

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

## A For the 2021 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION</u> Doing Business As			<b>D</b> Employer identification number <u>91-1255818</u>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E</b> Telephone number <u>(206) 270-0072</u>
	<u>100 W HARRISON, N. TOWER</u> City or town, state or province, country, and ZIP or foreign postal code		<u>500</u>	<b>G</b> Gross receipts \$ <u>17,045,077.</u>
	<b>F</b> Name and address of principal officer: <u>TARA PERRY</u> <u>100 W HARRISON, N. TOWER 500, SEATTLE, WA 98119-4123</u>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> 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				
<b>J</b> Website: ▶ <u>WWW.NATIONALCASAGAL.ORG</u>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L</b> Year of formation: <u>1984</u>				<b>M</b> State of legal domicile: <u>WA</u>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>THE ASSOCIATION SUPPORTS STATE AND LOCAL CASA AND GAL PROGRAMS WHICH RECRUIT, TRAIN, DEPLOY AND SUPERVISE VOLUNTEERS TO ADVOCATE FOR ABUSED OR NEGLECTED CHILDREN.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>18</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>18</u>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<u>56</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>18</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <u>12,425,898.</u>	<b>Current Year</b> <u>16,598,407.</u>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>594,294.</u>	<u>393,902.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>48,496.</u>	<u>17,355.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	NONE	NONE
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>13,068,688.</u>	<u>17,009,664.</u>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>5,150,999.</u>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		NONE	NONE
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>5,543,564.</u>	<u>6,136,107.</u>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		NONE	NONE
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>304,694.</u>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>2,276,845.</u>	<u>3,920,121.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>12,971,408.</u>	<u>16,409,635.</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>97,280.</u>	<u>600,029.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <u>5,995,607.</u>	<b>End of Year</b> <u>7,164,922.</u>
	<b>21</b> Total liabilities (Part X, line 26)	<u>1,520,421.</u>	<u>1,958,144.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	<u>4,475,186.</u>	<u>5,206,778.</u>

## 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.

<b>Sign Here</b>	Signature of officer	<u>11/15/2022</u>
	<u>TARA PERRY</u> Type or print name and title	Date <u>CEO</u>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>PAIGE SPEIR</u>	Preparer's signature <u>PAIGE SPEIR</u>
	Firm's name ▶ <u>BDO USA, LLP</u>	Date <u>11/15/2022</u>
	Firm's address ▶ <u>601 UNION STREET SUITE 2300 SEATTLE, WA 98101</u>	Check <input type="checkbox"/> if self-employed PTIN <u>P01325691</u>
Firm's EIN ▶ <u>13-5381590</u>		Phone no. <u>206-382-7777</u>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

**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 \$ 5,254,461. including grants of \$ ) (Revenue \$ 135,955. )

TRAINING AND CONFERENCE FEES RECEIVED FROM VOLUNTEERS ALLOWING THE ORGANIZATION TO TRAIN THE VOLUNTEERS IN PERFORMING COURT RELATE CASA DUTIES

**4b** (Code: ) (Expenses \$ 1,613,602. including grants of \$ ) (Revenue \$ 257,947. )

MEMBERSHIP DUES FROM VOLUNTEERS AND CASA PROGRAMS WHICH PERFORM COURT RELATED CASA DUTIES. THESE FUNDS ALLOW THE ORGANIZATION TO PROVIDE ADDITIONAL TRAINING AND INFORMATION TO THE MEMBERS TO ASSIST IN FURTHERING THEIR CASA ACTIVITIES.

**4c** (Code: ) (Expenses \$ 6,837,591. including grants of \$ 6,353,407. ) (Revenue \$ )

DEVELOPMENT AND EXPANSION OF CASA PROGRAMS UTILIZED FLOW THROUGH GRANTS. AN AVERAGE OF ONE NEW CASA PROGRAM IS STARTED EACH MONTH.

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

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

**4e** Total program service expenses ▶ 13,705,654.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> 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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> 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> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [ ]

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (18), 1b (18), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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.
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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

DIANA WESTROP 100 W HARRISON ST, SUITE N500 SEATTLE, WA 98119 206-774-7214

**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, 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) TARA PERRY CHIEF EXECUTIVE OFFICER	50.00 NONE			X				519,966.	NONE	6,357.
(2) SARAH ERNY DEPUTY CHIEF EXECUTIVE OFFICER	40.00 NONE					X		249,162.	NONE	8,177.
(3) RUSS JACOBS CHIEF LEGAL AFFAIRS OFFICER	40.00 NONE					X		186,940.	NONE	8,072.
(4) BRAD RAY SR. PERFORMANCE MEASUREMENT RE	40.00 NONE					X		182,926.	NONE	6,759.
(5) KRISTIN MITRA CHIEF MARKETING OFFICER	40.00 NONE					X		177,998.	NONE	NONE
(6) ELLA HAIRSTON QUALITY & ACCOUNTABLE OFFICER	40.00 NONE					X		142,136.	NONE	7,479.
(7) JOE BANKOFF BOARD CHAIR	4.00 NONE	X		X				NONE	NONE	NONE
(8) BRITT BANKS SECRETARY	4.00 NONE	X		X				NONE	NONE	NONE
(9) LOU LUCIDO TREASURER	4.00 NONE	X		X				NONE	NONE	NONE
(10) WILLIAM COLLINS BOARD IMMEDIATE PAST CHAIR	4.00 NONE	X		X				NONE	NONE	NONE
(11) DANIELLE MAURER VICE CHAIR	4.00 NONE	X		X				NONE	NONE	NONE
(12) JIM RISHWAIN INDIVIDUAL TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(13) CHARLES BRUMBACK INDIVIDUAL TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(14) DAVID TODD INDIVIDUAL TRUSTEE	2.00 NONE	X						NONE	NONE	NONE

**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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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 ) LISA STUART INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
( 16 ) MATT ISENHOWER INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
( 17 ) MARK WALKER INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
( 18 ) RITA SORONEN INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
( 19 ) ERIC TOM INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
( 20 ) KIMBERLY CORLEY INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
( 21 ) KATHLEEN RUTH INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
( 22 ) HON. DAN MICHAEL EX-OFFICIO TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .							1,459,128.	NONE	36,844.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,459,128.	NONE	36,844.	

**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 ► 19

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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 in compensation from the organization ► NONE

**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				
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>								
	<b>b</b>	Membership dues . . . . .	<b>1b</b>								
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>								
	<b>d</b>	Related organizations . . . . .	<b>1d</b>								
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	14,809,969.							
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	1,788,438.							
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 35,413.							
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		16,598,407.							
	<b>Program Service Revenue</b>				Business Code						
<b>2a</b>		MEMBERSHIP DUES		900099	257,947.	257,947.					
<b>b</b>		TRAINING FEES		611710	135,955.	135,955.					
<b>c</b>											
<b>d</b>											
<b>e</b>											
<b>f</b>		All other program service revenue . . . . .									
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶			393,902.							
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			17,671.		17,671.				
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			NONE						
	<b>5</b>	Royalties . . . . . ▶			NONE						
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal						
	<b>b</b>	Less: rental expenses	<b>6b</b>								
	<b>c</b>	Rental income or (loss)	<b>6c</b>	NONE	NONE						
	<b>d</b>	Net rental income or (loss) . . . . . ▶				NONE					
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other						
						35,097.					
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>			35,413.					
<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>			-316.						
<b>d</b>	Net gain or (loss) . . . . . ▶				-316.						
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		NONE							
			<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>		NONE				
			<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶			NONE				
			<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE				
						<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>		NONE	
						<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶			NONE	
			<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE				
						<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>		NONE	
						<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶			NONE	
<b>Miscellaneous Revenue</b>				Business Code							
	<b>11a</b>										
	<b>b</b>										
	<b>c</b>										
	<b>d</b>	All other revenue . . . . .									
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶				NONE						
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			17,009,664.	393,902.		17,355.				

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	6,353,407.	6,353,407.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	526,323.	408,507.	112,020.	5,796.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	4,843,534.	3,759,321.	1,030,877.	53,336.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	108,594.	84,285.	23,113.	1,196.
9 Other employee benefits . . . . .	251,221.	194,986.	53,469.	2,766.
10 Payroll taxes . . . . .	406,435.	315,455.	86,504.	4,476.
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	66,660.		66,660.	
c Accounting . . . . .	26,200.		26,200.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
f Investment management fees . . . . .	13,963.		13,963.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	NONE			
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	79,578.	11,936.	52,515.	15,127.
14 Information technology . . . . .	62,999.	9,449.	41,575.	11,975.
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	466,160.	367,891.	89,120.	9,149.
17 Travel . . . . .	27,742.	3,171.	24,571.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	NONE			
20 Interest . . . . .	NONE			
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	NONE			
23 Insurance . . . . .	18,583.		18,583.	
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 CONTRACT SERVICES	2,664,706.	2,051,243.	423,918.	189,545.
b PRGRM. PROMO. AND OTHER	376,894.	71,029.	299,312.	6,553.
c TELEPHONE	94,112.	57,325.	36,787.	
d PRINTING	22,524.	17,649.	100.	4,775.
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	16,409,635.	13,705,654.	2,399,287.	304,694.
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	4,443,235.	<b>1</b>	5,461,118.
	<b>2</b> Savings and temporary cash investments . . . . .	94,735.	<b>2</b>	158,441.
	<b>3</b> Pledges and grants receivable, net . . . . .	358,899.	<b>3</b>	386,358.
	<b>4</b> Accounts receivable, net . . . . .	NONE	<b>4</b>	NONE
	<b>5</b> 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 . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	86,918.	<b>9</b>	87,479.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>		
	<b>11</b> Investments - publicly traded securities . . . . .	990,534.	<b>11</b>	1,049,604.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	21,286.	<b>15</b>	21,922.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	5,995,607.	<b>16</b>	7,164,922.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	545,244.	<b>17</b>	750,506.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	59,850.	<b>19</b>	337,933.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> 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 . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	915,327.	<b>24</b>	869,705.
	<b>25</b> 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 . . . . .	NONE	<b>25</b>	NONE
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,520,421.	<b>26</b>	1,958,144.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,063,388.	<b>27</b>	2,502,180.
	<b>28</b> Net assets with donor restrictions . . . . .	2,411,798.	<b>28</b>	2,704,598.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	4,475,186.	<b>32</b>	5,206,778.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	5,995,607.	<b>33</b>	7,164,922.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,009,664.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,409,635.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	600,029.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	4,475,186.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	84,301.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	47,262.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,206,778.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 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 . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

Employer identification number  
**91-1255818**

**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)							
<b>Total</b>							

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

Schedule A (Form 990) 2021

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	12,824,118.	11,862,665.	12,760,896.	12,425,898.	16,598,407.	66,471,984.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	12,824,118.	11,862,665.	12,760,896.	12,425,898.	16,598,407.	66,471,984.
<b>5</b> 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). . . . .						NONE
<b>6 Public support.</b> Subtract line 5 from line 4						66,471,984.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	12,824,118.	11,862,665.	12,760,896.	12,425,898.	16,598,407.	66,471,984.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	16,665.	21,220.	17,591.	15,098.	17,671.	88,245.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						NONE
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						NONE
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						66,560,229.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	2,915,845.
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	99.87 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.01 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2021.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2020.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 in line 12 on 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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>			
<b>b</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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>			
<b>b</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>			

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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).		

**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	<b>Total annual distributions.</b> 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016 . . . . .			
b	From 2017 . . . . .			
c	From 2018 . . . . .			
d	From 2019 . . . . .			
e	From 2020 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017 . . . .			
b	Excess from 2018 . . . .			
c	Excess from 2019 . . . .			
d	Excess from 2020 . . . .			
e	Excess from 2021 . . . .			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

Table with 2 columns: Name of the organization (NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION) and Employer identification number (91-1255818)

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 <b>NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION</b>	<b>Employer identification number</b> 91-1255818
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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	N/A <hr/> <hr/> <hr/>	\$ 13,894,642.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;"><b>Person</b></td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>		<b>Payroll</b>	<input type="checkbox"/>		<b>Noncash</b>	<input type="checkbox"/>	
<b>Person</b>	<input checked="" type="checkbox"/>											
<b>Payroll</b>	<input type="checkbox"/>											
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2	N/A <hr/> <hr/> <hr/>	\$ 915,327.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;"><b>Person</b></td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;"><b>Payroll</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;"><b>Noncash</b></td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	<b>Person</b>	<input checked="" type="checkbox"/>		<b>Payroll</b>	<input type="checkbox"/>		<b>Noncash</b>	<input type="checkbox"/>	
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<b>Person</b>	<input type="checkbox"/>											
<b>Payroll</b>	<input type="checkbox"/>											
<b>Noncash</b>	<input type="checkbox"/>											

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**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 NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION	Employer identification number 91-1255818
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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. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 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)				

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

Schedule C (Form 990) 2021

**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.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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).

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

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."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions.

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.

Blank lines for providing supplemental information as requested in the instructions above.

**Part IV** Supplemental Information *(continued)*

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## ADDITIONAL INFORMATION

LOBBYING EFFORTS PRIMARILY CONSIST OF CREATING AWARENESS OF THE  
CIRCUMSTANCES OF CHILDREN IN THE FOSTER CARE AND FAMILY COURT SYSTEMS AND  
ADVOCATING FOR THESE CHILDRENS' BEST INTERESTS IN THE LEGAL SYSTEM.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION

Employer identification number 91-1255818

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, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

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?

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.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g 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 74.7900 %
c Term endowment 25.2100 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

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.



**Part XIII** Supplemental Information *(continued)*

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PART V, LINE 4:

THE ENDOWMENT FUND IS RESTRICTED FOR THE PURPOSE OF FUNDING SCHOLARSHIPS  
FOR FOSTER CHILDREN.

PART XII, LINE 2D

RECOVERIES OF PRIOR YEAR GRANTS

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

Employer identification number  
**91-1255818**

**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.

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CASA FOR CHILDREN 1401 NE 68TH AVE PORTLAND, OR 97213-4957	93-0923866	501(C)(3)	5,370.				PASS THROUGH
<b>(2)</b> CASA OF DOUGLAS COUNTY, INC. 1009 NEW HAMPSHIRE ST STE A&B	48-1104657	501(C)(3)	5,750.				PASS THROUGH
<b>(3)</b> CARE HOUSE CASA 44765 WOODWARD AVENUE PONTIAC, MI 48341	38-2305297	501(C)(3)	6,000.				PASS THROUGH
<b>(4)</b> GREATER RICHMOND SCAN - RICHMOND CASA 103 E GRACE ST RICHMOND, VA 23219-1741	54-1584969	501(C)(3)	6,000.				PASS THROUGH
<b>(5)</b> NORTH CAROLINA STATE GAL PROGRAM 901 CORPORATE CENTER DR. RALEIGH, NC 27607	56-0847358	501(C)(3)	6,185.				PASS THROUGH
<b>(6)</b> CASA OF NORTH ARKANSAS 715 W. SHERMAN, SUITE J HARRISON, AR 72601	71-0810997	501(C)(3)	7,500.				PASS THROUGH
<b>(7)</b> CASA OF OKLAHOMA COUNTY, INC. 1608 NW EXPRESSWAY OKLAHOMA CITY, OK 73118	13-4364692	501(C)(3)	7,500.				PASS THROUGH
<b>(8)</b> CASA OF BROWN COUNTY, INC. 414 E. WALNUT ST. SUITE 170	20-0476117	501(C)(3)	8,042.				PASS THROUGH
<b>(9)</b> CASA OF HILL COUNTY 2229 5TH AVE STE 135 HAVRE, MT 59501-5217	81-0544576	501(C)(3)	8,200.				PASS THROUGH
<b>(10)</b> CARSON CITY CASA 1539 E 5TH STREET	31?1624090	501(C)(3)	8,200.				PASS THROUGH
<b>(11)</b> CLOSED - COLUMBIA COUNTY CASA INC. 311 E. WISCONSIN ST SUITE 107	81-4295878	501(C)(3)	9,318.				PASS THROUGH
<b>(12)</b> NORTHERN HILLS AREA CASA PROGRAM 741 N 5TH ST SPEARFISH, SD 57783-2048	46-0399483	501(C)(3)	9,875.				PASS THROUGH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 162

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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Name of the organization NATIONAL COURT APPOINTED SPECIAL  
ADVOCATE ASSOCIATION

Employer identification number  
91-1255818

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CASA FOR KIDS, INC. BARRY, EATON & INGHAM C 3303 W. SAGINAW ST., STE. B2	38-3408893	501(C)(3)	10,000.				PASS THROUGH
<b>(2)</b> SACRAMENTO CASA 301 BICENTENNIAL CIRCLE, SUITE 220	68-0257139	501(C)(3)	10,066.				PASS THROUGH
<b>(3)</b> ORANGE COUNTY CASA 1 COURT STREET PAOLI, IN 47454	99-9999999	GOVERNMENT	10,100.				PASS THROUGH
<b>(4)</b> VOICES FOR CHILDREN, INC. 2851 MEADOW LARK DR	95-3786047	501(C)(3)	10,417.				PASS THROUGH
<b>(5)</b> CASA OF THE SOUTHWEST 129 COUNTY ROAD 250 DURANGO, CO 81301	02-0666382	501(C)(3)	10,585.				PASS THROUGH
<b>(6)</b> CASA OF THE 5TH JUDICIAL DISTRICT 1388 RUMSEY AVE CODY, WY 82414	27-2137118	501(C)(3)	10,599.				PASS THROUGH
<b>(7)</b> CASA OF MORRIS AND SUSSEX COUNTIES, INC. 222 RIDGEDALE AVENUE, SUITE 300	22-3123157	501(C)(3)	11,800.				PASS THROUGH
<b>(8)</b> CHILDREN'S VOICE: CASA, INC. 8701 HOSPITAL DR. SUITE C	58-2488628	501(C)(3)	11,985.				PASS THROUGH
<b>(9)</b> YOUTH SERVICE BUREAU CASA PROGRAM 150 CLEVELAND AVENUE SLIDELL, LA 70458	72-0933867	501(C)(3)	11,985.				PASS THROUGH
<b>(10)</b> SNOHOMISH COUNTY CASA PROGRAM 2801 10TH ST EVERETT, WA 98201-1414	91-6001368	501(C)(3)	11,985.				PASS THROUGH
<b>(11)</b> LYON COUNTY CASA 31 S. MAIN STREET YERINGTON, NV 89447	99-9999999	GOVERNMENT	11,985.				PASS THROUGH
<b>(12)</b> TLC CHILDREN'S SERVICES, INC. 1347 N JEFFERSON ST DUBLIN, GA 31021	58-2134530	501(C)(3)	12,105.				PASS THROUGH

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
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Name of the organization NATIONAL COURT APPOINTED SPECIAL  
ADVOCATE ASSOCIATION

Employer identification number  
91-1255818

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CASA OF DUPAGE COUNTY, INC. 505 N COUNTY FARM RD C3	36-3875807	501(C)(3)	12,105.				PASS THROUGH
<b>(2)</b> TIPPECANOE COUNTY CASA 301 MAIN ST LAFAYETTE, IN 47901-1364	99-9999999	GOVERNMENT	12,105.				PASS THROUGH
<b>(3)</b> SUMNER COUNTY CASA 182 W FRANKLIN ST GALLATIN, TN 37066	62-1465336	501(C)(3)	12,105.				PASS THROUGH
<b>(4)</b> FAIRFAX CASA 4103 CHAIN BRIDGE RD STE 200	54-1555197	501(C)(3)	12,105.				PASS THROUGH
<b>(5)</b> COURT APPOINTED SPECIAL ADVOCATES OF NAVARR PO BOX 6024 CORSICANA, TEXAS, TX 75110	75-2945124	501(C)(3)	12,105.				PASS THROUGH
<b>(6)</b> CASA-THE VOICE FOR CLINTON COUNTY'S CHILDRE 1207 N. US 27 SAINT JOHNS, MI 48879-1501	46-4768200	501(C)(3)	12,105.				PASS THROUGH
<b>(7)</b> CASA OF SOUTHWEST IDAHO - THIRD DISTRICT GA 304 NORTH KIMBALL AVENUE CALDWELL, ID 83605	81-136-8126	501(C)(3)	12,500.				PASS THROUGH
<b>(8)</b> CASA FOR CHILDREN 1401 NE 68TH AVE PORTLAND, OR 97213-4957	93-0923866	501(C)(3)	12,600.				PASS THROUGH
<b>(9)</b> CASA OF THE 36TH JUDICIAL CIRCUIT 85 S OCOEE ST CLEVELAND, TN 37311-5079	27-2961555	501(C)(3)	12,952.				PASS THROUGH
<b>(10)</b> PULASKI COUNTY CASA 3001 W ROOSEVELT RD	71-0814325	501(C)(3)	13,733.				PASS THROUGH
<b>(11)</b> ATHENS-OCONEE CASA PROGRAM, INC. 693 N POPE ST ATHENS, GA 30605	58-2100852	501(C)(3)	15,000.				PASS THROUGH
<b>(12)</b> CASA OF EAST CENTRAL ILLINOIS 604 JACKSON AVENUE	37-1322211	501(C)(3)	15,000.				PASS THROUGH

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Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2021**

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Name of the organization NATIONAL COURT APPOINTED SPECIAL  
ADVOCATE ASSOCIATION

Employer identification number  
91-1255818

**Part I General Information on Grants and Assistance**

- 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
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**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CLOSED - CHILD ADVOCATES, INC. 8200 HAVERSTICK RD STE 240	35-1788240	501(C)(3)	15,000.				PASS THROUGH
<b>(2)</b> CASA FOR THE SIXTH JUDICIAL DISTRICT 300 SOUTH CAREY AVE GILLETTE, WY 82716	83-0322769	501(C)(3)	15,000.				PASS THROUGH
<b>(3)</b> FLORIDA GAL FOUNDATION - STATE ORGANIZATION 111 W. MADISON STREET, #674	45-0501348	501(C)(3)	15,000.				PASS THROUGH
<b>(4)</b> OTTAWA AND SALINE COUNTY CASA PROGRAM 155 N OAKDALE AVE STE 200 SALINA, KS 67401	48-0921732	501(C)(3)	15,000.				PASS THROUGH
<b>(5)</b> CASA OF THE MIDLANDS 435 N PARK AVE FREMONT, NE 68025	37-1941285	501(C)(3)	15,000.				PASS THROUGH
<b>(6)</b> BOSTON CASA 85 MERRIMAC ST STE 401 BOSTON, MA 02114	04-3110775	501(C)(3)	15,172.				PASS THROUGH
<b>(7)</b> CASA MONROE 401 COLLEGE STREET N	32-0204451	501(C)(3)	15,357.				PASS THROUGH
<b>(8)</b> CASA OF AUTAUGA COUNTY 696 N. SILVER HILLS DR PRATTVILLE, AL 36066	84-2467124	501(C)(3)	15,873.				PASS THROUGH
<b>(9)</b> CASA OF THE PARKLAND 400 NORTH WASHINGTON STREET SUITE 105	84-2334981	501(C)(3)	16,200.				PASS THROUGH
<b>(10)</b> CLOSED - CASA OF CAMDEN COUNTY 520 MARKET STREET STE 401 CAMDEN, NJ 08102	32-0067502	501(C)(3)	16,600.				PASS THROUGH
<b>(11)</b> CASA OF MARICOPA COUNTY 3131 W DURANGO ST PHOENIX, AZ 85009-6217	86-6000472	501(C)(3)	16,800.				PASS THROUGH
<b>(12)</b> MASSACHUSETTS CASA 867 BOYLSTON STREET, 5TH FLOOR	82-3536706	501(C)(3)	16,954.				PASS THROUGH

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<b>(1)</b> CASA OF EL PASO 2757 SWISS AVE DALLAS, TX 75204-5954	75-1866204	501(C)(3)	17,034.				PASS THROUGH
<b>(2)</b> UMCHS, INC 110 NE 4TH ST HERMISTON, OR 97838-1861	93-0937286	501(C)(3)	17,163.				PASS THROUGH
<b>(3)</b> ELKHART COUNTY CASA PROGRAM 1000 W. HIVELEY AVE ELKHART, IN 46517-1741	35-0888765	501(C)(3)	17,400.				PASS THROUGH
<b>(4)</b> MONTGOMERY COUNTY JUVENILE COURT CASA PROGR JUVENILE JUSTICE CENTER 380 WEST SECOND ST.	31-1620622	501(C)(3)	17,401.				PASS THROUGH
<b>(5)</b> CASA KIDS PROGRAM 3888 NORTHSIDE DR STE AB	58-2088199	501(C)(3)	17,600.				PASS THROUGH
<b>(6)</b> WEST VIRGINIA CASA ASSOCIATION 501 ELIZABETH STREET CHARLESTON, WV 25311	55-0754943	501(C)(3)	17,985.				PASS THROUGH
<b>(7)</b> SUMMIT COUNTY CASA 650 DAN ST AKRON, OH 44310-3909	99-9999999	GOVERNMENT	18,200.				PASS THROUGH
<b>(8)</b> CASA OF GALVESTON COUNTY 10000 EMMETT F. LOWRY EXPRESSWAY SUITE 4000	46-4525259	501(C)(3)	18,275.				PASS THROUGH
<b>(9)</b> CASA OF ST. LOUIS 105 SOUTH CENTRAL AVE CLAYTON, MO 63105	43-1807059	501(C)(3)	18,800.				PASS THROUGH
<b>(10)</b> CASA OF THE EASTERN PANHANDLE, INC. 397-3 MID ATLANTIC PARKWAY	32-0063080	501(C)(3)	19,000.				PASS THROUGH
<b>(11)</b> ONOGADA CASA - PROGRAM OF ACCESS CNY 401 MONTGOMERY ST SYRACUSE, NY 13202	99-9999999	GOVERNMENT	19,779.				PASS THROUGH
<b>(12)</b> CASA OF HARRISON AND STONE COUNTY 47 MAPLES DR #B, BLDG. C	26-3268141	501(C)(3)	20,000.				PASS THROUGH

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<b>(1)</b> EASTERN MONTANA CASA 2200 BOXELDER STREET SUITE 131	81-0490831	501(C)(3)	21,702.				PASS THROUGH
<b>(2)</b> CASA FOR CHILDREN OF KLAMATH COUNTY 731 MAIN ST # 202	93-1261640	501(C)(3)	21,738.				PASS THROUGH
<b>(3)</b> CASA OF LANCASTER AND LEBANON COUNTIES 120 N. SHIPPEN ST. LANCASTER, PA 17602	26-1826650	501(C)(3)	22,105.				PASS THROUGH
<b>(4)</b> CASA OF NORTH MISSISSIPPI 1107 JEFFERSON AVENUE SECOND FLOOR SUITE 1	82-2847040	501(C)(3)	22,200.				PASS THROUGH
<b>(5)</b> JUNEAU CASA P.O. BOX 110225 JUNEAU, AK 99811-0225	99-9999999	GOVERNMENT	22,477.				PASS THROUGH
<b>(6)</b> CASA OF IOWA - GREATER DUBUQUE AREA 220 W 7TH STREET DUBUQUE, IA 52001	42-6004508	501(C)(3)	22,900.				PASS THROUGH
<b>(7)</b> CASA OF THE TENTH JUDICIAL DISTRICT 324 MAIN ST STE 215 PEORIA, IL 61602-2334	20-1534971	501(C)(3)	23,400.				PASS THROUGH
<b>(8)</b> CASA OF THE 5TH JUDICIAL DISTRICT 400 WEST MAIN RUSSELLVILLE, AR 72801	94-3419253	501(C)(3)	23,613.				PASS THROUGH
<b>(9)</b> CASA OF OHIO VALLEY 608 FREDERICA STREET SUITE 100A	61-1303511	501(C)(3)	23,774.				PASS THROUGH
<b>(10)</b> VALLEY CASA 515 E DAHLIA AVE, SUITE 130	99-9999999	GOVERNMENT	24,000.				PASS THROUGH
<b>(11)</b> CLOSED-CASA OF NORTHERN CONNECTICUT 1224 MILL STREET BUILDING B	82-3660654	501(C)(3)	24,159.				PASS THROUGH
<b>(12)</b> CASA OF LEWIS & CLARK AND BROADWATER COUNTI 3280 CENTENNIAL SUITE C HELENA, MT 59601	81-0523987	501(C)(3)	24,485.				PASS THROUGH

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<b>(1)</b> CASA CHILDREN'S INTERVENTION SERVICES, INC. 9384 FORESTWOOD LN STE C	54-1661340	501(C)(3)	24,500.				PASS THROUGH
<b>(2)</b> UTAH OFFICE OF THE GUARDIAN AD LITEM AND CA 800 W STATE ST FARMINGTON, UT 84025	87-6000545	501(C)(3)	24,562.				PASS THROUGH
<b>(3)</b> CASA OF SOUTHERN MARYLAND 105 EAST ASH ST, SUITE 102	20-2408667	501(C)(3)	24,632.				PASS THROUGH
<b>(4)</b> 8TH JUDICIAL DISTRICT COURT/CLARK COUNTY CA 601 N. PECOS RD. BUILDING D	99-9999999	GOVERNMENT	25,000.				PASS THROUGH
<b>(5)</b> CASA OF SOUTH CENTRAL MISSOURI - 25TH JUDIC 406 N MAIN, SUITE A ROLLA, MO 65401	20-2021790	501(C)(3)	25,000.				PASS THROUGH
<b>(6)</b> CASA FOR CHILDREN, INC 107 W LIBERTY ST WOOSTER, OH 44691-4850	34-6003005	501(C)(3)	25,955.				PASS THROUGH
<b>(7)</b> CASA OF NATRONA COUNTY 140 N. CENTER CASPER, WY 82601	83-0331392	501(C)(3)	26,566.				PASS THROUGH
<b>(8)</b> CASA OF KINGS COUNTY 101 N IRWIN ST STE 110B	46-2896299	501(C)(3)	26,750.				PASS THROUGH
<b>(9)</b> CASA KENDALL COUNTY 811 W JOHN ST YORKVILLE, IL 60560-9249	36-4226686	501(C)(3)	26,985.				PASS THROUGH
<b>(10)</b> CASA OF COOK COUNTY 1100 S. HAMILTON, 8- WEST	36-4461307	501(C)(3)	27,315.				PASS THROUGH
<b>(11)</b> CASA FOR CHILDREN INC. 1224 CHAPLINE STREET WHEELING, WV 26003	27-0906338	501(C)(3)	27,993.				PASS THROUGH
<b>(12)</b> HEART OF MISSOURI CASA 105 EAST ASH ST, SUITE 102	20-2408667	501(C)(3)	28,205.				PASS THROUGH

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<b>(1)</b> CASA OF UNION COUNTY 1143 EAST JERSEY STREET, 2ND FLOOR	20-2603930	501(C)(3)	29,354.				PASS THROUGH
<b>(2)</b> WESTERN REGIONAL CASA 212 11TH ST. S. LA CROSSE, WI 54601	39-0810543	501(C)(3)	29,916.				PASS THROUGH
<b>(3)</b> BIG COUNTRY CASA 400 OAK ST STE 217 ABILENE, TX 79602	47-4607273	501(C)(3)	30,000.				PASS THROUGH
<b>(4)</b> PENNSYLVANIA CASA ASSOCIATION 2080 LINGLESTOWN ROAD HARRISBURG, PA 17110	23-2954302	501(C)(3)	30,100.				PASS THROUGH
<b>(5)</b> CASA OF MCHENRY COUNTY 630 N. IL ROUTE 31, SUITE 101	20-1387762	501(C)(3)	30,500.				PASS THROUGH
<b>(6)</b> CASA OF THE PIKES PEAK REGION, INC. 418 S. WEBER STREET	84-1115548	501(C)(3)	30,600.				PASS THROUGH
<b>(7)</b> IMPERIAL COUNTY & QUECHAN TRIBAL CASA 229 SOUTH 8TH STREET STE B	33-0632963	501(C)(3)	30,800.				PASS THROUGH
<b>(8)</b> CASA OF SOUTHWEST MICHIGAN 38 W. WALL STREET BENTON HARBOR, MI 49022	83-3301571	501(C)(3)	30,807.				PASS THROUGH
<b>(9)</b> PARACHUTE: BUTLER COUNTY COURT APPOINTED SP 284 N FAIR AVE HAMILTON, OH 45011-4222	31-1230170	501(C)(3)	31,582.				
<b>(10)</b> GUARDIAN AD LITEM - DISTRICT 4 JACKSONVILLE 105 E 3RD ST, ROOM 301 CITY HALL	99-9999999	GOVERNMENT	31,833.				PASS THROUGH
<b>(11)</b> FRANKLIN/HAMPSHIRE CASA PROGRAM 245 RUSSELL ST STE 14 HADLEY, MA 01035	22-2952288	501(C)(3)	32,260.				PASS THROUGH
<b>(12)</b> CHELAN-DOUGLAS COUNTY CASA/GAL PROGRAM 431 DOUGLAS STREET WENATCHEE, WA 98801	91-1643408	501(C)(3)	32,263.				PASS THROUGH

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<b>(1)</b> CASA OF BERKS COUNTY 845 PARK ROAD, SUITE 307	47-3440847	501(C)(3)	32,947.				PASS THROUGH
<b>(2)</b> FRANKLIN COUNTY CASA, INC. - UNION 80A NORTH OAK ST. UNION, MO 63084-1643	20-4075961	501(C)(3)	33,003.				PASS THROUGH
<b>(3)</b> CASA OF CLACKAMAS COUNTY 421 HIGH ST STE 108	93-1105205	501(C)(3)	33,400.				PASS THROUGH
<b>(4)</b> CASA OF IOWA - GREATER DES MOINES AREA 321 E 12TH ST FL 4TH ANKENY, IA 50023	99-9999999	GOVERNMENT	33,600.				PASS THROUGH
<b>(5)</b> CAN COUNCIL 1311 N MICHIGAN AVE SAGINAW, MI 48602-4733	38-2480726	501(C)(3)	34,124.				PASS THROUGH
<b>(6)</b> VANDERBURGH COUNTY CASA, INC. 600 SE 6TH STREET EVANSVILLE, IN 47713	35-1601081	501(C)(3)	34,700.				PASS THROUGH
<b>(7)</b> SETHRA CASA 312 RESOURCE ROAD DUNLAP, TN 37327	62-0926520	501(C)(3)	35,442.				PASS THROUGH
<b>(8)</b> CASA OF EAST CENTRAL WISCONSIN 814 WASHINGTON STREET, STUDIO 1	83-2387527	501(C)(3)	36,284.				PASS THROUGH
<b>(9)</b> CASA YOUTH ADVOCATES INC., SERVING DELAWARE 26 EAST FOURTH ST., 2ND FLOOR	23-1901080	501(C)(3)	36,500.				PASS THROUGH
<b>(10)</b> CASA OF SANTA BARBARA COUNTY 2125 SOUTH BROADWAY STE 106	33-0662734	501(C)(3)	37,400.				PASS THROUGH
<b>(11)</b> CASA OF LINN COUNTY, INC. 2730 PACIFIC BLVD. SE, #201	93-0953615	501(C)(3)	37,400.				PASS THROUGH
<b>(12)</b> CASA OF THE SOUTH PLAINS, INC. 4601 S LOOP 289 STE 25 LUBBOCK, TX 79424	75-2482631	501(C)(3)	37,400.				PASS THROUGH

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<b>(1)</b> CALIFORNIA CASA ASSOCIATION 3525 DEL MAR HEIGHTS RD. #243	68-0163010	501(C)(3)	38,382.				PASS THROUGH
<b>(2)</b> CASA NEW ORLEANS 2725 SOUTH BROAD NEW ORLEANS, LA 70125-1939	72-1054889	501(C)(3)	40,701.				PASS THROUGH
<b>(3)</b> OKMULGEE COUNTY/CREEK NATION CASA PO BOX 73 OKMULGEE, OK 74447-0073	73-1332643	501(C)(3)	40,958.				PASS THROUGH
<b>(4)</b> CASA OF BRADLEY AND POLK COUNTIES 85 S OCOEE ST CLEVELAND, TN 37311-5079	27-2961555	501(C)(3)	41,509.				PASS THROUGH
<b>(5)</b> CASA OF SOLA 215 E. PINHOOK RD. LAFAYETTE, LA 70501	26-3696342	501(C)(3)	43,000.				PASS THROUGH
<b>(6)</b> CASA OF SAN JOAQUIN COUNTY 127 N. SUTTER STREET	94-2497046	501(C)(3)	43,300.				PASS THROUGH
<b>(7)</b> FIRST JUDICIAL DISTRICT CASA PROGRAM, INC. 1417 N 4TH ST COEUR D'ALENE, ID 83814	82-0458229	501(C)(3)	43,833.				PASS THROUGH
<b>(8)</b> FIRST JUDICIAL DISTRICT CASA ASSOCIATION 100 S 5TH ST LEAVENWORTH, KS 66048-2605	48-1136125	501(C)(3)	44,500.				PASS THROUGH
<b>(9)</b> CASA OF THE WIREGRASS REGION 545 W. MAIN ST SUITE 100 DOTHAN, AL 36301	84-2466768	501(C)(3)	45,400.				PASS THROUGH
<b>(10)</b> CASA OF THE FOX CITIES, INC. 1500 N CASALOMA DR STE 200	46-0740362	501(C)(3)	46,370.				PASS THROUGH
<b>(11)</b> CASA CORRIDOR OF EAST TENNESSEE 107 * PARK ST ATHENS, TN 37303	20-8726704	501(C)(3)	46,650.				PASS THROUGH
<b>(12)</b> JACKSON COUNTY CASA - KANSAS CITY 2544 HOLMES ST. KANSAS CITY, MO 64108	43-1401328	501(C)(3)	46,800.				PASS THROUGH

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization NATIONAL COURT APPOINTED SPECIAL  
ADVOCATE ASSOCIATION

Employer identification number  
91-1255818

**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.

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CASA OF LANE COUNTY 174 DEADMOND FERRY RD	93-1185120	501(C)(3)	47,008.				PASS THROUGH
<b>(2)</b> CASA OF NORTHWEST ARKANSAS 3825 CAWOOD LN SPRINGDALE, AR 72762-5237	71-0708334	501(C)(3)	47,128.				PASS THROUGH
<b>(3)</b> CHILD ADVOCATES OF FORT BEND 5403 AVENUE N ROSENBERG, TX 77471-5644	76-0337426	501(C)(3)	47,200.				PASS THROUGH
<b>(4)</b> CASA OF ATLANTIC, CAPE MAY AND CAMDEN COUNT 321 SHORE RD SOMERS POINT, NJ 08244-2600	22-3348198	501(C)(3)	47,879.				PASS THROUGH
<b>(5)</b> SAVANNAH CHATHAM COUNTY CASA, INC. 761 WHEATON STREET SAVANNAH, GA 31401-4962	58-2058358	501(C)(3)	49,468.				PASS THROUGH
<b>(6)</b> CASA OF LEXINGTON 3245 LOCH NESS DR. LEXINGTON, KY 40517	61-1339185	501(C)(3)	49,700.				PASS THROUGH
<b>(7)</b> CASA OF PHILADELPHIA COUNTY 1501 CHERRY ST PHILADELPHIA, PA 19102-1403	20-0744446	501(C)(3)	50,069.				PASS THROUGH
<b>(8)</b> NEW MEXICO CASA ASSOCIATION 2340 ALAMO AVE SE, STE 112	32-0574647	501(C)(3)	50,200.				PASS THROUGH
<b>(9)</b> THE CASA PROJECT 100 GROVE ST STE 403	04-2711865	501(C)(3)	51,577.				PASS THROUGH
<b>(10)</b> CASA OF THE RIVER REGION 982 EASTERN PKWY STE 9	61-1066568	501(C)(3)	54,200.				PASS THROUGH
<b>(11)</b> ALEXANDRIA - ARLINGTON COUNTY CASA PROGRAM 205 S. WHITING STREET SUITE 205	54-1473693	501(C)(3)	55,754.				PASS THROUGH
<b>(12)</b> ANNE ARUNDEL COUNTY CASA, INC. 8 CHURCH CIR STE H-103	52-1885500	501(C)(3)	57,000.				PASS THROUGH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**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.

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Name of the organization NATIONAL COURT APPOINTED SPECIAL  
ADVOCATE ASSOCIATION

Employer identification number  
91-1255818

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> MESILLA VALLEY CASA, INC. 102 WYATT DRIVE LAS CRUCES, NM 88005-2927	85-0414608	501(C)(3)	57,005.				PASS THROUGH
<b>(2)</b> CASA OF LARIMER COUNTY 3105 E. HARMONY ROAD FORT COLLINS, CO 80528	84-1048149	501(C)(3)	57,600.				PASS THROUGH
<b>(3)</b> CASA OF PIMA COUNTY 2225 E AJO WAY TUCSON, AZ 85713-6201	86-6000543	501(C)(3)	59,111.				PASS THROUGH
<b>(4)</b> SEVENTH CIRCUIT CASA PROGRAM 1605 EVERGREEN DRIVE RAPID CITY, SD 57702	46-0402202	501(C)(3)	59,975.				PASS THROUGH
<b>(5)</b> CLOSED - CASA OF SOUTHERN CONNECTICUT 157 CHURCH STREET 19TH FLOOR	82-3707349	501(C)(3)	60,487.				PASS THROUGH
<b>(6)</b> CLOSED - CLARK COUNTY CASA PROGRAM 3609 MAIN ST VANCOUVER, WA 98663-2225	91-0569882	501(C)(3)	60,540.				PASS THROUGH
<b>(7)</b> CASA - PRINCE GEORGE'S COUNTY 6811 KENILWORTH AVE STE 402	521772617	501(C)(3)	60,800.				PASS THROUGH
<b>(8)</b> ESSEX COUNTY CASA, INC. 212 WASHINGTON ST RM 912	22-2745450	501(C)(3)	60,977.				PASS THROUGH
<b>(9)</b> CASA OF SOUTHWEST MISSOURI 1911 S. NATIONAL AVE. SUITE 404	43-1524185	501(C)(3)	62,600.				PASS THROUGH
<b>(10)</b> CASA OF JEFFERSON COUNTY 120 2ND CT N BIRMINGHAM, AL 35204-4718	63-1201369	501(C)(3)	63,039.				PASS THROUGH
<b>(11)</b> NEW MEXICO KIDS MATTER, INC. 2340 ALAMO AVE SE STE 112	85-0424064	501(C)(3)	68,880.				PASS THROUGH
<b>(12)</b> DOUGLAS COUNTY CASA, INC. 1009 NEW HAMPSHIRE ST STE A&B	48-1104657	501(C)(3)	71,620.				PASS THROUGH

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization NATIONAL COURT APPOINTED SPECIAL  
ADVOCATE ASSOCIATION

Employer identification number  
91-1255818

**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.

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CASA OF SOUTHEAST MISSISSIPPI 4903 TELEPHONE RD PASCAGOULA, MS 39567-1823	80-0231274	501(C)(3)	72,641.				PASS THROUGH
<b>(2)</b> CASA OF ADAMS AND BROOMFIELD COUNTIES 11860 PECOS STREET, SUITE 2700	31-1657019	501(C)(3)	77,917.				PASS THROUGH
<b>(3)</b> CASA OF WESTMORELAND, INC. 2 N MAIN ST GREENSBURG, PA 15601-2405	20-5046788	501(C)(3)	81,000.				PASS THROUGH
<b>(4)</b> PASSAIC COUNTY CASA 415 HAMBURG TPKE # D2 WAYNE, NJ 07470-2129	20-8456398	501(C)(3)	85,300.				PASS THROUGH
<b>(5)</b> CASA OF MISSOULA 1018 BURLINGTON AVE STE 100	81-0482945	501(C)(3)	86,117.				PASS THROUGH
<b>(6)</b> ESSEX COUNTY CASA 430 N CANAL ST LAWRENCE, MA 01840-1246	04-2104054	501(C)(3)	95,390.				PASS THROUGH
<b>(7)</b> CASA FOR DOUGLAS COUNTY 2412 SAINT MARY'S AVE OMAHA, NE 68105-1632	35-2171298	501(C)(3)	100,000.				PASS THROUGH
<b>(8)</b> COLORADO CASA 1660 S ALBION ST STE 328	84-1257398	501(C)(3)	100,000.				PASS THROUGH
<b>(9)</b> GEORGIA CASA 75 MARIETTA ST NW STE 404 ATLANTA, GA 30303	58-1793382	501(C)(3)	100,000.				PASS THROUGH
<b>(10)</b> OHIO CASA/GAL ASSOCIATION 150 E MOUND ST STE 210	31-1380388	501(C)(3)	100,000.				PASS THROUGH
<b>(11)</b> NEW YORK CITY COURT APPOINTED SPECIAL ADVOC 48 WALL STREET, SUITE 1100	13-2612524	501(C)(3)	102,140.				PASS THROUGH
<b>(12)</b> RICHLAND COUNTY CASA 1701 MAIN STREET, ROOM 407	57-0776475	501(C)(3)	142,803.				PASS THROUGH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

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

Schedule I (Form 990) 2021

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization NATIONAL COURT APPOINTED SPECIAL  
ADVOCATE ASSOCIATION

Employer identification number  
91-1255818

**Part I General Information on Grants and Assistance**

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CASA OF LOS ANGELES 201 CENTRE PLAZA DR STE 1100	95-3890446	501(C)(3)	145,000.				PASS THROUGH
<b>(2)</b> NEVADA CASA ASSOCIATION 2850 W HORIZON RIDGE PKWY, SUITE 200	37-1904847	501(C)(3)	161,200.				PASS THROUGH
<b>(3)</b> CASA FOR CHILDREN OF DC 220 I ST NE SUITE 285 WASHINGTON, DC 20002	03-0472883	501(C)(3)	194,500.				PASS THROUGH
<b>(4)</b> WASHINGTON CASA ASSOCIATION 1220 MAIN STREET, SUITE 400	84-3648148	501(C)(3)	212,277.				PASS THROUGH
<b>(5)</b> CONNECTICUT CASA, INC. 157 CHURCH STREET 19TH FLOOR	82-3686568	501(C)(3)	214,221.				PASS THROUGH
<b>(6)</b> CASA OF NEW HAMPSHIRE, INC. - MANCHESTER 138 COOLIDGE AVENUE	02-0432242	501(C)(3)	219,200.				PASS THROUGH
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

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

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

Schedule I (Form 990) 2021

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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 DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INCLUDE THE FOLLOWING:

PROGRAM SITES VISITED BY STAFF FOR GRANT REVIEW, REVIEW OF SELECTED GRANT EXPENDITURES BY STAFF AT HOME OFFICE, AND TRACKING MONTHLY EXPENDITURE AMOUNTS FOR ALL GRANTEES REPORTED VIA WEBSITE.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

Employer identification number  
**91-1255818**

**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 checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input 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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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			(C) Retirement and other deferred 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				
TARA PERRY 1 CHIEF EXECUTIVE OFFIC	(i)	444,966.	75,000.			6,357.	526,323.	
	(ii)							
SARAH ERNY 2 DEPUTY CHIEF EXECUTIV	(i)	249,162.				8,177.	257,339.	
	(ii)							
RUSS JACOBS 3 CHIEF LEGAL AFFAIRS O	(i)	186,940.				8,072.	195,012.	
	(ii)							
BRAD RAY 4 SR. PERFORMANCE MEASU	(i)	182,926.				6,759.	189,685.	
	(ii)							
KRISTIN MITRA 5 CHIEF MARKETING OFFIC	(i)	177,998.					177,998.	
	(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)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION** Employer identification number **91-1255818**

**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	4	35,413.	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 three 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.		

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

Schedule M (Form 990) 2021

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL COURT APPOINTED SPECIAL

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

91-1255818

**FORM 990, PART VI, SECTION A, LINE 6:**

THE ASSOCIATION HAS 950 PROGRAM MEMBERS.

**FORM 990, PART VI, SECTION B, LINE 11B:**

THE ORGANIZATION'S CEO AND CFO PARTICIPATE IN PREPARING AND REVIEWING THE  
990. IT IS THEN REVIEWED BY THE AUDIT & FINANCE COMMITTEE. IT IS  
REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES PRIOR TO FILING.

**FORM 990, PART VI, SECTION B, LINE 12C:**

ALL EMPLOYEES, AND BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY.  
POTENTIAL CONFLICTS ARE REVIEWED BY BOARD PRESIDENT AND CEO, THEN  
DISCLOSED TO BOARD MEMBERS. THE BOARD DETERMINES THE APPROPRIATE ACTIONS  
FOR ANY CONFLICTS OF INTEREST.

**FORM 990, PART VI, SECTION B, LINE 15:**

THE BOARD EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE CEO'S COMPENSATION  
ANNUALLY.

ALL EMPLOYEE SALARIES ARE DETERMINED BY THE CEO AND HUMAN RESOURCES  
DEPARTMENT. THE PROCESS INCLUDES THE JOB RESPONSIBILITIES, THE  
EMPLOYEE'S EDUCATION AND EXPERIENCE, AND A COMPARISON TO SIMILAR  
POSITIONS AT COMPARABLE ORGANIZATIONS. THE COMPENSATION FOR ALL OFFICERS  
AND KEY EMPLOYEES WAS REVIEWED IN 2020.

**FORM 990, PART VI, SECTION C, LINE 19:**

MOST RECENT AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO DOWNLOAD FROM  
ORGANIZATION'S WEBSITE WITHOUT RESTRICTIONS. OTHER GOVERNING DOCUMENTS  
INCLUDING CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

Name of the organization

Employer identification number

**NATIONAL COURT APPOINTED SPECIAL**

**91-1255818**

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION  
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THE NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION, TOGETHER WITH ITS STATE AND LOCAL MEMBER PROGRAMS, SUPPORTS AND PROMOTES COURT-APPOINTED VOLUNTEER ADVOCACY SO EVERY CHILD WHO HAS EXPERIENCED ABUSE OR NEGLECT CAN BE SAFE, HAVE A PERMANENT HOME, AND THE OPPORTUNITY TO THRIVE.

Name of the organization

Employer identification number

**NATIONAL COURT APPOINTED SPECIAL**

**91-1255818**

FORM 990, PART VI, LINE 17 - STATES

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AL, AZ, AR, CA, CO, CT,  
DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,  
MN, MS, MO, MT, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
RI, SC, TN, TX, UT, VA, WV, WI,