for related organizations in Schedule O) I, Section A ot limited to those listed director or trustee, key with individual and of reportable compensation of accrue compensation of aplete Schedule J for significant of the second compensated independent of the second compensated compensated independent of the second compensated compensated independent of the second compensated co	Average hours per week (describe hours for related organizations in Schedule O) II, Section A Idirector or trustee, key emound of reportable compensation from a plete Schedule J for such implete S	Average hours per week (describe hours for related organizations in Schedule O) II, Section A Other limited to those listed above the director or trustee, key emploauch individual and of reportable compensation from any aplete Schedule J for such personnel personnel and the personnel personnel and the personnel p	Average hours per week (describe hours for related organizations in Schedule O) I, Section A Average hours per week (describe hours for related organizations in Schedule O) I, Section A Authority of the section o	Average hours per week (describe hours for related organizations in Schedule O) II, Section A II, Section A Indicator or trustee, key employee, or hours individual and of reportable compensation and of one of the compensation and of one of the compensation from any unrelating individual and of the compensation from any unrelating indivi	Average hours per week (describe hours for related organizations in Schedule O) I, Section A 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	•••••			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded from
					exempt function revenue	business revenue	tax under sections 512, 513, or 514
ats its	1 (a Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	- 1	b Membership dues 1b					
S, C		c Fundraising events 1c					
a a		d Related organizations 1d					
S.E		e Government grants (contributions) 1e 668,	364.				
t S	1	f All other contributions, gifts, grants, and					
혈취		similar amounts not included above 1f 2,	390.				
E B	•	9 Noncash contributions included in lines 1a-1f \$					
ပြုံ		h Total. Add lines 1a-1f	•	670,754.			
1		Busines	s Code				
8	2 6	a Attorney fees 541	100	64,187.	64,187.		
و کے	1	b					
Program Service Revenue		c				_	
é d	•	d					
<u>6</u>	•	e					
ا ت	1	f All other program service revenue					
		g Total. Add lines 2a-2f	•	64,187.			
ł	3	Investment income (including dividends, interest, and					
		other similar amounts)	>	68,261.			68,261.
ļ	4	Income from investment of tax-exempt bond proceeds					
ł	5	Royalties	<u> </u>				
- 1		(i) Real (ii) Per	rsonal				
l	6 :	a Gross Rents					
į	1	b Less: rental expenses					
į		c Rental income or (loss)					
	•	d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securities (ii) C	ther				
- 1		assets other than inventory					
	Į	b Less: cost or other basis					
		and sales expenses					
	•	c Gain or (loss)				İ	
- }		d Net gain or (loss)					
흵	8 :	a Gross income from fundraising events (not					
Other Reven		including \$ of					
8		contributions reported on line 1c). See					
e		Part IV, line 18					
8		b Less direct expenses b	•			•	
ļ		c Net income or (loss) from fundraising events					
	9	a Gross income from gaming activities. See					
		Part IV, line 19 a				:	
		b Less: direct expenses c Net income or (loss) from gaming activities	•			;	
		a Gross sales of inventory, less returns				***************************************	
	10						
		and allowances a b Less: cost of goods sold b	-				
		c Net income or (loss) from sales of inventory	•			:	
j	·	· · · · · · · · · · · · · · · · · · ·	s Code	·-			
	11 :	0.00		76,299.		:	76,299.
ļ		b					
		c					
ļ	·	d Ali other revenue					
		e Total. Add lines 11a-11d	→	76,299.			
ļ	12		•	879,501.	64,187.	0.	144,560.
03200	9 -10						Form 990 (2010)

Form 990 (2010) Foundation, I Part IX Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			· · · · · · · · · · · · · · · · · · ·	·····
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	60 006	45 000		
_	trustees, and key employees	60,336.	47,092.	6,033.	7,211.
6	Compensation not included above, to disqualified		Ì	}	
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	742 441	570 074	74 245	00 100
7	Other salaries and wages	742,441.	579,074.	74,245.	89,122.
8	Pension plan contributions (include section 401(k)		ļ		
_	and section 403(b) employer contributions)	125,710.	98,054.	12,571.	15 005
9	Other employee benefits	60,540.	47,221.	6,054.	15,085. 7,265.
10	Payroll taxes	00,340.	4/,221.	0,034.	7,203.
11	Fees for services (non-employees):		İ		
a	Management	8,852.	6,895.	885.	1 072
Þ	Legal	11,412.	8,890.	1,141.	1,072. 1,381.
4	Accounting	11/1120	0,030.	1/1410	1,301.
d	Lobbying Professional fundraising services See Part IV, line 17		·····	·····	
f	Investment management fees				
	Other	156,072.	121,757.	15,608.	18,707.
9 12	Advertising and promotion	100/0741		23/300	10/10/1
13	Office expenses	97,726.	76,225.	9,774.	11,727.
14	Information technology				
15	Royalties				
16	Occupancy	90,844.	70,859.	9,084.	10,901.
17	Travel	74,705.	58,270.	7,470.	8,965.
18	Payments of travel or entertainment expenses	•			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,120.	8,674.	1,112.	1,334.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,858.	4,569.	586.	703.
23	Insurance	13,432.	10,477.	1,343.	1,612.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Books and Publications	9,513.	7,420.	951.	1,142.
ь	Printing & Reproduction	8,873.	6,921.	887.	1,065.
c	Annual event expense	2,672.	2,084.	267.	321.
d	Miscellaneous	1,001.	781.	100.	120.
е					
f	All other expenses				
25_	Total functional expenses. Add lines 1 through 24f	1,481,107.	1,155,263.	148,111.	177,733.
26	Joint costs. Check here if following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	569,346.	1	366,047.
	2	Savings and temporary cash investments	34,681.	2	7,740.
	3	Pledges and grants receivable, net	669,470.	3	378,609.
İ	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
1		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
İ	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
155	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges	3,524.	9	8,339.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 255, 973.			
1	ь	Less: accumulated depreciation 10b 231,966.	13,321. 1,897,561.	10c	24,007. 1,746,132.
	11	Investments - publicly traded securities	1,897,561.	11	1,746,132.
l	12	Investments - other securities. See Part IV, line 11		12	
- 1	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,187,903.	16	2,530,874. 111,870.
	17	Accounts payable and accrued expenses	109,235.	17_	111,870.
l	18	Grants payable		18	
- 1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
χ,	21	Escrow or custodial account liability. Complete Part IV of Schedule D	47,354.	21	41,450.
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ap		highest compensated employees, and disqualified persons. Complete Part II			
<u>ב</u>		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	1.50 -000
	26	Total liabilities. Add lines 17 through 25	156,589.	26	153,320.
		Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.			1 252 505
anc.	27	Unrestricted net assets	1,444,506.	1 1	1,353,525. 924,029.
3ala	28	Temporarily restricted net assets	1,486,808.	28	924,029.
שַ פַּ	29	Permanently restricted net assets	100,000.	29	100,000.
Ē		Organizations that do not follow SFAS 117, check here			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund	 _	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	001011	32	0 077 554
Z	33	Total net assets or fund balances	3,031,314.		2,377,554.
	34	Total liabilities and net assets/fund balances	3,187,903.	34	2,530,874.

	California Rural Legal Assistance				
Form	990 (2010) Foundation, Inc.	94-280	0442	Paç	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
		1 . 1	070) E	۸1
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{01}{07}$.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,481		
3	Revenue less expenses. Subtract line 2 from line 1	3	<601		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,031		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			54.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,377	7,5	<u>54.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u></u>
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

X

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

California Rural Legal Assistance

Employer identification number 94-2800442

Part I	Resear	for Public Chari	ity Status (All organiz	ations are	et complet	e this port	\ Sec inct	nictions		2000112	
								delions.			—
ne orga	L	•	because it is: (For lines 1	-		•	•				
2	1		s, or association of churc		ibed in Se	Clion 170	(0)(1)(24)(1).	•			
3 🗔	1		0(b)(1)(A)(ii) . (Attach Scl		n section	170/h\/1\/	V/tiii)				
4			tal service organization of operated in conjunction to					(b)(1)/ Δ \/ii	i). Enter th	ne hospital's name	
→	city, and state	•	operated in conjunction (₩1111 a 1105	J.101 05301	III 3C		(~/\·/\\\\)	y. Linter ti	io nospital s name,	
5			benefit of a college or un	iversity ov	vned or on	erated by	a governn	nental uni	describe		—
J	_	(b)(1)(A)(iv). (Comple	_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	cratou by	- govonii	.,ondian	. 30001106	₩ III	
6 🗀			ent or governmental unit	described	l in sectio	n 170(h)(1	\/ \ \(\)				
7 X			ent of governmental and eives a substantial part o					r from the	general o	ublic described in	
•	=	b)(1)(A)(vi). (Comple		or no oupp	011 11 0111 u	9010111110	ina om o		gonorai p	00110 000011000 111	
8 🗀	•		ection 170(b)(1)(A)(vi). (Complete	Part II.)			•			
9			eives: (1) more than 33 1			om contri	outions, m	embershi	o fees, an	d aross receipts fro	m
•			nctions - subject to certa								
			axable income (less sect								
		509(a)(2). (Complete			.,			,			
10			perated exclusively to tes	st for publi	c safety. S	ee sectio	n 509(a)(4	l).			
11			perated exclusively for th						y out the p	ourposes of one or	
			ations described in section								
			organization and comple								
	a Type I		T	: 🔲 Турс			egrated		d 🗔	Type III - Other	
e [it the organization is not	controlled	directly or	r indirectly	by one or	more disc	qualified p	ersons other than	
			han one or more publicly								
f			ten determination from t								
		rganization, check th									
9			organization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?		
			irectly controls, either al							Yes I	No
	the gov	erning body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)	
	(iii) A 35% (controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızatıoni	(s).						
			T-1	, -				1			
(i) Nam	e of supported	(ii) EIN	(iii) Type of		rganization			(vi) is organizati		(vii) Amount of	
or	ganization		organization (described on lines 1-9	governing (sted in your		support?	(i) organiz U S	ed in the	support	
			above or IRC section		·		· · · · · ·				
			(see instructions))	Yes	No_	Yes	No	Yes	No		
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Total											

Schedule A (Form 990 or 990 EZ) 2010 Foundation, Inc.

94-2800442 Page 2

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1916919. 670,754. 6927297. 1005999. 1249011. 2084614. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1005999. 1249011. 1916919. 670,754. 6927297. 2084614. 4 Total. Add lines 1 through 3 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) 6927297. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2010 (f) Total Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008(d) 2009 670,754. 6927297. 1005999 1249011 1916919. 2084614. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 369,124. 63,918. 68,261. 56,278. 86,732. 93,935. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 76,299. 76,299. assets (Explain in Part IV.) 7372720. 11 Total support. Add lines 7 through 10 411,712. 12 12 Gross receipts from related activities, etc. (see instructions) 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 93.96 14 % 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 91.81 15 % 15 Public support percentage from 2009 Schedule A, Part II, line 14 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. 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 17a 10% -facts-and-circumstances test - 2010. 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 b 10% -facts-and-circumstances test - 2009. 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

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

Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	low, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(6) 2007	(6) 2000	14) 2003	(6) 2010	(i) Total
	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 organ- ization'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			<u> </u>			
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
<u>Se</u>	ction B. Total Support		_ _		, – – –	,	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10a	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
13	or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	·			 	<u> </u>	
	First five years. If the Form 990 is for	the organization's	s first, second. thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						<u> </u>
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2010 (li	ne 8, column (f) d	ivided by line 13,	column (f))		15	%
16						16	
<u>Se</u>	ction D. Computation of Inves						
17	, ,	•	•	ne 13, column (f))		17	%
18	•			aa kaa 4446	. 4E	22.1/20/ and line 1	<u>%</u>
19:	a 33 1/3% support tests - 2010. If the	-					r is not
ı	more than 33 1/3%, check this box ar b 33 1/3% support tests - 2009. If the						and -
•	line 18 is not more than 33 1/3%, che	•					_
20	Private foundation. If the organization						<u>▶</u> □

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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 V, 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), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organization	ions: Complete Part III.			
Nan	me of organization Califor	nia Rural Legal <i>I</i>	Assistance	Em	ployer identification number
	Foundat	ion, Inc.			94-2800442
Pa	art I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politica	ıl campaıgn activities i	n Part IV. ▶	\$
Pa	ert I-B Complete if the org	anization is exempt unde	er section 501(c)	(3).	
	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax	·		_	\$
	If the organization incurred a section	• •			Yes No
4a	Was a correction made?				Yes No
Ł	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt unde	er section 501(c),	except section 501	I(c)(3).
3	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and enmade payments. For each organization tributions received that were propolitical action committee (PAC). If	zation's funds contributed to oth Add lines 1 and 2. Enter here ar 1120-POL for this year? Inployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	er organizations for so nd on Form 1120-POL I) of all section 527 po from the filing organiz separate political org	political organizations to what to the control of t	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0	contributions received and
				 	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

	dule C (Form 990 or 990-EZ) 2010				94-2	2800442 Page 2
Pai	t II-A Complete if the org	anization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768	
	(election under sec	tion 501(h)).				
A CI	neck 🕨 🔙 if the filing organiza	tion belongs to an aff	iliated group.			
B CI	neck 🕨 🔛 if the filing organiza	tion checked box A a	nd "limited control" pro	ovisions apply.		
		s on Lobbying Expe litures" means amou	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)			
þ	Total lobbying expenditures to influ	ience a legislative bo	dy (direct lobbying)			
c	Total lobbying expenditures (add li	nes 1a and 1b)				
	Other exempt purpose expenditure					
	Total exempt purpose expenditure					<u> </u>
f	Lobbying nontaxable amount. Ente					
	If the amount on line 1e, column (a) o	- 	bying nontaxable am			
	Not over \$500,000		the amount on line 1e			
	Over \$500,000 but not over \$1,000		00 plus 15% of the exc			
	Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
	Over \$1,500,000 but not over \$17,		00 plus 5% of the exce	ess over \$1,500,000		
l	Over \$17,000,000	\$1,000,	000.			
	Gregorosta postavable amount (on	tor 25% of line 16				<u> </u>
_	Grassroots nontaxable amount (en Subtract line 1g from line 1a. If zero	•				
;	Subtract line 1g from line 1c. If zero	•				
i	If there is an amount other than zer		line 1), did the organiz	ا ation file Form 4720		
•	reporting section 4911 tax for this		into 11, ala tito organiz	4.1011 1110 1 01111 17 20		Yes No
			eraging Period Under	Section 501(h)		
		ations that made a s	ection 501(h) election	n do not have to comp es 2a through 2f on pa		
		Lobbying Expe	nditures During 4-Ye	ar Averaging Period		,
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
	Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column(e))				<u> </u>	
<u> </u>	Total lobbying expenditures					
	Grassroots nontaxable amount	······································			***************************************	
е	Grassroots ceiling amount (150% of line 2d, column (e))				· · · · · · · · · · · · · · · · · · ·	
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

. California Rural Legal Assistance Schedule C (Form 990 or 990-EZ) 2010 Foundation, Inc.

94-2800442 Page 3

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	Amo	unt
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:				
а			X		
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
С	Media advertisements?		X		
d	· · · · · · · · · · · · · · · · · · ·		X		
e			X		
Ť			X	20	700
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	x		783.
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i			^	20	783.
_	Total. Add lines 1c through 1i		Х	36	, , 03.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Λ		
	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 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
<u> </u>	501(c)(6).	J., J., (J,	(0), 0. 00		
				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		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "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 expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
_	Current year		_2a		
b			2b		
C			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-		3		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II·B.	line 1i, Also	. complete	this part
	ny additional information			,,	,
			-		

SCHEDULE D

(Fòrm 990)

Department of the Treasury Internal Revenue Service

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.

2010
Open to Public Inspection

Name of the organization

California Rural Legal Assistance Foundation, Inc.

Employer identification number 94-2800442

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	runds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	d only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Par		ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the org	ganization during the tax
_	year▶		-
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	g the year >
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
a	Revenues included in Form 990, Part VIII, line 1		> \$
ь	Assets included in Form 990, Part X		► \$ ► \$

California Rural Legal Assistance Schedule D (Form 990) 2010 Foundation, Inc. 94-2800442 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs Scholarly research h Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes X No on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 47,354. c Beginning balance 1c Additions during the year d 1d Distributions during the year 1e Ending balance 47,354 1f Did the organization include an amount on Form 990, Part X, line 21? Yes b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Beginning of year balance 100,000 100,000 102,366 Contributions 56,284 Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs 58,650 Administrative expenses f g End of year balance 100,000. 100,000 100,000 Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment Permanent endowment ► 100.00 Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No Х (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3ь Describe in Part XIV the intended uses of the organization's endowment funds.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		255,973.	231,966.	24,007
e Other				
Total. Add lines 1a through 1e. (Column (d) mus	t equal Form 990. Part X. colur	nn (B), line 10(c))	•	24,007

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. S	ee Form 990, Part X, Iir	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year man	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)			· -	
(B)	<u> </u>			
(C)				
(D)			· 	
<u>(E)</u>			·····	
(F)	·	 		
(G) (H)	 	- 		
(1)		- 		_ · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related.	See Form 990, Part X. II	ne 13		<u></u>
(a) Description of investment type	(b) Book value		(c) Method of valua	
				
(2)				
(3)				
(4)				
(5)				
(6)				
				-
(8)	 			
(9)				
(10)			·····	······································
Total. (Col (b) must equal Form 990, Part X, col (8) line 13) ► Part IX Other Assets. See Form 990, Part X, line	0.15			
) Description			(b) Book value
(1)	, <u> </u>			(2) 2001. (4.00
(2)	 			
(3)				
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin				
Part X Other Liabilities. See Form 990, Part X	, line 25.	(1) A		· · · · · · · · · · · · · · · · · · ·
1. (a) Description of liability		(b) Amount	_	
(1) Federal income taxes				
(2)			-	
(3)			-	
(4) (5)			-	
(6)		- -	-	
(7)			-	
(8)			-	
(9)				
(10)				
(11)			7	
Total. (Column (b) must equal Form 990, Part X, col (B) lim Fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote The fine Asc 740 Footnote in Part XIV, provide the text of the footnote	e 25)			
FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote	to the organization's financial s	tatements that reports the org	anization's liability for uncertain	n tax positions under

Schedule D (Form 990) 2010 Foundation, Inc. 94-2800442 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 879,501. Total revenue (Form 990, Part VIII, column (A), line 12) 1,481,107. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 <601,606.> 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 <52,154.> 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 6 Investment expenses 7 Prior period adjustments 7 8 Other (Describe in Part XIV.) 8 9 9 <52,154.> Total adjustments (net). Add lines 4 through 8 <653,760.> 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 921,267. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 <52,154 Net unrealized gains on investments 2a 93,920. 2b b Donated services and use of facilities 2c c Recoveries of prior year grants d Other (Describe in Part XIV.) 2d 41,766. 2e e Add lines 2a through 2d 879,501. 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV.) 4b c Add lines 4a and 4b 4c 879,501. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1,575,027. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 93,920. 2a Donated services and use of facilities 2b **b** Prior year adjustments 2c c Other losses 2d d Other (Describe in Part XIV.) 93,920. 2e e Add lines 2a through 2d 1,481,107. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c 481 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information Part IV, line 2b: The Foundation provides free legal representation to California's poor. In the scope of its mission, the organization collects and temporarily holds legal awards for litigants which are then disbursed accordingly. Part V, line 4: The general purpose of the Endowment Fund is to provide a reserve, the interest and dividends from which may be expended to support the mission of the Foundation.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

California Rural Legal Assistance Foundation, Inc.

Employer identification number 94-2800442

Form 990, Part I, Line 1, Description of Organization Mission:
their social and economic conditions in the United States.
Form 990, Part III, Line 4d, Other Program Services:
Field Services Project - Legal, administrative public policy and
legislative advocacy on behalf of rural clients in the areas of
Education, Labor/Employment, Rural Housing, Pesticides, Worker Safety,
and Agricultural Workers Health. Expenses \$ 354,467. including grants of \$ 0. Revenue \$ 0.
Form 990, Part VI, Section B, line 11: CRLAF's Executive Director, staff
accountant, consultant accountant along with the financial committee review
the first draft of the 990 and make changes if necessary. Changes are then
made and the final is then printed.
Form 990, Part VI, Section B, Line 12c: All employees are asked to notify
management of any potential conflict. The policy is described in the
personnel manual.
Form 990, Part VI, Section B, Line 15: The CRLAF Board of Directors
request salary information from comparable organizations and uses the
acquired data to determine the Executive Director's salary.
The CRLAF Board of Directors request salary range information for
management personnel from comparable organizations and uses the acquired
data to determine the management and staff salaries.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization California Rural Legal Assistance	Employer identification number
Foundation, Inc.	94-2800442
Form 990, Part VI, Section C, Line 19: Governing document	s, conflict of
interest relies and financial statements are socilable and	on manuage Mba
interest policy and financial statements are available up	on request. The
Form 990 is also available on Guidestar.org.	
Form 000 Part VI line E Changes in Not Assets.	
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized losses on investments:	-52,154.
	<u>-</u>

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 $\triangleright X$

Form 8868 (Rev. 1-2011)

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	ert I and check this box			ightharpoonup X	
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).			
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led For	m 8868.		
Electroni	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time to	o file (6	months for a c	orporation	
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request a	ın extension	
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for Trans	sfers A	Associated With	Certain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on the	ne elec	tronic filing of th	nis form,	
visit www	irs.gov/efile and click on e-file for Charities & Nonprofits) .					
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed).				
A corpora	ition required to file Form 990-T and requesting an autor			plete			
Part I only	,					▶ □	
	corporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time		
Type or	Name of exempt organization			Empl	over identifica	cation number	
print	California Rural Legal Ass:	istand	ce	'			
•	Foundation, Inc.			94-2800442		2	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.				
filing your	2210 K Street, 2nd Floor						
retum See instructions	City, town or post office, state, and ZIP code. For a for Sacramento, CA 95816	oreign add	lress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
			T				
Applicati	on	Return	Application			Return	
<u>ls For</u>		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990	·8L	02	Form 1041-A			08	
Form 990	·EZ	01	Form 4720			09	
Form 990	·PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above)	06	Form 8870			12	
	Daniel Gutierro		_	_			
	poks are in the care of \triangleright 2210 K Street,	2nd			95816		
Teleph	one No. ► (916)446-7904		FAX No > (916)446-305	7			
If the c	organization does not have an office or place of busines	s in the Ur	nited States, check this box			▶ ∟_	
If this	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	ıs ıs fo	r the whole grou	p, check this	
box ▶	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs of all	memb	ers the extension	on is for.	
1 I re	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time uni	til			
	4 - 4444		ition return for the organization named a		The extension		
ıs fo	or the organization's return for:						
▶[calendar year or						
▶[, an	nd ending SEP 30, 2011		<u> </u>		
2 If tr							
3a If th	ns application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	enter the tentative tax, less any	Γ			
	refundable credits. See instructions.	J. 0000, 6	und tomative tang toda arry	3a	S	0.	
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any			- -		
	insapplication is for Form 990FF, 990FF, 4720, or 6009, imated tax payments made. Include any prior year overj			3ь	\$	0.	
	imated tax payments made. Include any prior year over lance due. Subtract line 3b from line 3a. Include your pa			1 50	—		
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
	If you are going to make an electronic fund withdrawal						
Judition.	in 100 are going to make an electronic fund withdrawar	WILL UITS F	onn Jogo, Joe i Olli O-Jos EO alia Folli		LO TOT DAYTHELL		

LHA For Paperwork Reduction Act Notice, see Instructions.