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Form 990

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)

OMB No 1545-0047 2009

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

-	For t	he 2009 calend	dar year,	or tax year b	eginning Jul :	l ,	2009, a	and ending	Jun	. 30		, 2010
В	Check	if applicable		C Name of or	ganization			·	<u> </u>	D Employ	er Iden	tification Number
	Па	ddress change	Please use IRS label	Californi	a Court Appoi	nted Special A	dvoca	te Associ	lation	68-	-016	53010
	H	ame change	or print or type	Number and	d street (or PO box if r	nail is not delivered to s	treet add	dr) Room/suit	e	E Telepho	ne nun	nber
	Ħ	utual return	See specific	660 - 13	3th Street			300		(510)) e	563-8440
	Ħ	ermination	Instruc- tions.	City, town o			State	ZIP code + 4		1 (3.2)	-,	
	Ħ	mended return	dons.	Oakland	•		CA	94612		G Gross re	eceinte	\$ 662,109.
	Ħ		F Name :	and address of pri	uncipal officer		<u> </u>		(a) Is this	a group return	_	
	□^	pplication pending		•	•	D=10 71+0	C A	I .		l affiliates incl		Yes No
	т	c-exempt statu			El Centro Street) (insert no.)	4947(a)(1)		527	If 'No,	' attach a list	(see ır	structions)
<u> </u>				(c) (3) (insert no.)	4947(a)(1)	OI I	-				_
<u></u>		bsite: ► N/					Ti v			exemption nu		
K	rt i	n of organization	X Corpora	ation Trust	Association	Other >	L Ye	ear of Formation	n 190	/	tate of	legal domicile CA
Pa		Summa			alacian as mast su						1. #	
	1											the best interest of ves of thousands of
ဥ												provides wide-ranging
Activities & Governance												t, they make CASA work.
Ver	2				zation discontinue							-
G	3			_	overning body (Pa		uispo.	364 01 111016	illan Z	270 07 113 2		12
જ	4		•	•	bers of the govern	•	, line 1	1b)			4	12
iție	5	Total number			·			,			5	4
ctiv	6	Total number	of volunt	eers (estimat	e if necessary)						6	25
Ă	7a	Total gross u	nrelated b	ousiness reve	nue from Part VIII	i, Icolumn (C), ine	12				7a	
	b	Net unrelated	business	taxable inco	me from Form 99	0-T, line 34					_7b	
									F	Prior Year		Current Year
ø)	8	Contributions	and gran	ts (Part VIII,	line 1h)					661,6	60.	661,382.
Revenue	9	Program serv	reven	ue (Part VIII,	line 2g)							
eve	10	Investment in	ncome (Pa	art VIII, colum	nn (A), lines 3, 4,	and 7d)				2,5	01.	727.
α	11), lines 5, 6d, 8c,							
	12				n 11 (must equal F		A), line	e 12)		664,1	61.	662,109.
	13	Grants and si	ımılar amı	ounts paid (P	'art IX, column (A)	, lines 1-3)						
	14	Benefits paid	to or for	members (Pa	art IX, column (A),	line 4) .						
8	15	Salaries, other	er comper	nsation, empl	oyee benefits (Pa	rt IX, column (A),	lines 5	5-10)		368,8	20.	382,802.
nse	16 a	Professional	fundraisin	ig fees (Part	IX, column (A), lır	ne 11e)						
Expenses	Ь	Total fundrais	sına expei	nses (Part IX	, column (D), line	25) ►		0.				
Ð), lines 11a-11d,					299,8	79.	178,982.
	18				ust equal Park X		251			668,6		561,784.
	19				ne 18 from line 12			•		-4,5		100,325.
- k &		TREVENIA 1033	CAPCIISO	o cubiract iii	1 2-1				Dom:			
Not Assets or Fund Balances	20	Total assets (/Dort V II	no 16)	YAM PA	1 7 2011	∥۲		Беді	$\frac{\text{nning of Y}}{443,1}$		End of Year 405, 822.
Ass	21	Total liabilitie	-		i i		2	•		374,2		236,660.
N.S.			•	•	2.00		≐ '	•				
	rt II	Net assets or	ure Blo		ict line 21 from the	0 ZUN, U)	_			68,8	3/.	169,162.
Га	<u> </u>							 				
		Under behaltie true, correcti a	of perjury, nd complete	I declare that I had Declaration of p	ave examined this returi reparer (other than offic	n, including accompany er) is based on all infor	ng sched mation o	dules and stater of which prepare	nents, and er has any	d to the best o knowledge	f my kr /	nowledge and belief, it is
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		Type or pr	rint name and	d title	COL, F	Xecuti	16	Dive	CTO	<u>/</u>		
		туро ог р.	THE FIGURE				In	 ate			TP	renarer's identifying number
Pai	id	1					۳	J.C	S	heck if elf		reparer's identifying number see instructions)
Pre		Preparer's		A dry	l. I			Tola	e	mployed P	\sqcup ,	1538907
	 rer's	signature	<u>- </u>		74.			10/11				01770101
Us		Firm's name (or yours if self-		J. Ricci	· · · · · · · · · · · · · · · · · · ·							
On		employed), address, and		0 Fourth	Street, Su	ite 400			E	IN ►		
		ZIP + 4		Rafael			4901	<u>L</u>	P	hone no		
					arer shown above	_,				<u> </u>		X Yes No
BA	A Fo	r Privacy Act a	and Paper	work Reduct	tion Act Notice, se	e the separate in	struction	ons.		TEEA0101	07/20	0/09 Form 990 (2009)

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? 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 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C. Part II 4 Х 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 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, 6 Х Part I 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 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 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or 11 Х X as applicable 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 167 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Х 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 Х 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 Х 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 Х 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 Х 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 Х 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H Х

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| Checklist of Required Schedules (continued) Yes No 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 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 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 X 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, and 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 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 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 Х 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 X 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 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L. Part IV c 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 X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Part V, line 2 35 Х 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 Х 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 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 Note. All Form 990 filers are required to complete Schedule O 38 Х

BAA

Form 990 (2009)

Page 5

Form 990 (2009) California Court Appointed Special Advocate Association 68-016301	.0	F	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 2			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	x	
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			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	ļ
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3ь		
4a 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		х
b 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			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c 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		
6a 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		x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7a		x
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
Form 8282?	7с		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_		
	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 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		x
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		х
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		х
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 . 10a			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		i	
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders		Ì	
b Gross income from other sources (Do not net amounts due or paid to other sources against			
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		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	120		<u></u>

Section A. Governing Body and Management

Yes No

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.

1 a	Enter the number of voting members of the governing body	1a 12			
b	Enter the number of voting members that are independent	1ь 12]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationer, director, trustee or key employee?	ationship with any other	2		х
3	Did the organization delegate control over management duties customarily performed by or ur of officers, directors or trustees, or key employees to a management company or other person	nder the direct supervision	3		х
4			4		Х
	since the prior Form 990 was filed? .				
5	Did the organization become aware during the year of a material diversion of the organization	's assets?	5		Х
6	Does the organization have members or stockholders?		6	Х	
7 a	Does the organization have members, stockholders, or other persons who may elect one or m governing body?	ore members of the	7a	х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other	er persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions under the following.	taken during the year by			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		86	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	9		х
	tion B. Policies (This Section B requests information about policies not r	required by the Interna	1		
Reve	nue Code.)			·	
10	Describe to the first transfer of the first			Yes	No
	Does the organization have local chapters, branches, or affiliates?		10a		Х
	olf 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	•	10Ь	_	
	Has the organization provided a copy of this Form 990 to all members of its governing body by	efore filing the form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13 ,		12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?		12b	х	
	Does the organization regularly and consistently monitor and enforce compliance with the poli Schedule O how this is done .	cy? If 'Yes,' describe in	12c	х	
	Does the organization have a written whistleblower policy?		13	Х	
	Does the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion?			
	The organization's CEO, Executive Director, or top management official	• •	15a	<u> </u>	
b	Other officers of key employees of the organization	•	15b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			ŀ	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	•	16a		х
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to in joint venture arrangements under applicable federal tax law, and taken steps to safeguard to status with respect to such arrangements?	o evaluate its participation he organization's exempt	16b		
	tion C. Disclosures				
17	List the states with which a copy of this Form 990 is required to be filed <u>California</u>				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request	d 990-T (501(c)(3)s only) av	aılable	for pu	ıblıc
10		amba aandiskat t			
	Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public.	•	•		cıal
	State the name, physical address, and telephone number of the person who possesses the bo	-			4.4.0
•	California CASA 660 - 13th Street, Suite 300, Oakland CA	<u>4 94612-1241 (5</u>	<u>10)</u> 6	<u>53−8</u>	440

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 organizations'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 employees.'
- 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 the organization did no		sate a	ny c			fficer,	dıre	-		
(A)	(B) Average	Poss			c)	that appl		(D)	(E)	(F)
Name and Title	hours per week	or director	anstitutional forstee	_	dey employee	Hig) est compensated employee	Former	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Robin Allen										
Executive Director	40.00	Х				Х		107,568.	_0.	0.
Philip Ladew	_									
Associate Legal Director	50.00	Х				Х	_	100,008.	0.	0.
Pat Bresee		}								
Vice President	2.00			Х				0.	0.	0.
Lynda Perring										
Secretary	2.00			х				0.	0.	0.
Kevin Gardner				!						
President	2.00		L	Х				0.	0.	0.
Cindy Nasser	_			}						
Treasurer	2.00		L.	Х	_			0.	0.	0.
Riccardo Benavides	_					ŀ			·	
Board Member	2.00		x					0.	0.	0.
Alison Carlson]									
Board Member	2.00		Х					0.	0.	0.
Patricia Clark-Ellis								_		_
Board Member	2.00		Х	ļ				0.	0.	<u> </u>
Susan Dorsey	_							_	_	
Board Member	2.00		Х					0.	0.	0.
Siobhan Greene	4							_		_
Board Member	2.00		Х					0.	0.	0.
J. Michael Hughes	4		l							_
Board Member	2.00		Х		<u> </u>			0.	0.	0.
Don Kleinfelder			١							
Board Member	2.00		Х				-	0.		0.
Johnny Madrid	٠		<u></u>							•
Board Member	2.00		Х		_			0.	0.	0.
Kerry Mazzoni	٠, ١,		١,,						_	•
Board Member	2.00		Х	\vdash				0.	0.	0.
Tish Reyes	- , ,,		.,					_	_	•
Board Member	2.00		Х		-		\vdash	0.	0.	0.
Pat Reynolds-Harris	- , ,,		,,					_	_	^
Board Member	2.00		Х		l	l		0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensation from Compensation from Compensation from Part VII Part VI	Form' 99	90 (2009) California Court Appointed Specia	1 Advo	cate	As	soc	iat	ion			68-01630		Page 8
Name and Tile Average Politic (ficely all Pal 2004) Politic Politic all Pal 2004) Politic Politic all Pal 2004 Politic	Part \	/II Section A. Officers, Directors, Trust	tees, K	(ey	En	ıplo	oye	es,	and	d Highest Con	pensated Emp	loyees (cont.)
Jennifer Rodriquez Board Member 2.00 X 0.00 0.00 1b Total 1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule I for such individuals compensation and other compensation from the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule I for such individuals compensation from the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule I for such individuals compensation from the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule I for such individuals compensation from the organization ist any former officer, director or trustee, key employee, or highest compensation from the organization and related organizations greater them \$100,000 in reportable compensation and other compensation from the organization of the such person Section B. Independent Contractors 1 Complete this table for your twe highest compensated independent contractors that received more than \$100,000 of compensation from the organization of the such person		(A)	1 ' '							(D)	(E)	(F)
Jennifer_Rodriquez Board Member 2.00 X 0. 0. 0. 1b Total 1b Total 207,576. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization of reportable compensation and other compensation from the organization of reportable compensation from any unrelated organization of reservices rendered to the organization? If Yes, complete Schedule J for such person Section B. Independent Contractors 1 Complete this table to roy your live highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)		Name and Title								compensation from the organization	compensation from related organizations	amount of compend from organization	of other sation the ration elated
1b Total 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation the organization 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation the organization 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation the organization and is a state of the property of the pro		fer Rodriquez			n.			ated		0	0		0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation the organization ≥ 2 Yes	Boato	I WEWDET	2.00		^		_			0.	0.		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation the organization ≥ 2 Yes													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation the organization ≥ 2 Yes													
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation the organization ≥ 2 Yes	-			_								_	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation the organization ≥ 2 Yes													
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation the organization ≥ 2 Yes							-				i		
from the organization 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)													0.
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B)			I to thos	e lis	ted	abo	ve)	who	rec	eived more than \$	3100,000 in reportat	ole comper	rsation
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B)		on the organization - 2										Y	es No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)	3 Die	d the organization list any former officer, director of line 1a? If 'Yes,' complete Schedule J for such in	or truste dividual	ee, k	еу е	empl	loye	e, o	r hig	phest compensate	d employee		х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A)	4 Fo	r any individual listed on line 1a, is the sum of repe organization and related organizations greater the dividual	oortable an \$150	con 0,00	nper 02 /:	isatı f 'Ye	on a	and comp	othe <i>lete</i>	r compensation fr Schedule J for su	om uch	4	x
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)	5 Die	d any person listed on line 1a receive or accrue condered to the organization? If 'Yes,' complete Sch	ompensa edule J	ation for s	n fro such	m a	ny u rson	ınrel	lated	d organization for	services	5	x
compensation from the organization (A) (B) (C)	Section	B. Independent Contractors											
(A) · (B) (C)	1 Co	implete this table for your five highest compensate mpensation from the organization	ed indep	end	ent	cont	rac	ors	that	received more that	an \$100,000 of		
	_	(A)	s							(B) Description o	f Services	(C) Compensa	ation
									-				
									-				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0				imite	ed to	o the	ose	liste	d at	pove) who receive	d more than		

Par	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1a Federated campaigns . 1a	<u> </u>			
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
윤희	c Fundraising events 1c				
FT S	d Related organizations 1d				,
آ≦ٍ.	e Government grants (contributions) 1e 641,013.				
Sis					
들빌	f All other contributions, gifts, grants, and similar amounts not included above 1 f 20,369.		1		•
E 6	\				
S S	-	661 202			
<u>u</u>	h Total. Add lines 1a-1f Business Code	661,382.			
N					
2	2a				
Ä.	b	_		·	
ž	c				
SE	d			 	
ΑĀ	e				
g	f All other program service revenue				
PR.	g Total. Add lines 2a-2f ▶				
	3 Investment income (including dividends, interest and				
	other similar amounts)	727.	727.	0.	0.
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)		İ		
	d Net rental income or (loss)				
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	-				
	c Gain or (loss)				
	d Net gain or (loss)				
ш	8a Gross income from fundraising events				[
ᆲ	(not including \$		1		
Ě	of contributions reported on line 1c).				
8	See Part IV, line 18				
OTHER REVENUE	b Less: direct expenses b				
Ĭ	c Net income or (loss) from fundraising events				<u> </u>
	9a Gross income from gaming activities See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
				-	
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b	·			
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
l	11a				
i					
	d All other revenue				
		 		.	
	C Total. Add lines Tra-Tra				
	12 Total revenue. See instructions	662,109.	727.	0.	0.

Form 990 (2009) California Court Appointed Special Advocate Association

Part IX | Statement of Functional Expenses

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

	All other organizations must comp	olete column (A) but are	•		(D).
Do 6b,	not include amounts reported on lines 7b, 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	207,576.	207,576.	0.	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)				
7	Other salaries and wages	116,776.	68,123.	48,653.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	32,363.	27,509.	4,854.	0.
10	Payroll taxes	26,087.	22,174.	3,913.	0.
11	Fees for services (non-employees)		•		
í	a Management				
ı	Legal [
(Accounting				
(d Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
9	g Other				
12	Advertising and promotion				
13	Office expenses	79,127.	67,258.	11,869.	0.
14	Information technology				
15	Royalties				···
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	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)				
ā	Professional Fees	9,783.	8,316.	1,467.	0.
ŀ	Program Expense	84,820.	84,820.	0.	0.
	: Miscellaneous	5,252.	4,212.	1,040.	0.
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	561,784.	489,988.	71,796.	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				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing .		378,461.	1	380,764.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	·		3	
	4	Accounts receivable, net	. [55,851.	4	18,100.
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trustees, key employees, Il of Schedule L		5	
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Comp	olete Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net	[7	
ASSETS	8	Inventories for sale or use			8	
Ś	9	Prepaid expenses and deferred charges .	[3,358.	9	3,358.
	10 a	Land, buildings, and equipment cost or other basis.	10a 55,544.			-
		Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	10b 51,944.	5,443.	10 c	3,600.
	11	Investments – publicly-traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	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)	443,113.	16	405,822.
	17	Accounts payable and accrued expenses	,	22,878.	17	23,225.
	18	Grants payable .			18	
	19	Deferred revenue		351,398.	19	213,435.
L	20	Tax-exempt bond liabilities			20	
A B	21	Escrow or custodial account liability Complete Part I'	V of Schedule D		21	
ABILITIES	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	stees, key employees, sons. Complete Part II			
į		of Schedule L	. [22	
Š	23	Secured mortgages and notes payable to unrelated th	ırd parties .		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		374,276.	26	236,660.
N E T		Organizations that follow SFAS 117, check here ►	X and complete lines			
Ť		27 through 29 and lines 33 and 34.				
Ş	27	Unrestricted net assets		68,837.	27	169,162.
E T S	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets	[29	
R		Organizations that do not follow SFAS 117, check he	re ► and complete			
סבכיו	20	lines 30 through 34.				
	30	Capital stock or trust principal, or current funds.	 		30	
B	31	Paid-in or capital surplus, or land, building, and equip	 -		31	
Ã	32	Retained earnings, endowment, accumulated income,	or other funds		32	
4ZCHW	33	Total net assets or fund balances.		68,837.	33	169,162.
S	34	Total liabilities and net assets/fund balances.		443,113.	34	405,822.

BAA

405,822. Form **990** (2009)

Form 990 (2009) California Court Appointed Special Advocate Association 68-0163010								
Part XI Financial Statements and Reporting								
		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	Х						
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	ıt, 2c	х						
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both	а							
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 Single Audit Act and OMB Circular A-133?	3a		х					
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required at or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udit 3b							

BAA

Form 990 (2009)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

					al Advocate As						016301		
Par	t I Rea	ason for P	ublic Charity	Status	(All organizations	must o	comple	ete this	part.)) See i	nstruct	ions	
The c	organizati	on is not a pr	rivate foundation	ecause	it is: (For lines 1 throi	ugh 11, d	check or	nly one i	oox)				
1	A ch	urch, convent	tion of churches o	r associ	ation of churches desc	cribed in	section	170(b)(1)(A)(i).				
2	A sc	hool describe	d in section 170()(1)(A)(i	ii). (Attach Schedule E	Ξ.)							
3	A ho	spital or coop	perative hospital s	ervice o	rganization described	ın sectio	on 170(b)(1)(A)(i	ii).				
4	A me	edical researc	ch organization or	erated i	n conjunction with a h	ospital d	lescribe	d in sec	tion 170	(b)(1)(A)(iii). Ent	ter the hosp	ıtal's
		e, city, and st			·	•						•	
5	An o	rganization o b)(1)(A)(iv). (perated for the be (Complete Part II.	enefit of	a college or university	owned	or opera	ated by a	govern	nmental	unit des	cribed in sec	ction
6					ernmental unit descri								
7	in se	ction 170(b)((1)(A)(vi). (Compl	ete Part	•		_	vernmer	ntal unit	or from	the gene	eral public d	lescribed
8	⊢A∞	mmunity trus	t described in sec	tion 170	(b)(1)(A)(vi). (Complet	te Part II	l.)						
9	from	activities rela stment incom	ated to its exemp	function usiness	more than 33-1/3 % ons — subject to certain taxable income (less splete Part III.)	ı excepti	ons, and	d (2) no	more th	nan 33-1	/3 % of ı	its support f	rom aròss
10	∐ An o	rganızatıon o	rganized and ope	rated ex	clusively to test for pu	ıblıc safe	ty. See	section	509(a)(4).			
11	An o	rganization o publicly sup ribes the type	rganized and ope ported organizat e of supporting o	rated ex ons des ganızatı	clusively for the benef cribed in section 509(a on and complete lines	it of, to a a)(1) or s a 11e thr	perform section ! ough 11	the fund 509(a)(2 h	tions of See s	f, or car section !	y out the 509(a)(3)	e purposes of the check the	of one or box that
	a 🗌	Type I	b	pe II	c 🗌 Type II	I — Fund	ctionally	ıntegrat	ed		d 🗍	Type III- (Other
е	than	hecking this to foundation manals)	oox, I certify that in an agers and other	he orgai er than o	nization is not controll one or more publicly su	ed direc	tly or ind organiz	directly tations of	oy one o lescribe	or more d in sec	disqualifi tion 509(ied persons (a)(1) or sec	other tion
f	If the	, , ,	received a writte	n detern	nination from the IRS	that is a	Type I,	Type II	or Type	III supp	orting or	ganızatıon,	
g			2006, has the org	anızatıoı	n accepted any gift oi	r contrib	ution fro	m any c	of the fo	llowing i	persons?	,	••
_		-			. , , ,			•		3 .			Yes No
	(i)	a person wh	o directly or indir	ectly cor	itrols, either alone or t	together	with per	rsons de	scribed	ın (II) a	nd (III)		
	<i>~</i>	-			orted organization?							11 g (i)	
	(ii)	-	mber of a persor		• • • • • • • • • • • • • • • • • • • •	•						11 g (ii)	
	(iii)				escribed in (i) or (ii) at							11 g (iii)	
<u>h</u>				out the	supported organizatio	1		í		1			
	(i) Name Org	of Supported anization	(ii) EIN		(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	Is the tion in cold in your erning ment?	the organ	ou notify ization in (i) of ipport?	(vi) i organizat (i) organi: U S	on in col	(vii) Amount	of Support
						Yes	No	Yes	No	Yes	No		
			1										
											ľ		
						1							
											1		
						ļ							
									-				
					 -								
Total													
BAA	For Privac	y Act and Paper	work Reduction Act I	lotice, see	the Instructions for Form	990 or 990	D-EZ.			Schedule	A (Forn	n 990 or 990)-EZ) 2009

Sche	edule A (Form 990 or 990-EZ) 200	9 California	Court Appointed	Special Advocat	te Association	68-01630	10 Page 2
Pai	t II Support Schedule for	_		-	o)(1)(A)(iv) and	d 170(b)(1)(A)	(vi)
500	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Part	l.)			
	ndar year (or fiscal year						
begi	nning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	661,015.	604,454.	665,279.	664,161.	661,382.	3,256,291.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3	661,015.	604,454.	665,279.	664,161.	661,382.	3,256,291.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			1			3,256,291.
Sec	tion B. Total Support			· - ,			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	661,015.	604,454.	665,279.	664,161.	661,382.	3,256,291.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	2,358.	3,664.	3,177.	2,501.	727.	12,427.
9	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 assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						3,268,718.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	
13	First five years. If the Form 990 organization, check this box and		tion's first, second	f, third, fourth, or	fifth tax year as a	a section 501(c)(3	" ▶ □
	tion C. Computation of Pul						
	Public support percentage for 20	• '	• • • • • • • • • • • • • • • • • • • •	11, column (f)		. 14	99.62%
	Public support percentage from 2	•	•			15	99.61%
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a publ	not check the box licly supported org	on line 13, and the particular of the second contraction.	he line 14 is 33-1.	/3 % or more, che	eck this box
b	33-1/3 support test — 2008. If the and stop here. The organization	e organization did i qualifies as a publ	not check a box or licly supported org	n line 13, or 16a, a anization.	and line 15 is 33-	1/3% or more, ch	eck this box ►
17 a	10%-facts-and-circumstances te or more, and if the organization i the organization meets the 'facts	meets the 'facts-ar	nd-circumstances'	test, check this bo	ox and stop here.	Explain in Part I'	V how
b	10%-facts-and-circumstances te or more, and if the organization i organization meets the 'facts-and	meets the 'facts-ar	nd-circumstances'	test, check this bo	ox and stop here.	Explain in Part I'	15 is 10% ∨ 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

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.)

Sec	tion A. Public Support									
	ndar year (or fiscal yr 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 'unusual grants.')									
2	Gross receipts from									
2	admissions, merchandise sold or services performed, or facilities furnished in a 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									
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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.)									
Sec	tion B. Total Support									
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b									
11	Net income from unrelated business activities not included inline 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.)									
	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501	(c)(3)			
Sec	organization, check this box and tion C. Computation of Pul		ercentage			•				
	Public support percentage for 20			e 13 column (ft)		T	15	%		
	Public support percentage from 2	• •	•	5 15, column (i))		· · · · · -	16			
	tion D. Computation of Inv									
	Investment income percentage for				nn (f))		17	%		
	Investment income percentage fr	-	• •	=	577	i-	18	/ %		
19 a	9a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
t	33-1/3 support tests - 2008. If the is not more than 33-1/3%, check	ne organization die this box and stor	d not check a box	on line 14 or 19a	a, and line 16 is m	ore than 33-1	/3%, and I	ine 18 ► □		
	Private foundation. If the organiz							_ 		

Schedule A	(rorm 9	190 or 9	9U-EZ) Z	:00 9 C	allior	nia Coui	rt Appo	inted S	pecial	Advoca	te Assoc	lation	00-	110201	LU	Page 4
Part IV	Suppl Part II	ement , line	al Info 17a or	<mark>rmatio</mark> 17b; a	n. Com nd Par	plete t t III, lir	his pa ie 12.	rt to p Provic	rovide le any	the ex	planation addition	ons requal info	uired b mation	y Part I . See ii	II, line 1 nstructio	0; ons.
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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

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

Open to Public Inspection

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

• 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.

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 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

		r to Form 990, Part IV, line 5 (Proxy Tax), to real lil.	nen		
	of organization	Againzational Complete Late III		Employer identification	ation number
Cal	lifornia Court Appo	ointed Special Advocate Ass	ociation	68-01630	10
		rganization is exempt under secti		section 527 organia	zation.
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV.	
2	Political expenditures .			► \$	
3	Volunteer hours				1
Par	t I-B Complete if the or	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ \$	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶ \$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
Ŀ	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for sectio	n 527 exempt function	n activities > \$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sect	ion 527 exempt ►\$	
3	Total of exempt function exp line 17b	enditures. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL	, ►\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	made. For each organization contributions received that w	and employer identification number (EIN) in listed, enter the amount paid from the filingere promptly and directly delivered to a see (PAC). If additional space is needed, pro-	ig organization's fund: parate political organi	s. Also enter the amoun zation, such as a separ	nt 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-

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 200 Part II-A Complete if		Court Appointed Spe			
section 501	(h)).				
1-3-3-1		longs to an affiliated group.			
B Check ► If the fill	ng organization ch	ecked box A and 'limited co	ntrol' provisions apply	'.	
(The term	Limits on Lobby 'expenditures' me	ing Expenditures — ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence p	ublic opinion (grass roots lo	obbying)		
b Total lobbying expendition	ures to influence a	legislative body (direct lobl	bying)		
c Total lobbying expendition		and 1b) .	•		
d Other exempt purpose a	•				
e Total exempt purpose e	expenditures (add li	nes 1c and 1d)			
f Lobbying nontaxable an both columns	mount. Enter the ar	nount from the following tal	ble ın		
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is.		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the exces	s over \$500,000.		
Over \$1,000,000 but not over \$	<u></u>	\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable a	•	•			
h Subtract line 1g from lini Subtract line 1f from lin		•			
				<u> </u>	
if there is an amount of section 4911 tax for this	her than zero on e s vear?	ther line 1h or line 1i, did t	he organization file Fo	orm 4720 reporting	Yes No
		4-Year Averaging Period at made a section 501(h) e ns below. See the instruct	Under Section 501(h) lection do not have to	complete all of the five	
					-
	Lob	bying Expenditures During	3 4- Year Averaging Pe	rioa	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable 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					
BAA				Schadula C (Form	990 or 990-F71 2009

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)).

	(2	3)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	x		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .	Х		
c Media advertisements?		Х	
d Mailings to members, legislators, or the public?	Х		300.
e Publications, or published or broadcast statements?	Х		500.
f Grants to other organizations for lobbying purposes?		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		3,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	_
i Other activities? If 'Yes,' describe in Part IV .		Х	
j Total. Add lines 1c through 1i			4,300.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912] [
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection 501(c)(6).
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members? .			1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	3 is a		red 'Yes.'
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year		2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces	۹		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit	ical		
expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; an Also, complete this part for any additional information.			
Pt_II-B_Line_li_California_CASA_Association_may_inform_non-affilia	ted_		
CASA programs about pending legislation, may provi	<u>de</u>	-	-
input to legislators on ways to amend specific leg	islat	<u>ion</u>	-
to better serve the families and children served by	Υ		
CASA programs, may urge the passage or defeat of			

Schedule C (Form 990 or 990-EZ) 2009 California Court App	pointed Special Advocate Association	68-0163010	Page 4
Part IV Supplemental Information (continued))		
be_proposed. Lobby	ying is done on an as needed basi	s,	
and_is_monitored_t	to ensure California CASA maintai	ns	
our 501(c)(3) stat	tus		
		. 	
			
			-
			
			-

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

California Court Appointed Special Advocate Association 68-0163010 Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 1 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? 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat 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 Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2_b 2¢ c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 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 violations, and enforcement of the conservation easement it holds? 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)(ı) and 170(h)(4)(B)(ıı)? 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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, 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. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 Califo								e 2
Part III Organizations Mainta								—
3 Using the organization's acquisition items (check all that apply):	on accession	and oth					of its collection	
a Public exhibition			d Loan	or exc	change programs			
b Scholarly research			e 📙 Other					
c Preservation for future gener	ations							
4 Provide a description of the organ Part XIV			·	_	_		e iu	
5 During the year, did the organiza assets to be sold to raise funds r							Yes No	
Part IV Escrow and Custodia	l Arrangen	ents (Complete if o	rgan	ization answe	red 'Yes' to Form 9	30, Part IV, line	
9, or reported an amo	unt on Forr	n 990,	, Part X, line	21.				
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodiai	n, or oth	ner intermediary	for co	ontributions or oth	er assets not	Yes No	
b If 'Yes,' explain the arrangement	ın Part XIV a	nd com	plete the followi	ng tat	ole.			
							Amount	_
c Beginning balance						1c		_
d Additions during the year						_ 1 d		_
e Distributions during the year						1 e		
f Ending balance						1f		
2a Did the organization include an a	mount on For	m 990,	Part X, line 21?				Yes No	
b If 'Yes,' explain the arrangement	ın Part XIV.							
Part V Endowment Funds Co	mplete if oi	ganıza	ation answer	ed 'Y	es' to Form 99	90, Part IV, line 10.		
	(a) Current	уеаг	(b) Prior yea	r	(c) Two years bac	k (d) Three years back	(e) Four years back	
1 a Beginning of year balance						_		
b Contributions .					-,			
c Net Investment earnings, gains, and losses								
d Grants or scholarships								_
Other expenditures for facilities and programs					· · · ·			
f Administrative expenses								
g End of year balance .								_
2 Provide the estimated percentage	of the year e	end bala	nce held as:					_
a Board designated or quasi-endow	/ment ►		ક					
b Permanent endowment ►	8							
c Term endowment ►								
3a Are there endowment funds not a organization by:	n the possess	ion of t	he organization	that a	re held and admir	nistered for the	Yes No	_
(i) unrelated organizations							3a(i)	_
(ii) related organizations							3a(ii)	_
b If 'Yes' to 3a(II), are the related of	rganizations l	isted as	required on Sc	hedul	e R?		3b	_
4 Describe in Part XIV the intended	-		•			• •		
Part VI Investments-Land, B						line 10.		—
Description of investment			t or other basis		Cost or other	(c) Accumulated	(d) Book Value	_
			vestment)		pasis (other)	Depreciation	(2) 20011 70100	
1a Land								
b Buildings								_
c Leasehold improvements	[_
d Equipment					55,544.	51,944.	3,600).
e Other								_
Total. Add lines 1a through 1e (Columi	n (d) must equ	ual Forn	n 990, Part X, c	olumn	(B), line 10(c).)	•	3,600	<u>.</u> ر

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Schedule **D** (Form 990) 2009

Part VII Investments—Other Securities See (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives .		
Closely-held equity interests		
Other		
- 		
. 		
otal. (Column (b) must equal Form 990 Part X, col. (B) line 12.)		
Part VIII Investments-Program Related (Se	e Form 990, Part X, line 1	3)
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	 - - - - - - - - - -	
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		<u> </u>
		<u> </u>
retain (bottom (b) made equal remit boo, runt it, een (b) mis ie)	<u> </u>	
Part IX Other Assets (See Form 990, Part 2	X, line 15)	
(a)	Description	(b) Book value
•		
		
Total. (Column (b) must equal Form 990, Part X, col.(B)), line 15)	
Part X Other Liabilities (See Form 990, Pa	ırt X, lıne 25)	
(a) Description of Liability	(b) Amount	
ederal Income Taxes		
		
	1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►		

Schedule D (Form 990) 2009 California Court Appointed Special Advocate Association

68-0163010

Page 3

Schedule	D (Form 990) 2009 California Court Appointed Special Advocate Association	68-0163010	Page 4
Part XI			
1 Tot	al revenue (Form 990, Part VIII,column (A), line 12)		662,109.
2 Tot	al expenses (Form 990, Part IX, column (A), line 25)		561,784.
3 Exc	sess or (deficit) for the year Subtract line 2 from line 1		100,325.
4 Net	unrealized gains (losses) on investments		
5 Dor	nated services and use of facilities		
6 Inv	estment expenses		
7 Prid	or period adjustments		
	er (Describe in Part XIV)	·	
	al adjustments (net). Add lines 4 through 8		
	tess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	Datama	100,325.
	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	663 700
	al revenue, gains, and other support per audited financial statements		663,790.
	ounts included on line 1 but not on Form 990, Part VIII, line 12:		
	unrealized gains on investments 2a 2b 1,68	-	
		* 	
	(2000).20	2e	1,681.
	d lines 2a through 2d otract line 2e from line 1	3	662,109.
	ounts included on Form 990, Part VIII, line 12, but not on line 1:	-3	002,103.
	estments expenses not included on Form 990, Part VIII, line 7b		
	estiments expenses not included on Form 990, Fait Viii, line 70 4b	 	
	d lines 4a and 4b	4c	
	al revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	662,109.
	II Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	,
	al expenses and losses per audited financial statements	1	563,465.
	ounts included on line 1 but not on Form 990, Part IX, line 25:		
	nated services and use of facilities 2a 1,68	1.	
	or year adjustments 2b		
	per losses . 2c		
	ner (Describe in Part XIV)	_	
	d lines 2a through 2d	2e	1,681.
	otract line 2e from line 1	3	561,784.
4 Am	ounts included on Form 990, Part IX, line 25, but not on line 1:		
a Inv	estments expenses not included on Form 990, Part VIII, line 7b		
b Oth	er (Describe in Part XIV)		
c Add	l lines 4a and 4b	4c	
5 Tot	al expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	561,784.
Part X	V Supplemental Information		
Complete line 4; Pa informati	e this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I art X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this on.	V, lines 1b and 2b part to provide any	; Part V, additional
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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 California Court Appointed Special Advocate Association Part XIV Supplemental Information (continued)	68-0163010	Page 5
Part XIV Supplemental Information (continued)		
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TEEA3305 07/10/09

Schedule **D** (Form 990) 2009

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

<u>Californ</u>	<u>ia Court</u>	Appointed Special Advocate Association	68-0163010
Pt_VI-B,	Line 12c	Compliance with the policy is verbally discussed at Bo	ard of Directors meetings.
Pt_VI-B,	Line 11A	The governing body reviews and approves the retu	<u>irn.</u>
Pt_VI-A,	Line 7a	There have been no changes.	
Pt_VI-A,	Line 7b	There have been no changes.	
Pt_VI-A,	Line 6	There have been no changes.	
Pt_VI-B,	Line 15	The Executive Board Members determine the Executive	Director's compensation
		and performs a review. The Executive Director perform	ns a review and determines
		the Associate Director's compensation. All compe	ensation is approved
	- -	by the entire board upon the approval of the buo	lget
	· 		
			
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	· -		
	. – – – – –		
	- 		
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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

California's children by strengthening, sustaining, & growing California's CASA network. The organization provides w assistance to local CASA programs & advocate for progressive, child-centered policies state-wide. Simply put, they m

Form **8868**

(Rev. April 2008)

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

• if yo	ou are ot comp	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (lete Part II unless you have already been granted an automatic 3-month extension on a	(on page 2 previously fi	of this form	
Part	1	Automatic 3-Month Extension of Time. Only submit original (no copies nee	eded).		
	poratio only.	n required to file Form 990-T and requesting an automatic 6-month extension—check	k this box a	nd comple	te . ▶ □
		porations (including 1120-C filers), partnerships, REMICs, and trusts must use Formacome tax returns.	7004 to req	uest an ex	tension of
one o electro return	of the ronically	iling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au eturns noted below (6 months for a corporation required to file Form 990-T). Howe of if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed are one details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	ever, you ca is 990-BL, 6 and signed pa	innot file F 6069, or 88 age 2 (Part I	form 8868 70, group II) of Form
Type	or	Name of Exempt Organization	Employer	dentification	n number
print		California Court Appointed Special Advocate Association	68	01630	310
File by due dat filing yo	te for	Number, street, and room or suite no. If a P.O. box, see instructions. 660 13th Street, Suite 300			
return. Instruct	See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
		Oakland, CA, 94612			
☑ Fo	k type orm 990 orm 990 orm 990	D-BL		Form 4720 Form 5227 Form 6069 Form 8870	7 9
Tele If the	ephone ne orga nis is fo e whole	rare in the care of ► California Court Appointed Special Advocate Association No. ► (510) 663-8440 FAX No. ► (510) 663- nization does not have an office or place of business in the United States, check this ra Group Return, enter the organization's four digit Group Exemption Number (GEN). The group, check this box ► □ . If it is for part of the group, check this box a names and EINs of all members the extension will cover.	box .	If th	. ► □ lis is ach
1 1	requiuntil	est an automatic 3-month (6 months for a corporation required to file Fo. February 15 , 20_11, to file the exempt organization return for the organization organization's return for: calendar year 20or	rm 990-T) named abo	ve. The ext	tension is
2	If this t	ax year is for less than 12 months, check reason: Initial return Final return [☐ Change	in accounti	ng period
		pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.	x, 3a	\$	0
		pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated ta its made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c i	Balanc deposit	e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer). See instructions.	d, nt	\$	0
		ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions.		Form 8879	-EO

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Note	e. Only co you are	omplete Part II i filing for an Au	if you have already tomatic 3-Month	omatic) 3-Month Extension, comple	omatic 3-mont te only Part	th exter I (on p	nsion on a prev age 1).	iously file	d Form	8868.	▶ ☑
Par	rt II	Additional (N	lot Automatic) 3	-Month Extension	n of Time. Y	ou mu	ust file origina	al and o	ne cor	y.	
Type	e or	Name of Exem	pt Organization	pecial Advocate As					r identii	fication n 0163010	
	ded late for		t, and room or suite reet, Suite 300	no. If a P.O. box, see	instructions.			For IRS u	se only		
	. See ctions.	Oakland, CA	4, 94612	P code. For a foreign add		tions.					
			e filed (File a sepa	arate application for	each return):						
	Form 990		☐ Form 990-PF	:		☐ Fo	orm 1041-A] Forn	n 6069	
	orm 990		☐ Form 990-T (s	sec. 401(a) or 408(a)	trust)	☐ F	orm 4720] Forn	n 8870	
	orm 990)-EZ	☐ Form 990-T (trust other than abo	ve)	□F	orm 5227				
STO	Pl Do no	t complete Pa	rt II if you were no	ot already granted a	n automatic 3	-mont	h extension or	a previ	usly fi	led Form	1 8868.
	e books lephone			Court Appointed Sp 340 FAX	pecial Advoca No. ► (510		sociation 663-844	1	-		
• If t	he orgai	nization does n	ot have an office	or place of business	in the United	d State	s, check this b	oox .		!	▶ 🗆
• If t	his is fo	r a Group Retu	rn, enter the organ	nization's four digit (Group Exemp	tion N	umber (GEN)			. If this i	is
for ti	he whole	group, check	this box	► 🗌 . If it is for pa	art of the grou	up, che	eck this box	▶	□ and	attach	а
list v	vith the I	names and EIN	is of all members	the extension is for.							
4	I reques	st an additiona	I 3-month extension	on of time until	May	y 15		20.11.			
5	For cale	endar year	, or other tax ye	ar beginning	July 1	20.0	9 , and ending	Jı	ıne 30	2	20 10
6				s, check reason:							
7	State in	detail why you	u need the extensi	ion						_	•
	We rec	uire additiona	il time to obtain a	ccurate figures for	the Informati	on ret	urn.				
8a			or Form 990-BL, 9 e credits. See inst	90-PF, 990-T, 4720 ructions.	, or 6069, en	ter the	tentative tax,		a \$		0
b	estimat	ed tax paymen	ts made. Include a	90-T, 4720, or 6069 Iny prior year overpa							-
	amount	paid previousl	ly with Form 8868.					8	b \$		0
	Balance with FTD	Due. Subtract li coupon or, if rec	ine 8b from line 8a. quired, by using EFTF	Include your payment S (Electronic Federal T	with this form, ax Payment Sy	or, if restem). S	equired, deposit See instructions.		c \$		0
				Signature and	Verification	n				-	
Under it is tru	penalties 18, correct	of perjury, I declare, and complete, an	e that I have examined to d that I am authorized to	this form, including accord to prepare this form.	npanying schedul	es and s	statements, and to	the best o	'my kno	wiedge and	1 belief,
Sland	ure		- O.	Tial - N	СРА			D.4. 5	_	2/16/11	
ugual	UI U - 19	THE PERSON NAMED IN		Hue F	UFA			Date ▶	•	4/10/11	

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