

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **7/01**, **2022**, and ending **6/30**, **2023**

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	CALIFORNIA COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION 3525 DEL MAR HEIGHTS RD #243 SAN DIEGO, CA 92130-2122	68-0163010 E Telephone number 510.380.8569
F Name and address of principal officer: SHARON M LAWRENCE SAME AS C ABOVE		G Gross receipts \$ 14,378,320.

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. See instructions.</small>

J Website: WWW.CALIFORNIACASA.ORG	H(c) Group exemption number
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1987	M State of legal domicile: CA
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Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	16
	6	Total number of volunteers (estimate if necessary)	6	19
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Revenue	
			Prior Year	Current Year
8	Revenue	Contributions and grants (Part VIII, line 1h)	3,161,092.	14,138,815.
9		Program service revenue (Part VIII, line 2g)		
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,351.	236,377.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,848.	3,128.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,176,291.	14,378,320.
13	Expenses	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,500.	12,034,277.
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,153,102.	1,714,126.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	21,000.	
b		Total fundraising expenses (Part IX, column (D), line 25)	352,407.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	398,050.	818,015.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,619,652.	14,566,418.
19		Revenue less expenses. Subtract line 18 from line 12	1,556,639.	-188,098.

			Net Assets or Fund Balances	
			Beginning of Current Year	End of Year
20	Net Assets or Fund Balances	Total assets (Part X, line 16)	3,083,055.	10,265,185.
21		Total liabilities (Part X, line 26)	233,263.	7,539,800.
22		Net assets or fund balances. Subtract line 21 from line 20	2,849,792.	2,725,385.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SHARON M LAWRENCE	Date	
	Type or print name and title CEO		
Paid Preparer Use Only	Print/Type preparer's name LATONYA M. KNOX	Preparer's signature LATONYA M. KNOX	Date
	Firm's name LEAF & COLE, LLP	Firm's EIN 95-2076568	Check <input type="checkbox"/> if self-employed PTIN P00513874
	Firm's address 2810 CAMINO DEL RIO SOUTH, SUITE 200 SAN DIEGO, CA 92108	Phone no. 619.294.7200	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 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 No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 13,741,266. including grants of \$ 12,034,277.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 13,741,266.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</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 during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	X
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e	X
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.....	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.....	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>	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, that was issued after December 31, 2002? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
	2a 16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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.		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	13a		
	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 organization is licensed to issue qualified health plans.		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		
	17		

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

Check if Schedule O contains a response or note to any line in this Part VI.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on 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 officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	X	
15b	b Other officers or key employees of the organization. SEE SCHEDULE O	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 JOAN REILLY 3525 DEL MAR HEIGHTS RD #243 SAN DIEGO CA 92130 510.900.3631

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHARON M LAWRENCE ESQ CEO	40 0			X			245,801.	0.	8,772.	
(2) ANNE FARRELL CPO (PHILANTH)	40 0			X			165,121.	0.	8,371.	
(3) JOAN REILLY CFO & COO	40 0			X			154,281.	0.	15,407.	
(4) KATHRYN MATTHEWS CPO	40 0			X			139,954.	0.	14,256.	
(5) KEVIN GARDNER PAST CHAIR	2 0	X		X			0.	0.	0.	
(6) MICHELLE GRIFFIN CHAIR	2 0	X		X			0.	0.	0.	
(7) HOWARD SLAYEN TREASURER	2 0	X		X			0.	0.	0.	
(8) ALLYSON PFEIFER SECRETARY	2 0	X		X			0.	0.	0.	
(9) SARAH DELANEY ROSENDAHL VICE CHAIR	2 0	X		X			0.	0.	0.	
(10) PATRICIA YAMAMOTO TRENDACOSTA MEMBER	2 0	X					0.	0.	0.	
(11) KATY CARLSEN MEMBER	2 0	X					0.	0.	0.	
(12) JUNE COLLISON MEMBER	2 0	X					0.	0.	0.	
(13) NANCY BANNING DOYLE MEMBER	2 0	X					0.	0.	0.	
(14) RENEE ESPINOZA MEMBER	2 0	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) WENDE JULIEN MEMBER	2 0	X					0.	0.	0.	
(16) MARIE KENNEDY MEMBER	2 0	X					0.	0.	0.	
(17) GEORGE LAI MEMBER	2 0	X					0.	0.	0.	
(18) ELISA MENDEL MEMBER	2 0	X					0.	0.	0.	
(19) KIMBERLY MOORE MEMBER	2 0	X					0.	0.	0.	
(20) CLAY YOUNG MEMBER	2 0	X					0.	0.	0.	
(21) GEORGE SAPP MEMBER	2 0	X					0.	0.	0.	
(22) TYRONE RODERICK WILLIAMS MEMBER	2 0	X					0.	0.	0.	
(23)										
(24)										
(25)										

1b Subtotal	705,157.	0.	46,806.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	705,157.	0.	46,806.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
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? <i>If "Yes," complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 13,186,673.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 952,142.				
	g Noncash contributions included in lines 1a-1f	1g 72,631.				
	h Total. Add lines 1a-1f		14,138,815.			
	Program Service Revenue	2a Business Code				
b -----						
c -----						
d -----						
e -----						
f All other program service revenue						
g Total. Add lines 2a-2f						
Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts)		236,377.		236,377.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
		b Less: cost or other basis and sales expenses	7b			
	c Gain or (loss)	7c				
	d Net gain or (loss)					
Other Revenue	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
		b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
		b Less: cost of goods sold.	10b			
		c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	11a MISCELLANEOUS				
b -----		900099	3,128.	3,128.		
c -----						
d All other revenue						
e Total. Add lines 11a-11d			3,128.			
12 Total revenue. See instructions		14,378,320.	3,128.	0.	236,377.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21	12,034,277.	12,034,277.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	804,313.	487,534.	224,758.	92,021.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	682,226.	458,928.	102,799.	120,499.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,801.	11,970.	4,143.	2,688.
9 Other employee benefits	101,775.	64,799.	22,426.	14,550.
10 Payroll taxes	107,011.	68,133.	23,580.	15,298.
11 Fees for services (nonemployees):				
a Management				
b Legal	10,054.	10,054.		
c Accounting	15,620.	9,945.	3,442.	2,233.
d Lobbying	84,000.	84,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	306,605.	169,363.	56,891.	80,351.
12 Advertising and promotion	124,320.	124,320.		
13 Office expenses				
14 Information technology	20,356.	9,802.	3,392.	7,162.
15 Royalties				
16 Occupancy	2,899.	1,846.	639.	414.
17 Travel	34,636.	22,438.	9,429.	2,769.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,096.	4,771.	1,526.	799.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	20,834.	14,707.	3,716.	2,411.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>WORKSHOPS & CONVENINGS</u>	71,597.	71,597.		
b <u>TECHNOLOGY FOR LOCAL PROGRAMS</u>	38,965.	38,965.		
c <u>SUPPLIES & MISCELLANEOUS</u>	17,585.	14,107.	2,261.	1,217.
d <u>TELEPHONE</u>	17,454.	11,113.	3,846.	2,495.
e All other expenses	45,994.	28,597.	9,897.	7,500.
25 Total functional expenses. Add lines 1 through 24e	14,566,418.	13,741,266.	472,745.	352,407.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	47,634.	1	107,001.
	2 Savings and temporary cash investments	2,181,426.	2	5,447,468.
	3 Pledges and grants receivable, net	715,335.	3	496,015.
	4 Accounts receivable, net	125,613.	4	102,945.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,047.	9	46,656.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments – publicly traded securities		11	4,065,100.
	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 33)		3,083,055.	16	10,265,185.
Liabilities	17 Accounts payable and accrued expenses	233,263.	17	324,660.
	18 Grants payable		18	
	19 Deferred revenue		19	7,215,140.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		233,263.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	1,825,595.	27	2,048,599.
	28 Net assets with donor restrictions	1,024,197.	28	676,786.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances.	2,849,792.	32	2,725,385.
33 Total liabilities and net assets/fund balances.		3,083,055.	33	10,265,185.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,378,320.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,566,418.
3	Revenue less expenses. Subtract line 2 from line 1	3	-188,098.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,849,792.
5	Net unrealized gains (losses) on investments	5	63,691.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,725,385.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?		X
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 on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization CALIFORNIA COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION	Employer identification number 68-0163010
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,476,776.	1,912,143.	1,997,212.	3,161,092.	14138815.	22,686,038.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	1,476,776.	1,912,143.	1,997,212.	3,161,092.	14138815.	22,686,038.
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)						1,529,237.
6 Public support. Subtract line 5 from line 4						21,156,801.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,476,776.	1,912,143.	1,997,212.	3,161,092.	14138815.	22,686,038.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,058.	11,041.	2,515.	2,351.	236,377.	259,342.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				11,709.		11,709.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI		971.	433.	1,139.	3,128.	5,671.
11 Total support. Add lines 7 through 10						22,962,760.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	92.14 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	75.37 %

16a **33-1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support test—2021.** 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—2022.** 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b **10%-facts-and-circumstances test—2021.** 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 VI 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.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>
OTHER INCOME	\$ 3,128.	\$ 1,139.	\$ 433.	\$ 971.	
TOTAL	<u>\$ 3,128.</u>	<u>\$ 1,139.</u>	<u>\$ 433.</u>	<u>\$ 971.</u>	<u>\$ 0.</u>

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (CALIFORNIA COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION) and Employer identification number (68-0163010)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [] 527 political organization
Form 990-PF: [] 501(c)(3) exempt private foundation, [] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization CALIFORNIA COURT APPOINTED SPECIAL	Employer identification number 68-0163010
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 499,794.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 12,736,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CALIFORNIA COURT APPOINTED SPECIAL	Employer identification number 68-0163010
---	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.**

**Open to Public
Inspection**

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Name of organization CALIFORNIA COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION	Employer identification number 68-0163010
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions. \$ _____
- 3 Volunteer hours for political campaign activities. See instructions. _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
SEE PART IV			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X		5,000.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		96,248.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		31,522.
j Total. Add lines 1c through 1i.			132,770.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912.			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

1A & 1B: CALIFORNIA CASA USES BOTH VOLUNTEERS AND PAID STAFF IN ITS LOBBYING EFFORTS. THE ORGANIZATION'S VOLUNTEER BOARD OF DIRECTORS HAS A LEGISLATIVE ADVOCACY & POLICY COMMITTEE CONSISTING OF BOARD MEMBERS AND STAFF WHO MAKE RECOMMENDATIONS TO THE FULL BOARD REGARDING THE AREAS OF LEGISLATION THE ORGANIZATION SHOULD SUPPORT.

THESE "POSITION STATEMENTS" ARE REVISED AS NEEDED AND APPROVED ANNUALLY BY THE BOARD

Part IV Supplemental Information (continued)**PART II-B - DESCRIPTION OF LOBBYING ACTIVITY (CONTINUED)**

OF DIRECTORS. IN ADDITION, REGARDING SPECIFIC CALIFORNIA LEGISLATIVE BILLS, THE CHAIR OF THE LEGISLATIVE ADVOCACY & POLICY COMMITTEE OCCASIONALLY CONFERS WITH THE CEO, THE CHIEF PROGRAM OFFICER, AND OUR RETAINED LOBBYISTS FROM THE FIRM NIEMELA, PAPPAS AND ASSOCIATES. IN 2022, VOLUNTEERS AND STAFF ADVOCATED FOR PASSAGE OF A LEGISLATIVE APPROPRIATION BILL IN SUPPORT OF CASA PROGRAMS THROUGHOUT CALIFORNIA; THIS ADVOCACY WAS SUCCESSFUL WITH THE PASSAGE OF ASSEMBLY BILL 154 (AB154) AND SENATE BILL 178 (SB178), SIGNED BY GOVERNOR NEWSOM ON JUNE 30, 2022.

1G: CALIFORNIA CASA STAFF AND VOLUNTEERS WERE IN CONTACT WITH CALIFORNIA STATE LEGISLATORS AND LEGISLATIVE STAFF TO ADVOCATE OUR POSITION ON IMPORTANT MATTERS. SPECIFICALLY, CALIFORNIA CASA WORKED CLOSELY WITH OUR RETAINED LOBBYISTS FROM THE FIRM NIEMELA, PAPPAS AND ASSOCIATES TO EITHER SUBMIT A FORMAL LETTER OF SUPPORT, OR PROVIDE VERBAL SUPPORT FOR TWENTY THREE BILLS IN BOTH THE CALIFORNIA ASSEMBLY AND CALIFORNIA STATE SENATE. IN ADDITION, CALIFORNIA CASA HELD A VIRTUAL DAY AT THE CAPITAL IN MARCH 2023 TO EDUCATE CALIFORNIA STATE ELECTED OFFICIALS ABOUT THE IMPACT OF CASA VOLUNTEERS AND THEIR WORK IN SUPPORT OF CHILDREN IN THE FOSTER CARE AND JUVENILE JUSTICE SYSTEMS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

CALIFORNIA COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION

Employer identification number

68-0163010

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and 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 funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure

2 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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, 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" on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1.
b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 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? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(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					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments – Other Securities. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	14,443,112.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	63,691.
	b Donated services and use of facilities	2b	1,101.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	64,792.
3	Subtract line 2e from line 1	3	14,378,320.
4	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 XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,378,320.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,567,519.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	1,101.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	1,101.
3	Subtract line 2e from line 1	3	14,566,418.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	14,566,418.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FASB ASC 740 FOOTNOTE

CALIFORNIA CASA IS A PUBLIC CHARITY AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. CALIFORNIA CASA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. CALIFORNIA CASA IS NOT A PRIVATE FOUNDATION.

Part XIII Supplemental Information *(continued)*

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

CALIFORNIA CASA'S RETURNS OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEARS ENDED JUNE 30, 2023, 2022, 2021 AND 2020 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY THREE-TO-FOUR YEARS AFTER THE RETURNS WERE FILED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **CALIFORNIA COURT APPOINTED SPECIAL
ADVOCATE ASSOCIATION** Employer identification number
68-0163010

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CASA OF SANTA CRUZ COUNTY 813 FREEDOM BLVD WATSONVILLE, CA 95076	77-0305354	501 (C) (3)	403,360.	0.			STATE APP & JUVENILE JUSTICE
(2) CASA OF MONTEREY COUNTY 945 S MAIN ST STE 107 SALINAS, CA 93901	77-0398079	501 (C) (3)	280,093.	0.			STATE APP & JUVENILE JUSTICE
(3) CASA OF VENTURA COUNTY PO BOX 1135 CAMARILLO, CA 93011	45-1649286	501 (C) (3)	264,088.	0.			STATE APP & JUVENILE JUSTICE
(4) ALAMEDA COUNTY HEALTH CARE SE 1000 SAN LEANDRO BLVD, #300 ALAMEDA, CA 94577	94-6000501	GOVERNMENT	30,146.	0.			STATE APPROPRIATION
(5) ALLIANCE FOR COMMUNITY PO BOX 2075 MARIPOSA, CA 95338	77-0272319	501 (C) (3)	30,743.	0.			STATE APPROPRIATION
(6) SAN JOAQUIN CHILD ABUSE PREV 127 N SUTTER STREET STOCKTON, CA 95202	94-2497046	501 (C) (3)	138,403.	0.			STATE APPROPRIATION
(7) CASA EL DORADO 347 MAIN STREET PLACERVILLE, CA 95667	68-0299245	501 (C) (3)	173,148.	0.			STATE APPROPRIATION
(8) CASA OF CONTRA COSTA COUNTY 2151 SALVIO ST STE 295 CONCORD, CA 94520	94-2897531	501 (C) (3)	286,988.	0.			STATE APPROPRIATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3**
- 3 Enter total number of other organizations listed in the line 1 table **41**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

RECIPIENTS OF THE JUVENILE JUSTICE PILOT GRANTS HAVE SPECIFIC DELIVERABLES THAT NEED TO BE MET BEFORE GRANTS WILL BE ISSUED. THESE INCLUDE THE FOLLOWING:

- MEET A MINIMUM REQUIRED NUMBER OF CASAS ASSIGNED, SUPPORTING, AND ADVOCATING FOR CHILDREN/YOUTH ACCORDING TO LOCAL PROGRAM'S BEST PRACTICES AND PROTOCOL OF THE PILOT PROGRAM
- ONGOING COLLABORATION WITH JUSTICE PARTNERS AND RESEARCHERS
- SUBMIT MONTHLY REPORTS TO CA CASA
- MEET WITH AND PROVIDE REPORTS TO RESEARCHERS AS REQUESTED

RECIPIENTS OF STATE APPROPRIATION FUNDED GRANTS MUST ADHERE TO THE TERMS AND

1/29/24

04:19AM

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

CONDITIONS OF THEIR SPECIFIC GRANT AGREEMENT WHICH OUTLINES THE FOLLOWING:

- PURPOSE OF THE GRANT AND THE PERMITTED USE OF THE FUNDS.
- REPORTING REQUIREMENTS TO CALIFORNIA CASA.
- GRANT OUTCOMES TO BE MEASURED AND REPORTED WHICH INCLUDE BUT ARE NOT LIMITED TO THE NUMBER OF CHILDREN OR YOUTH SERVED; CASA VOLUNTEER RETENTION TRENDS; NUMBER OF CASAS TRAINED; DEMOGRAPHICS OF CHILDREN SERVED; DEMOGRAPHICS OF CASA VOLUNTEERS; RELATIONSHIP BUILDING WITH KEY PARTNERS IN A PROGRAM'S COUNTY; ORGANIZATION'S ABILITY TO INCREASE PRIVATE OR PUBLIC PHILANTHROPIC SUPPORT.

MONITORING OF GRANTS INCLUDES REGULAR CHECK INS WITH CASA PROGRAM AND REGULAR VERBAL AND WRITTEN REPORTING TO CALIFORNIA CASA. MONITORING MAY ALSO CONSIST OF PROGRAMMATIC REVIEWS, FINANCIAL REVIEWS, AND TECHNICAL ASSISTANCE; AND CALIFORNIA CASA STAFF MAY INITIATE MONITORING THROUGH AN ONSITE REVIEW AT THE GRANTEE'S LOCATION. AFTER A MONITORING REVIEW IS COMPLETE, THE GRANTEE WILL RECEIVE EITHER A PRELIMINARY REPORT OR A FINAL REPORT. CALIFORNIA CASA WILL ISSUE A PRELIMINARY REPORT OUTLINING IDENTIFIED FINDINGS (IF ANY), ALONG WITH RECOMMENDATIONS TO RESOLVE ANY FINDINGS.

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page **1** of **4**

Name of the organization

CALIFORNIA COURT APPOINTED SPECIAL

Employer identification number

68-0163010

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>CASA OF KERN COUNTY</u> <u>1717 COLUMBUS STREET</u> <u>BAKERSFIELD, CA 93305</u>	77-0344298	501 (C) (3)	374,440.				STATE APPROPRIATION
<u>CASA OF KINGS COUNTY</u> <u>101 N IRWIN ST, SUITE 110B</u> <u>HANFORD, CA 93230</u>	46-2896299	501 (C) (3)	215,807.				STATE APPROPRIATION
<u>CASA OF LOS ANGELES COUNTY</u> <u>201 CENTRE PLAZA DRIVE</u> <u>MONTEREY PARK, CA 91754</u>	95-3890446	501 (C) (3)	1,851,683.				STATE APPROPRIATION
<u>CASA OF MENDOCINO COUNTY</u> <u>340 N MAIN ST</u> <u>UKIAH, CA 95482</u>	68-0322512	501 (C) (3)	96,070.				STATE APPROPRIATION
<u>CASA OF MERCED COUNTY</u> <u>2824 PARK AVE STE A</u> <u>MERCED, CA 95348</u>	27-2084694	501 (C) (3)	185,510.				STATE APPROPRIATION
<u>CASA OF SAN BENITO COUNTY</u> <u>440 SAN BENITO ST</u> <u>HOLLISTER, CA 95023</u>	45-2881517	501 (C) (3)	78,833.				STATE APPROPRIATION
<u>CASA OF SAN BERNARDINO COUNTY</u> <u>1027 SANTO ANTONIO DR STE A</u> <u>COLTON, CA 92324</u>	33-0362613	501 (C) (3)	405,588.				STATE APPROPRIATION
<u>CASA OF SAN LUIS OBISPO CNTY</u> <u>75 HIGUERA ST STE 180</u> <u>SAN LUIS OBISPO, CA 93401</u>	77-0316227	501 (C) (3)	390,400.				STATE APPROPRIATION
<u>CASA OF SAN MATEO COUNTY</u> <u>330 TWIN DOLPHIN DR STE 139</u> <u>REDWOOD CITY, CA 94065</u>	04-3849393	501 (C) (3)	250,180.				STATE APPROPRIATION
<u>CASA OF SANTA BARBARA CNTY</u> <u>2125 S BROADWAY STE 106</u> <u>SANTA MARIA, CA 93454</u>	33-0662737	501 (C) (3)	354,001.				STATE APPROPRIATION

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 4

Name of the organization

CALIFORNIA COURT APPOINTED SPECIAL

Employer identification number

68-0163010

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>CASA OF SOLANO COUNTY</u> <u>600 UNION AVE STE 204</u> <u>FAIRFIELD, CA 94533</u>	20-2551209	501 (C) (3)	245,471.				STATE APPROPRIATION
<u>CASA OF TULARE COUNTY</u> <u>1146 N CHINOWTH ST</u> <u>VISALIA, CA 93291</u>	77-0105876	501 (C) (3)	124,228.				STATE APPROPRIATION
<u>CASA A VOICE FOR CHILDREN</u> <u>1804 SOSCOL AVE STE 201</u> <u>NAPA, CA 94559</u>	20-3594007	501 (C) (3)	63,588.				STATE APPROPRIATION
<u>CHILD ADV OF NEVADA COUNTY</u> <u>200 PROVIDENCE MINE RD ST 210</u> <u>NEVADA CITY, CA 95959</u>	68-0317841	501 (C) (3)	88,894.				STATE APPROPRIATION
<u>CHILD ADV OF PLACER COUNTY</u> <u>1430 BLUE OAKS BLVD STE 260</u> <u>ROSEVILLE, CA 95747</u>	77-0620948	501 (C) (3)	208,665.				STATE APPROPRIATION
<u>CHILD ADV OF SILICON VALLEY</u> <u>509 VALLEY WAY BLDG 2</u> <u>MILPITAS, CA 95035</u>	77-0250773	501 (C) (3)	596,611.				STATE APPROPRIATION
<u>CASA OF DEL NORTE COUNTY</u> <u>579 US HWY 101 SOUTH</u> <u>CRESCENT CITY, CA 95531</u>	68-0484676	501 (C) (3)	36,742.				STATE APPROPRIATION
<u>CASA OF HUMBOLDT COUNTY</u> <u>2356 MYRTLE AVE</u> <u>EUREKA, CA 95501</u>	68-0243040	501 (C) (3)	153,806.				STATE APPROPRIATION
<u>CASA OF FRESNO COUNTY</u> <u>2300 TULARE ST STE 210</u> <u>FRESNO, CA 93721</u>	77-0401361	501 (C) (3)	280,099.				STATE APPROPRIATION
<u>CASA OF ORANGE COUNTY</u> <u>1505 E 17TH ST STE 214</u> <u>SANTA ANA, CA 92705</u>	33-0069334	501 (C) (3)	681,701.				STATE APPROPRIATION

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 4

Name of the organization

CALIFORNIA COURT APPOINTED SPECIAL

Employer identification number

68-0163010

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>CASA OF IMPERIAL COUNTY</u> <u>229 S 8TH ST STE B</u> <u>EL CENTRO, CA 92243</u>	33-0632963	501 (C) (3)	211,176.				STATE APPROPRIATION
<u>CASA OF SACRAMENTO COUNTY</u> <u>PO BOX 278383</u> <u>SACRAMENTO, CA 95827</u>	68-0257139	501 (C) (3)	522,360.				STATE APPROPRIATION
<u>CASA OF SONOMA COUNTY</u> <u>PO BOX 1418</u> <u>KENWOOD, CA 95452</u>	68-0404770	501 (C) (3)	99,810.				STATE APPROPRIATION
<u>CASA OF STANISLAUS COUNTY</u> <u>PO BOX 3488</u> <u>MODESTO, CA 95353</u>	91-2168629	501 (C) (3)	166,358.				STATE APPROPRIATION
<u>LASSEN FAMILY SERVICES CASA</u> <u>PO BOX 710</u> <u>SUSANVILLE, CA 96130</u>	94-2691072	501 (C) (3)	71,466.				STATE APPROPRIATION
<u>CASA OF MARIN COUNTY</u> <u>1401 LOS GAMOS DR STE 130</u> <u>SAN RAFAEL, CA 94903</u>	81-5047208	501 (C) (3)	203,005.				STATE APPROPRIATION
<u>NEXUS YOUTH & FAMILY SERVICES</u> <u>601 COURT ST STE 210</u> <u>JACKSON, CA 95642</u>	81-2309847	501 (C) (3)	85,667.				STATE APPROPRIATION
<u>NORTHERN VALLEY CATHOLIC SS</u> <u>2400 WASHINGTON AVE</u> <u>REDDING, CA 96001</u>	20-0984601	501 (C) (3)	122,923.				STATE APPROPRIATION
<u>PLUMAS CRISIS INTERVENTION</u> <u>PO BOX 3005</u> <u>QUINCY, CA 95971</u>	68-0062136	501 (C) (3)	65,664.				STATE APPROPRIATION
<u>CASA OF SAN FRANCISCO COUNTY</u> <u>2535 MISSION ST</u> <u>SAN FRANCISCO, CA 94110</u>	94-3039028	501 (C) (3)	239,251.				STATE APPROPRIATION

Continuation Sheet for Schedule I (Form 990)

2022

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 4 of 4

Name of the organization

CALIFORNIA COURT APPOINTED SPECIAL

Employer identification number

68-0163010

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>FRIENDS OF ALAMEDA COUNTY</u> <u>1000 SAN LEANDRO BLVD STE 300</u> SAN LEANDRO, CA 94577	94-3309728	501 (C) (3)	108,167.				STATE APPROPRIATION
<u>TRAINING, EMPLOYMENT, & COMM</u> <u>112 EAST 2ND ST</u> ALTURAS, CA 96101	94-2578204	501 (C) (3)	41,500.				STATE APPROPRIATION
<u>VOICES FOR CHILDREN</u> <u>2851 MEADOW LARK DR</u> SAN DIEGO, CA 92064	95-3786047	501 (C) (3)	1,434,483.				STATE APPROPRIATION
<u>WILD IRIS FAMILY COUNSELING</u> <u>150 N MAIN ST</u> BISHOP, CA 93514	77-0039382	501 (C) (3)	44,381.				STATE APPROPRIATION
<u>CASA OF YOLO COUNTY</u> <u>724 MAIN ST STE 101</u> WOODLAND, CA 95695	68-0362495	501 (C) (3)	281,633.				STATE APPROPRIATION
<u>YOUTH EMPOWERMENT SISKIYOU</u> <u>PO BOX 1337</u> YREKA, CA 96097	20-0714947	501 (C) (3)	47,147.				STATE APPROPRIATION

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

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Inspection**

Name of the organization

CALIFORNIA COURT APPOINTED SPECIAL
ADVOCATE ASSOCIATION

Employer identification number

68-0163010

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				(C) Retirement and other deferred compensation
1 SHARON M LAWRENCE ESQ CEO	(i)	226,050.	16,000.	3,751.	7,136.	1,636.	254,573.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOAN REILLY CFO & COO	(i)	146,781.	7,500.	0.	5,432.	9,975.	169,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ANNE FARRELL CPO (PHILANTH)	(i)	151,170.	7,500.	6,451.	5,522.	2,849.	173,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 KATHRYN MATTHEWS CPO	(i)	133,954.	6,000.	0.	3,100.	11,156.	154,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

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Department of the Treasury
Internal Revenue Service

Name of the organization **CALIFORNIA COURT APPOINTED SPECIAL
ADVOCATE ASSOCIATION**

Employer identification number
68-0163010

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	2	72,631	FMV
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

CALIFORNIA COURT APPOINTED SPECIAL
ADVOCATE ASSOCIATION

Employer identification number

68-0163010

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE MISSION OF CALIFORNIA CASA IS TO ENSURE THAT CHILDREN AND YOUTH IN THE CHILD WELFARE AND JUVENILE JUSTICE SYSTEMS HAVE BOTH A VOICE AND THE SERVICES THEY NEED TO THRIVE. WE ACHIEVE THIS BY STRENGTHENING AND EMPOWERING CALIFORNIA'S NETWORK OF LOCAL CASA PROGRAMS AND ADVOCATING FOR EFFECTIVE CHILD WELFARE POLICIES AND PRACTICES.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

FOUNDED IN 1987, THE MISSION OF CALIFORNIA CASA IS TO ENSURE THAT CHILDREN AND YOUTH IN THE CHILD WELFARE AND JUVENILE JUSTICE SYSTEMS HAVE BOTH A VOICE AND THE SERVICES THEY NEED TO THRIVE. WE ACHIEVE THIS BY STRENGTHENING AND EMPOWERING CALIFORNIA'S NETWORK OF LOCAL CASA PROGRAMS AND ADVOCATING FOR EFFECTIVE CHILD WELFARE POLICIES AND PRACTICES.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

CALIFORNIA CASA IS A PRIVATE, NONPROFIT CORPORATION SUPPORTED BY A BALANCED MIX OF PUBLIC AND PRIVATE GRANTS AND PHILANTHROPIC CONTRIBUTIONS. WE WORK ON A STATEWIDE LEVEL TO ACTIVELY SUPPORT A NETWORK OF 44 LOCAL CASA PROGRAMS IN 52 COUNTIES AND STRENGTHEN THE SCOPE, QUALITY, AND IMPACT OF ADVOCACY BY THE CASA NETWORK. THESE ADVOCACY SERVICES ARE PROVIDED TO ABUSED AND NEGLECTED CHILDREN IN THE DEPENDENCY AND JUVENILE JUSTICE COURTS, USING TRAINED CASA VOLUNTEERS.

THROUGH A RIGOROUS GRANT PROGRAM, WE DISTRIBUTE STATE FUNDS TO THE CASA NETWORK TO STABILIZE AND STRENGTHEN LOCAL PROGRAMS' OPERATIONS AND INCREASE THE NUMBER OF CASAS PROVIDED TO CHILDREN IN NEED WE PROVIDE LOCAL CASA PROGRAMS WITH PROFESSIONAL-LEVEL TRAINING, TECHNICAL ASSISTANCE, CURRICULUM, MARKETING, FUNDRAISING, AND OTHER RESOURCES.

WE IDENTIFY AND PURSUE STRATEGIC ALLIANCES THAT LEVERAGE AND INCREASE CHILDREN'S

Name of the organization CALIFORNIA COURT APPOINTED SPECIAL
ADVOCATE ASSOCIATION

Employer identification number
68-0163010

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

RESOURCES STATEWIDE; EXPANDING PUBLIC AWARENESS ABOUT THE NEEDS OF CHILDREN IN CALIFORNIA'S FOSTER CARE AND JUVENILE JUSTICE SYSTEMS; ADVOCATE FOR IMPROVED CHILD WELFARE PRACTICES AND POLICIES; AND PROMOTE CASA AS AN EFFECTIVE, COST-EFFICIENT, COMPASSIONATE MODEL TO ENSURE THAT CHILDREN'S BEST INTERESTS ARE MET, THEIR VOICES ARE HEARD, AND THEIR HEALTH AND EMOTIONAL NEEDS ARE SUPPORTED.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE AUDIT COMMITTEE REVIEWS 990 TAX RETURNS AND CONDUCTS A DETAILED DISCUSSION WITH THE TAX PREPARER AND CFO & COO. ONCE THE AUDIT COMMITTEE APPROVES THE 990, IT IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW IN ADVANCE OF THE BOARD MEETING. DURING ITS' MEETING, THE BOARD OF DIRECTORS REVIEWS THE 990 AND POSES QUESTIONS TO THE TAX PREPARER AND CFO & COO BEFORE APPROVING THE 990 FOR FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS REVIEW KEY POLICIES AND DOCUMENTS ANNUALLY INCLUDING THE ARTICLES OF INCORPORATION; BYLAWS; CONFLICT OF INTEREST POLICY; EXECUTIVE COMPENSATION POLICY; ANTI-HARASSMENT AND ANTI-DISCRIMINATION POLICY; AND THE WHISTLEBLOWER POLICY.

MONITORING AND ENFORCEMENT IS CONDUCTED BY REQUIRING BOARD MEMBERS TO SIGN THE CONFLICT OF INTEREST POLICY; THE WHISTLEBLOWER POLICY; AND THE ANTI-HARASSMENT AND ANTI-DISCRIMINATION POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

COMPENSATION BENCHMARKING ON THE CEO'S POSITION (COMPENSATION AND BENEFITS) WAS CONDUCTED BY BOTH THE CFO & COO AND AN OUTSIDE CONSULTANT. THE BOARD USED THIS COMPENSATION AND BENEFITS BENCHMARKING INFORMATION, ALONG WITH THE CEO'S ANNUAL PERFORMANCE REVIEW, TO DETERMINE THE CEO'S COMPENSATION. THE EXECUTIVE COMMITTEE REVIEWED AND APPROVED THE PROPOSED COMPENSATION CHANGES FOR THE CEO AND PRESENTED

Name of the organization CALIFORNIA COURT APPOINTED SPECIAL
ADVOCATE ASSOCIATION

Employer identification number
68-0163010

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON

THESE COMPENSATION RECOMMENDATIONS TO THE FULL BOARD DURING A CLOSED SESSION OF A
BOARD MEETING.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE CEO USED BENCHMARKING INFORMATION FOR OTHER POSITIONS TO DETERMINE COMPENSATION.
THE CEO REVIEWS WITH THE EXECUTIVE COMMITTEE ANY PROPOSED COMPENSATION CHANGES FOR
THE CHIEF FINANCIAL & OPERATIONS OFFICER. ONCE APPROVED BY THE EXECUTIVE COMMITTEE,
THE BOARD THEN VOTES ON SUCH COMPENSATION CHANGES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS AND THE 990 ARE ALSO MADE
AVAILABLE ON OUR WEBSITE AT WWW.CALIFORNIACASA.ORG.

2022

California Exempt Organization Annual Information Return

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Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 7/01/2022, and ending (mm/dd/yyyy) 6/30/2023.

Corporation/Organization name CALIFORNIA COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION
California corporation number 1500085
FEIN 68-0163010
Street address (suite or room) 3525 DEL MAR HEIGHTS RD #243
City SAN DIEGO State CA Zip code 92130-2122

A First return. B Amended return. C IRC Section 4947(a)(1) trust. D Final information return? E Check accounting method: F Federal return filed? G Is this a group filing? H Is this organization in a group exemption?

I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

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

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (1-8) and Expenses (9-10). Total gross income is 14,378,320.

Table with 2 columns: Description and Amount. Rows include Filing Fee (11-16). Balance due is 0.

Sign Here: Signature of officer LATONYA M. KNOX, Title CEO, Date. Paid Preparer's Use Only: Preparer's signature LATONYA M. KNOX, Firm's name LEAF & COLE, LLP, 2810 CAMINO DEL RIO SOUTH, SUITE 200, SAN DIEGO, CA 92108.

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	1	
	2	Interest	2	236,377.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	
	7	Other income. Attach schedule. SEE STATEMENT 1	7	3,128.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	239,505.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule. SEE STATEMENT 2	9	12,034,277.
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	804,313.
	12	Other salaries and wages	12	682,226.
	13	Interest	13	
	14	Taxes	14	107,011.
	15	Rents	15	2,899.
	16	Depreciation and depletion (See instructions)	16	
	17	Other expenses and disbursements. Attach schedule. SEE STATEMENT 3	17	935,692.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	14,566,418.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		2,229,060.		5,554,469.
2	Net accounts receivable		840,948.		598,960.
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				4,065,100.
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule				
10 a	Depreciable assets				
b	Less accumulated depreciation				
11	Land				
12	Other assets. Attach schedule. STM 4		13,047.		46,656.
13	Total assets		3,083,055.		10,265,185.
Liabilities and net worth					
14	Accounts payable		233,263.		324,660.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule. STM 5				7,215,140.
19	Capital stock or principal fund		2,849,792.		2,725,385.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	Total liabilities and net worth		3,083,055.		10,265,185.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	-124,407.	7	Income recorded on books this year not included in this return. Attach schedule. SEE ST 6	63,691.
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	63,691.
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	-188,098.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	-124,407.			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

CA PUBLIC DISCLOSURE COPY Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (CALIFORNIA COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION) and Employer identification number (68-0163010)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization; [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation; [] 527 political organization
Form 990-PF: [] 501(c)(3) exempt private foundation; [] 4947(a)(1) nonexempt charitable trust treated as a private foundation; [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization CALIFORNIA COURT APPOINTED SPECIAL	Employer identification number 68-0163010
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 499,794.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 12,736,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CALIFORNIA COURT APPOINTED SPECIAL	Employer identification number 68-0163010
---	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	N/A ----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization **CALIFORNIA COURT APPOINTED SPECIAL** Employer identification number **68-0163010**

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$ *N/A*
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<i>N/A</i>		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME**

MISCELLANEOUS.....	\$ 3,128.
TOTAL	<u>\$ 3,128.</u>

**STATEMENT 2
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

DONEE'S NAME - IND	CASA OF SANTA CRUZ COUNTY	
DONEE'S STREET ADDRESS:	813 FREEDOM BLVD	
DONEE'S CITY	WATSONVILLE	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95076	
CASH AND NONCASH AMOUNT:		\$ 403,360.

DONEE'S NAME - IND	CASA OF MONTEREY COUNTY	
DONEE'S STREET ADDRESS:	945 S MAIN ST STE 107	
DONEE'S CITY	SALINAS	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93901	
CASH AND NONCASH AMOUNT:		280,093.

DONEE'S NAME - IND	CASA OF VENTURA COUNTY	
DONEE'S STREET ADDRESS:	PO BOX 1135	
DONEE'S CITY	CAMARILLO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93011	
CASH AND NONCASH AMOUNT:		264,088.

DONEE'S NAME - IND	ALAMEDA COUNTY HEALTH CARE SE	
DONEE'S STREET ADDRESS:	1000 SAN LEANDRO BLVD, #300	
DONEE'S CITY	ALAMEDA	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94577	
CASH AND NONCASH AMOUNT:		30,146.

DONEE'S NAME - IND	ALLIANCE FOR COMMUNITY	
DONEE'S STREET ADDRESS:	PO BOX 2075	
DONEE'S CITY	MARIPOSA	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95338	
CASH AND NONCASH AMOUNT:		30,743.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	SAN JOAQUIN CHILD ABUSE PREV	
DONEE'S STREET ADDRESS:	127 N SUTTER STREET	
DONEE'S CITY	STOCKTON	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95202	
CASH AND NONCASH AMOUNT:		\$ 138,403.

DONEE'S NAME - IND	CASA EL DORADO	
DONEE'S STREET ADDRESS:	347 MAIN STREET	
DONEE'S CITY	PLACERVILLE	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95667	
CASH AND NONCASH AMOUNT:		173,148.

DONEE'S NAME - IND	CASA OF CONTRA COSTA COUNTY	
DONEE'S STREET ADDRESS:	2151 SALVIO ST STE 295	
DONEE'S CITY	CONCORD	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94520	
CASH AND NONCASH AMOUNT:		286,988.

DONEE'S NAME - IND	CASA OF KERN COUNTY	
DONEE'S STREET ADDRESS:	1717 COLUMBUS STREET	
DONEE'S CITY	BAKERSFIELD	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93305	
CASH AND NONCASH AMOUNT:		374,440.

DONEE'S NAME - IND	CASA OF KINGS COUNTY	
DONEE'S STREET ADDRESS:	101 N IRWIN ST, SUITE 110B	
DONEE'S CITY	HANFORD	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93230	
CASH AND NONCASH AMOUNT:		215,807.

DONEE'S NAME - IND	CASA OF LOS ANGELES COUNTY	
DONEE'S STREET ADDRESS:	201 CENTRE PLAZA DRIVE	
DONEE'S CITY	MONTEREY PARK	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	91754	
CASH AND NONCASH AMOUNT:		1,851,683.

DONEE'S NAME - IND	CASA OF MENDOCINO COUNTY	
DONEE'S STREET ADDRESS:	340 N MAIN ST	
DONEE'S CITY	UKIAH	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95482	
CASH AND NONCASH AMOUNT:		96,070.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	CASA OF MERCED COUNTY	
DONEE'S STREET ADDRESS:	2824 PARK AVE STE A	
DONEE'S CITY	MERCED	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95348	
CASH AND NONCASH AMOUNT:		\$ 185,510.

DONEE'S NAME - IND	CASA OF SAN BENITO COUNTY	
DONEE'S STREET ADDRESS:	440 SAN BENITO ST	
DONEE'S CITY	HOLLISTER	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95023	
CASH AND NONCASH AMOUNT:		78,833.

DONEE'S NAME - IND	CASA OF SAN BERNARDINO COUNTY	
DONEE'S STREET ADDRESS:	1027 SANTO ANTONIO DR STE A	
DONEE'S CITY	COLTON	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	92324	
CASH AND NONCASH AMOUNT:		405,588.

DONEE'S NAME - IND	CASA OF SAN LUIS OBISPO CNTY	
DONEE'S STREET ADDRESS:	75 HIGUERA ST STE 180	
DONEE'S CITY	SAN LUIS OBISPO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93401	
CASH AND NONCASH AMOUNT:		390,400.

DONEE'S NAME - IND	CASA OF SAN MATEO COUNTY	
DONEE'S STREET ADDRESS:	330 TWIN DOLPHIN DR STE 139	
DONEE'S CITY	REDWOOD CITY	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94065	
CASH AND NONCASH AMOUNT:		250,180.

DONEE'S NAME - IND	CASA OF SANTA BARBARA CNTY	
DONEE'S STREET ADDRESS:	2125 S BROADWAY STE 106	
DONEE'S CITY	SANTA MARIA	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93454	
CASH AND NONCASH AMOUNT:		354,001.

DONEE'S NAME - IND	CASA OF SOLANO COUNTY	
DONEE'S STREET ADDRESS:	600 UNION AVE STE 204	
DONEE'S CITY	FAIRFIELD	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94533	
CASH AND NONCASH AMOUNT:		245,471.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	CASA OF TULARE COUNTY	
DONEE'S STREET ADDRESS:	1146 N CHINOWTH ST	
DONEE'S CITY	VISALIA	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93291	
CASH AND NONCASH AMOUNT:		\$ 124,228.

DONEE'S NAME - IND	CASA A VOICE FOR CHILDREN	
DONEE'S STREET ADDRESS:	1804 SOSCOL AVE STE 201	
DONEE'S CITY	NAPA	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94559	
CASH AND NONCASH AMOUNT:		63,588.

DONEE'S NAME - IND	CHILD ADV OF NEVADA COUNTY	
DONEE'S STREET ADDRESS:	200 PROVIDENCE MINE RD ST 210	
DONEE'S CITY	NEVADA CITY	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95959	
CASH AND NONCASH AMOUNT:		88,894.

DONEE'S NAME - IND	CHILD ADV OF PLACER COUNTY	
DONEE'S STREET ADDRESS:	1430 BLUE OAKS BLVD STE 260	
DONEE'S CITY	ROSEVILLE	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95747	
CASH AND NONCASH AMOUNT:		208,665.

DONEE'S NAME - IND	CHILD ADV OF SILICON VALLEY	
DONEE'S STREET ADDRESS:	509 VALLEY WAY BLDG 2	
DONEE'S CITY	MILPITAS	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95035	
CASH AND NONCASH AMOUNT:		596,611.

DONEE'S NAME - IND	CASA OF DEL NORTE COUNTY	
DONEE'S STREET ADDRESS:	579 US HWY 101 SOUTH	
DONEE'S CITY	CRESCENT CITY	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95531	
CASH AND NONCASH AMOUNT:		36,742.

DONEE'S NAME - IND	CASA OF HUMBOLDT COUNTY	
DONEE'S STREET ADDRESS:	2356 MYRTLE AVE	
DONEE'S CITY	EUREKA	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95501	
CASH AND NONCASH AMOUNT:		153,806.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	CASA OF FRESNO COUNTY	
DONEE'S STREET ADDRESS:	2300 TULARE ST STE 210	
DONEE'S CITY	FRESNO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93721	
CASH AND NONCASH AMOUNT:		\$ 280,099.

DONEE'S NAME - IND	CASA OF ORANGE COUNTY	
DONEE'S STREET ADDRESS:	1505 E 17TH ST STE 214	
DONEE'S CITY	SANTA ANA	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	92705	
CASH AND NONCASH AMOUNT:		681,701.

DONEE'S NAME - IND	CASA OF IMPERIAL COUNTY	
DONEE'S STREET ADDRESS:	229 S 8TH ST STE B	
DONEE'S CITY	EL CENTRO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	92243	
CASH AND NONCASH AMOUNT:		211,176.

DONEE'S NAME - IND	CASA OF SACRAMENTO COUNTY	
DONEE'S STREET ADDRESS:	PO BOX 278383	
DONEE'S CITY	SACRAMENTO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95827	
CASH AND NONCASH AMOUNT:		522,360.

DONEE'S NAME - IND	CASA OF SONOMA COUNTY	
DONEE'S STREET ADDRESS:	PO BOX 1418	
DONEE'S CITY	KENWOOD	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95452	
CASH AND NONCASH AMOUNT:		99,810.

DONEE'S NAME - IND	CASA OF STANISLAUS COUNTY	
DONEE'S STREET ADDRESS:	PO BOX 3488	
DONEE'S CITY	MODESTO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95353	
CASH AND NONCASH AMOUNT:		166,358.

DONEE'S NAME - IND	LASSEN FAMILY SERVICES CASA	
DONEE'S STREET ADDRESS:	PO BOX 710	
DONEE'S CITY	SUSANVILLE	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	96130	
CASH AND NONCASH AMOUNT:		71,466.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	CASA OF MARIN COUNTY	
DONEE'S STREET ADDRESS:	1401 LOS GAMOS DR STE 130	
DONEE'S CITY	SAN RAFAEL	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94903	
CASH AND NONCASH AMOUNT:		\$ 203,005.

DONEE'S NAME - IND	NEXUS YOUTH & FAMILY SERVICES	
DONEE'S STREET ADDRESS:	601 COURT ST STE 210	
DONEE'S CITY	JACKSON	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95642	
CASH AND NONCASH AMOUNT:		85,667.

DONEE'S NAME - IND	NORTHERN VALLEY CATHOLIC SS	
DONEE'S STREET ADDRESS:	2400 WASHINGTON AVE	
DONEE'S CITY	REDDING	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	96001	
CASH AND NONCASH AMOUNT:		122,923.

DONEE'S NAME - IND	PLUMAS CRISIS INTERVENTION	
DONEE'S STREET ADDRESS:	PO BOX 3005	
DONEE'S CITY	QUINCY	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95971	
CASH AND NONCASH AMOUNT:		65,664.

DONEE'S NAME - IND	CASA OF SAN FRANCISCO COUNTY	
DONEE'S STREET ADDRESS:	2535 MISSION ST	
DONEE'S CITY	SAN FRANCISCO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94110	
CASH AND NONCASH AMOUNT:		239,251.

DONEE'S NAME - IND	FRIENDS OF ALAMEDA COUNTY	
DONEE'S STREET ADDRESS:	1000 SAN LEANDRO BLVD STE 300	
DONEE'S CITY	SAN LEANDRO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	94577	
CASH AND NONCASH AMOUNT:		108,167.

DONEE'S NAME - IND	TRAINING, EMPLOYMENT, & COMM	
DONEE'S STREET ADDRESS:	112 EAST 2ND ST	
DONEE'S CITY	ALTURAS	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	96101	
CASH AND NONCASH AMOUNT:		41,500.

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STATEMENT 2 (CONTINUED)
FORM 199, PART II, LINE 9
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID

DONEE'S NAME - IND	VOICES FOR CHILDREN	
DONEE'S STREET ADDRESS:	2851 MEADOW LARK DR	
DONEE'S CITY	SAN DIEGO	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	92064	
CASH AND NONCASH AMOUNT:		\$ 1,434,483.

DONEE'S NAME - IND	WILD IRIS FAMILY COUNSELING	
DONEE'S STREET ADDRESS:	150 N MAIN ST	
DONEE'S CITY	BISHOP	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	93514	
CASH AND NONCASH AMOUNT:		44,381.

DONEE'S NAME - IND	CASA OF YOLO COUNTY	
DONEE'S STREET ADDRESS:	724 MAIN ST STE 101	
DONEE'S CITY	WOODLAND	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	95695	
CASH AND NONCASH AMOUNT:		281,633.

DONEE'S NAME - IND	YOUTH EMPOWERMENT SISKIYOU	
DONEE'S STREET ADDRESS:	PO BOX 1337	
DONEE'S CITY	YREKA	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	96097	
CASH AND NONCASH AMOUNT:		47,147.

TOTAL \$ 12,034,277.**STATEMENT 3**
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES.....	\$	15,620.
ADVERTISING AND PROMOTION.....		124,320.
CONFERENCES, CONVENTIONS, AND MEETINGS.....		7,096.
DUES & SUBSCRIPTIONS.....		9,923.
EQUIPMENT & REPAIRS.....		16,287.
FUNDRAISING FEES & SOFTWARE.....		3,824.
INFORMATION TECHNOLOGY.....		20,356.
INSURANCE.....		20,834.
LEGAL FEES.....		10,054.
LOBBYING FEES.....		84,000.
OTHER EMPLOYEE BENEFIT.....		101,775.
OTHER FEES.....		306,605.
PENSION PLAN CONTRIBUTIONS.....		18,801.
POSTAGE AND SHIPPING.....		15,960.
SUPPLIES & MISCELLANEOUS.....		17,585.
TECHNOLOGY FOR LOCAL PROGRAMS.....		38,965.
TELEPHONE.....		17,454.

2022

CALIFORNIA STATEMENTS
CALIFORNIA COURT APPOINTED SPECIAL
ADVOCATE ASSOCIATION

PAGE 8

CLIENT 22-051

68-0163010

1/29/24

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STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

TRAVEL.....	\$	34,636.
WORKSHOPS & CONVENINGS.....		71,597.
	TOTAL	<u>\$ 935,692.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES.....		46,656.
	TOTAL	<u>\$ 46,656.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE.....		7,215,140.
	TOTAL	<u>\$ 7,215,140.</u>

STATEMENT 6
FORM 199, SCHEDULE M-1, LINE 7
INCOME RECORDED ON BOOKS NOT ON RETURN

UNREALIZED GAINS.....	\$	63,691.
	TOTAL	<u>\$ 63,691.</u>



(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814
 (916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

CALIFORNIA COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION <small>Name of Organization</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
<small>List all DBAs and names the organization uses or has used</small> 3525 DEL MAR HEIGHTS RD #243 <small>Address (Number and Street)</small>	State Charity Registration Number <u>070319</u>
SAN DIEGO, CA 92130-2122 <small>City or Town, State, and ZIP Code</small>	Corporation or Organization No. <u>1500085</u>
510.380.8569 <small>Telephone Number</small>	Federal Employer ID No. <u>68-0163010</u>
<small>E-mail Address</small>	

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/22 ending 6/30/23) list:

Total Revenue \$ (including noncash contributions) 14,378,320. **Noncash Contributions \$** 72,631. **Total Assets \$** 10,265,185.

Program Expenses \$ 13,741,266. **Total Expenses \$** 14,566,418.

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

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

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SEE STATEMENT 1		
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	SHARON M LAWRENCE	CEO	
<small>Signature of Authorized Agent</small>	<small>Printed Name</small>	<small>Title</small>	<small>Date</small>

1/29/24

04:20AM

**STATEMENT 1
FORM RRF-1, PART B, LINE 5
GOVERNMENT AGENCY THAT PROVIDED FUNDING**

JUDICIAL COUNCIL OF CALIFORNIA
CENTER FOR FAMILIES, CHILDREN & THE COURTS OPERATIONS & PROGRAMS DIVISION
2850 GATEWAY OAKS DRIVE, SUITE 100, SACRAMENTO, CA 95833
KELLY MEEHLEIB
916-263-1693

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (CAL OES)
3650 SCHRIEVER AVENUE, MATHER, CA 95655
NICOLE HOLM
916-845-8228

1/29/24

04:20AM

FORM 199, PART II, LINE 11 - FISCAL YEAR OFFICER'S COMPENSATION

SHARON M LAWRENCE (CEO)	- \$238,200
JOAN REILLY (CFO & COO)	- \$173,385
ANNE FARRELL (CPO (PHILANTH))	- \$146,696
KATHRYN MATHEWS (CPO)	- \$157,314
LAUREN BERGQUIST (CPO (PHILANTH))	- \$ 88,718
TOTAL	= \$804,313