Form	9	9	0
Departm	nent o	f 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.

OMB No. 1545-0047

A F	or th	e 202	2 calendar year, or tax year begin	ning		and endi	ng			
_			C Name of organization NATIONA	L COURT APPOINT	ED SPEC	CIAL		D Employer ide	entific	ation number
Bc	heck if ap	plicable:	ADVOCATE ASSOCIATION							
	Addre		Doing Business As					91-	-125	55818
	-	change	Number and street (or P.O. box if mail is	not delivered to street address	5)	Room/suite		E Telephone nu		
	-	return	100 W HARRISON, N. TO	500	(2)	16);	270-0072			
	Termi		City or town, state or province, country, a				500	(20	5072	
	Amen	ded	SEATTLE, WA 98119-412					G Gross receipt	ts \$	16,994,872.
	return Applic	cation	F Name and address of principal officer:	TARA PERRY				H(a) Is this a grou		
	pendi	ng				0110 110		subordinates' H(b) Are all subordi	?	
	Toy or	empt sta	100 W HARRISON, N. TO					.,		. (see instructions)
<u>-</u>) (insert no.)	4947(a)(1)	or 52				
			WWW.NATIONALCASAGAL.ORG			L Veer e		H(c) Group exemp		
				Association Other		L rear o	Tormatic	5n: 1984 ₩	State	of legal domicile: WA
P	art I		mmary			GGOGTAE	TON 0		20030	
	1		/ describe the organization's mission or						5'I'A'I	TE AND LOCAL
Governance			A AND GAL PROGRAMS WHICH				UPERV	/ISE		
rna			UNTEERS_TO_ADVOCATE_FOR_							
ove			this box 🕨 🔄 if the organization di	•	•				I I	
Ğ	3		er of voting members of the governing						3	19
ss 8	4		er of independent voting members of t						4	19
Activities &			number of individuals employed in cale						5	66
ctj	6	Total I	number of volunteers (estimate if necess	sary)					6	19
∢	7a	Total (unrelated business revenue from Part VI	II, column (C), line 12					7a	NONE
	b	Net ur	nrelated business taxable income from I	orm 990-T, line 34			<u></u>		7b	NONE
								Prior Year		Current Year
e	8		ibutions and grants (Part VIII, line 1h)		COD			16,598,40)7.	15,875,037.
enu	9	Progra	am service revenue (Part VIII, line 2g)			Y FOR ISPECTION		393,90)2.	1,087,787.
Revenue	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)		SPECTION		17,35	55.	32,048.
u.	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				NC	ONE	NONE
	12	Total I	revenue - add lines 8 through 11 (must	equal Part VIII, column (A), line 12) <u>.</u>			17,009,66	54.	16,994,872.
	13	Grants	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)				6,353,40)7.	3,824,966.
	14	Benef	its paid to or for members (Part IX, colu	mn (A), line 4)				NC	ONE	NONE
ş	15		es, other compensation, employee bene					6,136,10)7.	6,160,034.
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				NC	ONE	NONE
- ad x	b		fundraising expenses (Part IX, column (I							
ш	17		expenses (Part IX, column (A), lines 11a					3,920,12	21.	6,404,351.
			expenses. Add lines 13-17 (must equal					16,409,63	35.	16,389,351.
	19		nue less expenses. Subtract line 18 from					600,02	29.	605,521.
ces							Beginn	ing of Current Y	'ear	End of Year
sets	20	Total a	assets (Part X, line 16)					7,164,92	22.	9,232,803.
Asia	21	Total I						1,958,14	4.	3,615,885.
Net Assets or Fund Balances	22	Net as	ssets or fund balances. Subtract line 21	from line 20				5,206,77	/8.	5,616,918.
	art II	Sig	gnature Block							
Un	der per	nalties c	of perjury, I declare that I have examined thi	s return, including accompa	nying schedu	ules and stater	ments, ar	nd to the best of	my k	nowledge and belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of whi	ch preparer ha	is any kno	owledge.		
								11/1	15/2	2023
Sig			Signature of officer					Date		
He	re	TARA	A PERRY		CEO					
			Type or print name and title							
		Print/	Type preparer's name	Preparer's signature		Date		Check	if P	TIN
Paio		PAIC	GE SPEIR	PAIGE SPEIR		11/15	/2023			P01325691
	parer		sname b BDO USA			,,0		Firm's EIN		3-5381590
Use	Only		address > 601 UNION STREET	SUITE 2300 SEA	TTLE. W	A 98101		Phone no.)6-382-7777
May	/ the II		cuss this return with the preparer showr							X Yes No
			Reduction Act Notice, see the separate	· · · · ·						Form 990 (2022)

	NATIONAL	COURT	APPOINTED	SPECIAL
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For	n 990 (2022) Page
Pa	Int III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	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?
2	Did the organization cease conducting, or make significant changes in how it conducts, any program
5	services?
	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
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,763,903. including grants of \$ NONE) (Revenue \$ 868,990.)
ia	TRAINING AND CONFERENCE FEES RECEIVED FROM VOLUNTEERS ALLOWING THE
	ORGANIZATION TO TRAIN THE VOLUNTEERS IN PERFORMING COURT RELATE
	CASA DUTIES.
4b	(Code:) (Expenses \$4,267,300. including grants of \$3,824,966.) (Revenue \$)
	DEVELOPMENT AND EXPANSION OF CASA PROGRAMS UTILIZED FLOW THROUGH
	GRANTS. AN AVERAGE OF ONE NEW CASA PROGRAM IS STARTED EACH MONTH.
4.0	$(Code_1, \ldots,)$
4C	(Code:) (Expenses \$4,021,258. including grants of \$NONE) (Revenue \$218,797.) 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 ACTIVITES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses13,052,461.
JSA 2E1	120 1.000 Form 990 (20
	3547TO YJ4A 5

Form 9	90 (2022)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	v	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X	
	VII, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
ŭ	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
d	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.04		37
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
<u> </u>	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
ISA		1 2 1	Λ	L

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Program 2002202 Program	Form 0	NATIONAL COURT APPOINTED SPECIAL 91-1255	5818	,	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 H*Ves* complete Schedule I, Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "res" complete Schedule J, 22 x 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes", answer lines 2.40 24a 25a Did the organization maintain an eacrow account other than a refunding scrow at any time during the year? 24a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization with a disqualified person unit and source on the organization spreases benefit transaction with a disqualified person unit and source on the year? 24d 25a x b is the organization maxima an serve waccount other than a refunding schedule 1, Part II. 25a x 25a x b is the organization maxima may more theore of the organization in organization any organization reports on any of the organization sprease benefit transaction with a disqualified person unit any of the segnization's prior Forms 990 or 900-E27 25b x 25a X b is the organization maxima any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contrib					
Part IX, column (A), line 21 If Yes, complete Schedule I, Parts I and III,,,,	22	Did the exercise tion report more than \$5,000 of grants or other excitations to be for demostic individuals on		Yes	No
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes' complete Schedule J,	22		22		x
amployees? If "Yes," complete Schedule J, Imployee, the proof and the proof of the proof of the set and the proof of the proof the proof of the proof of the proof the proof the proof the proof the proof of the proof the proof the proof the proof the proof of the proof	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25a					
\$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 24a x b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pendel exception? 24b 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pendel exception? 24b 24c c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations appaies in an excess benefit transaction with a disqualified person time appaie in an excess benefit transaction with a disqualified person and a the gaged in an excess benefit transaction with a disqualified person tay amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or tamily member of any of these organization applicable schedule L, Part I. 25b x 27 Did the organization approvide a grant or other assistance to any current or former officer, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part I. 25b x 28 Was the organization requests transaction with one of the following parties (see the Schedule L, Part IV. 26b x 29 V Use corrolled entity or tamily of a buistens transaction with one of the following parties (see the Schedule L, Part	~ .		23	X	
through 244 and complete Schedule K. If Yoc, 'go to line 25a. 24a x b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b x c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24d x 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization enancess benefit transaction with a disqualified person in a prior year, and that the transaction during the year? 7 24d x 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization and excess benefit transaction with a disqualified person in a prior year, and that the transaction them as not been reported on any of the organization's prior Form 390 or 930-E27 7 1// Star Scomplete Schedule L, Part II. 7 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization aperty to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 X 28 A schedrole ontity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28 X 29 Did the organization recelve more than \$25,000 in non-cash contributio	24 a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 246 c Did the organization maintain an escrew account other than a refunding escrew at any time during the year? 244 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 244 253 Section 501(c)(3), 501(c)(4), and 501(c)(2)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization regons in a prior year, and that the transaction has not been reported on any of the organization from 500 or 500-E27 255 x 27 Did the organization period a grant or other assistance to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 x 28 Was the organization applicable filling thresholds, conditions, and exceptions): a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 x 29 Did the organization repuicable filling thresholds, conditions, and exceptions? 28 x 28 x 20 Did the organization repuicable filling differed reson or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 x 27 x<			24a		x
to defease any tax-exempt bonds? 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (I 'Yes," complete Schedule L, Part I. 25a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization serves that it transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 25b X 25b Did the organization are that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part II. 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV. 28b X 29 Did the organization receive contributions? If 'Yes,' complete Schedule L, Part IV. 28b X 20 A current or former officer, director, trustee, key employee, creator or founder, or substan	b				
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?	С				
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a x 25b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization serves benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 990-EZ? 25b X 25D Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II. 27 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N. 29 X 29 Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets, or qualified conservat					
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a x b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 1//// *** 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any loye thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 27 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I. 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I. 31 X <t< td=""><td></td><td></td><td>24d</td><td></td><td></td></t<>			24d		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 990 or 990 or 990. E77 If "ves," complete Schedule L, Part I	25 a		25a		x
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L Part I. Z5b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. Z6 X 27 Did the organization provide a grant or other assistance to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II. Z7 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. Z8 Z8 X 24 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. Z8a X 25 Did the organization neceive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV. Z8a X 29 Did the organization neceive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I, II	b				
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, furector, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28a X 29 Did the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28a X 29 Did the organization a party to a business transaction to reganizations described in line 28a? If "yes," complete Schedule L, Part IV. 28a X 20 Did the organization receive more than \$25,000 in non-cash contributions? If "yes," complete Schedule N, Part I 29 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization releave more than \$25.chodule M. 29 X					
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 26 x 27 Did the organization provide a grant or other assistance to any current or former officer, frustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III. 27 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributors? If "Yes," complete Schedule N, Part II. 30 X 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 X 33 Did the organization well the schedule entry thytes," complete Schedule R, Part II. 3			25b		X
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Part V Statements Regarding Other IRS Filings and Tax Compliance	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
			38	Х	
Check if Schedule O contains a response or note to any line in this Part V	Part				
Yes No		Uneck if Schedule O contains a response or note to any line in this Part V	<u></u>		
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 27 27	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 03	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE					
c Did the organization comply with backup withholding rules for reportable payments to vendors and					
reportable gaming (gambling) winnings to prize winners?	JSA	reportable gaming (gambling) winnings to prize winners?			<u> </u>
JSA 2E1030 2.000 3547TO YJ4A Form 990 (2022) 7	2E1030				(2022)

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Form	990 (2022)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 66			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		37
	required to file Form 8282?	7c		X
		7e		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	158		
b	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 9	990 (2022)	NATIONAL COURT APPOINTED SPECIAL	91-1255	818	F	Page 6
Part		Governance, Management, and Disclosure. For each "Yes" response to lines 2 through	•			
		esponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes or				tions.
	(Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			Х
Sect	ion A. (Governing Body and Management				
					Yes	No
1a	Enter tl	ne number of voting members of the governing body at the end of the tax year \ldots .	1a 19			
	If there	are material differences in voting rights among members of the governing body, or				
	of the	governing body delegated broad authority to an executive committee or similar tee. explain on Schedule O.				
b			1b 19			
2	Did an	y officer, director, trustee, or key employee have a family relationship or a business relat	ionship with			
	any oth	er officer, director, trustee, or key employee?		2		Х
3	Did the	organization delegate control over management duties customarily performed by or under	er the direct			
	supervi	sion of officers, directors, trustees, or key employees to a management company or other per	rson?	3		X
4	Did the	organization make any significant changes to its governing documents since the prior Form 990 was filed	1?	4		X
5	Did the	organization become aware during the year of a significant diversion of the organization's as	sets?	5		X
6	Did the	organization have members or stockholders?		6	Х	
7a	Did the	e organization have members, stockholders, or other persons who had the power to elec	t or appoint;			
	one or	more members of the governing body?		7a		X
b	Are ar	y governance decisions of the organization reserved to (or subject to approval by	members,			
	stockho	olders, or persons other than the governing body?		7b		X
8	Did the	e organization contemporaneously document the meetings held or written actions under	aken during			
	the yea	r by the following:				
а	The go	verning body?		8a	Х	
b	Each c	ommittee with authority to act on behalf of the governing body?		8b	Х	
9		e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be				
		anization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		Х
Secti	ion B. P	olicies (This Section B requests information about policies not required by the Intern	al Revenue	Code		
					Yes	No
		organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes,	did the organization have written policies and procedures governing the activities of su	ch chapters,			
	affiliate	s, and branches to ensure their operations are consistent with the organization's exempt purp	oses?	10b		
11a		organization provided a complete copy of this Form 990 to all members of its governing body before filin	g the form? .	11a	X	
b		be on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the	organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b		fficers, directors, or trustees, and key employees required to disclose annually interests that	-			
		conflicts?		12b	X	
С		e organization regularly and consistently monitor and enforce compliance with the poli	-			
		e on Schedule O how this was done		12c	X	
13		organization have a written whistleblower policy?		13	X	
14		organization have a written document retention and destruction policy?		14	Х	
15		e process for determining compensation of the following persons include a review and				
	•	ndent persons, comparability data, and contemporaneous substantiation of the deliberation a		45-	37	
а		ganization's CEO, Executive Director, or top management official		15a	X	
b		fficers or key employees of the organization		15b	X	
		to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a		e organization invest in, contribute assets to, or participate in a joint venture or similar		160		v
-		axable entity during the year?		16a		X
b		" did the organization follow a written policy or procedure requiring the organization to ation in joint venture arrangements under applicable federal tax law, and take steps to set				
		ation in joint venture analygements under applicable rederation aw, and take steps to station's exempt status with respect to such arrangements?		16b		
Secti		Disclosure		100		L
17 10				(000)	ion 7	01(~)
18		16104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 9 y) available for public inspection. Indicate how you made these available. Check all that apply		(sec	ion 5	01(C)
		wn website Another's website X Upon request Other (explain on Sche				
40				f int-	oct	
19		be on Schedule O whether (and if so, how) the organization made its governing docume	ms, conflict o	i inter	est p	ouicy,
20		ancial statements available to the public during the tax year.		•		
20		ne name, address, and telephone number of the person who possesses the organization's book WESTROP 100 W HARRISON ST, SUITE N500 SEATTLE, WA 98119	JKS and record	5		
		74-7214		Form	990	(2022)
JSA 2E1042						, -)

Page 7

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box,	unles	(C) Position ot check more tha unless person is bu r and a director/tr			an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) TARA PERRY	50.00									
CHIEF EXECUTIVE OFFICER	NONE			х				472,561.	NONE	10,176.
(2) SARAH ERNY	50.00									
DEPUTY CHIEF EXECUTIVE OFFICER	NONE	1				x		247,022.	NONE	10,176.
(3) BRAD RAY	40.00									· · · · ·
DEPUTY CHIEF MARKETING OFFICER	NONE	1				x		181,631.	NONE	8,717.
(4) KRISTINA FOLEY	40.00									
CHIEF COMMUNICATIONS OFFICER	NONE					Х		175,642.	NONE	8,286.
(5) ELLA HAIRSTONE	40.00									
CHIEF COMPLIANCE, QUALITY	NONE					X		152,241.	NONE	8,958.
(6) KJERSTI OLSON	40.00									
SR. PROGRAM OFFICER	NONE					X		154,176.	NONE	1,104.
(7) BRIAN MEISTER	40.00									
CHIEF FINANCIAL OFFICER	NONE			Х				106,155.	NONE	15,383.
(8) JOSEPH BANKOFF	4.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(9) JAMES RISHWAIN	4.00									
CHAIR - ELECT	NONE	Х		Х				NONE	NONE	NONE
(10) DANIELLE MAURER	4.00									
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(11) BRITT BANKS	4.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(12) LOUIS LUCIDO	4.00									
TREASURER	NONE	X		Х				NONE	NONE	NONE
(13) CHARLES BRUMBACK	2.00									
INDIVIDUAL TRUSTEE	NONE	X						NONE	NONE	NONE
(14) CHARLES BENJAMIN	2.00									
INDIVIDUAL TRUSTEE	NONE	Х						NONE	NONE	NONE

NATIONAL COURT APPOINTED SPECIAL

Page 8 Page 8 <td c<="" th=""></td>												
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average hours per week (list any hours for	box, office	unle: er an	Pos heck ss pe d a c	ition mor erson	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations		
(15) KIMBERLY CORLEY	2.00											
INDIVIDUAL TRUSTEE	NONE	Х						NONE	NONE	NONE		
(16) WILLIAM COLLINS	2.00											
INDIVIDUAL TRUSTEE	NONE	Х						NONE	NONE	NONE		
(17) ASHLEY GRACE	2.00											
INDIVIDUAL TRUSTEE	NONE	Х						NONE	NONE	NONE		
(18) DAVID P. KATZ	2.00											
INDIVIDUAL TRUSTEE	NONE	Х						NONE	NONE	NONE		
(19) EMMA LUBROOK	2.00											
INDIVIDUAL TRUSTEE	NONE	Х						NONE	NONE	NONE		
(20) RAVIN CHAD PRASHAD	2.00											
INDIVIDUAL TRUSTEE	NONE	Х						NONE	NONE	NONE		
(21) DR. KATHLEEN RUTH	2.00											
INDIVIDUAL TRUSTEE	NONE	Х						NONE	NONE	NONE		
(22) LISA G. STUART	2.00											
INDIVIDUAL TRUSTEE	NONE	Х						NONE	NONE	NONE		
(23) DANIEL SCHWARTZ	2.00											
INDIVIDUAL TRUSTEE	NONE	x						NONE	NONE	NONE		
(24) DAVID TODD	2.00											
INDIVIDUAL TRUSTEE	NONE	x						NONE	NONE	NONE		
(25) ERIC TOM	2.00											
INDIVIDUAL TRUSTEE	NONE	x						NONE	NONE	NONE		
1b Sub-total							►	1,489,428.	NONE	62,800.		
c Total from continuation sheets to Part VII,								NONE	NONE	NONE		
d Total (add lines 1b and 1c)								1,489,428.	NONE	62,800.		
2 Total number of individuals (including but not reportable compensation from the organization	limited to t				bov		o re		\$100,000 of	<u> </u>		

	18

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
5	individual
	for services rendered to the organization? If "Yes," complete Schedule J for such person

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 thos more than \$100,000 in compensation from the organization		

NATIONAL COURT APPOINTED SPECIAL

2)									Page 8
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A)	(B)		(0	C)			(D)	(E)	(F)
Name and title	Average hours per	(do no	Pos ot check	ition more	e than c	one	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	office Individual truste or director	nless pe d Officer Institutional trustee				from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations

	line)	al trustee lor	onal trustee		oloyee	compensated				organizatio	ons
26) MARK WALKER	2.00										
INDIVIDUAL TRUSTEE	NONE	Х						NONE	NONE		NONE
		_									
		_									
		-									
		-									
		-									
		-									
		-									
1b Sub-total		1									
c Total from continuation sheets to Part VII, S	ection A		•••	•••	• •						
d Total (add lines 1b and 1c)											
2 Total number of individuals (including but not	limited to t						o re	ceived more than	\$100,000 of		
reportable compensation from the organization	n 🕨										
										Yes	No

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated
	employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person
~	

....

3 Х 4 Х 5 Х

. . . .

Section B. Independent Contractors

Form 990 (2022) Part VII

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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 more than \$100,000 in compensation from the organization ►	e listed above) who received NONE	

Form 990 (2022)

NATIONAL COURT APPOINTED SPECIAL Part VIII Statement of Revenue

r

		Check if Schedule	е О со	ntains a r	espor	nse or note to an	iy line in this Part \	/		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ы, s	1a	Federated campaigns			1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues		F	1b					
	c	Fundraising events		T I	1c					
	d	Related organizations		F	1d					
	e	Government grants (co		F	1e	13,868,087.				
	f	All other contributions,		· · ·	10					
	'	and similar amounts not in			1f	2,006,950.				
		Noncash contributions		F						
	g	lines 1a-1f			1g	\$ 42,421.				
ang	h	Total. Add lines 1a-1f		-			15,875,037.			
		Total. Add lines ta IT				Business Code	10/0/0/00/1			
e		TRAINING FEES				611710	868,990.	868,990.		
, zi	2a	MEMBERSHIP DUES				900099	218,797.	218,797.		
Sei	b					500055	210,757.	210,757.		
E N	C									
gra Re	d									
Program Service Revenue	e									
ш.						1 007 707				
	g	Total. Add lines 2a-2f					1,087,787.			
	3	Investment income (•	0	-		20.000		NONE	20.000
		other similar amounts).					20,080.		NONE	20,080
	4	Income from investme		•		· .	NONE			
	5	Royalties		(i) Rea		(ii) Personal	NONE			
		_			ai					
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)			NONE					
	d	Net rental income or (lo	oss)				NONE			
	7a	Gross amount from	-	(i) Secur	ities	(ii) Other				
		sales of assets								
		other than inventory	7a	1	1,968.					
ne	b	Less: cost or other basis								
'en		and sales expenses	7b							
Revenue	c	Gain or (loss)	7c	1	1,968.					
	d	Net gain or (loss)					11,968.			11,968
Other	8a	Gross income from	m fu	undraising						
0		events (not including \$								
		of contributions rep	orted	on line						
		1c). See Part IV, line 18	3		8a	NONE				
	b	Less: direct expenses			8b	NONE				
	c	Net income or (loss) fr	om fur	ndraising e	vents		NONE			
	9a	Gross income f	rom	gaming						
		activities. See Part IV, li	ine 19		9a	NONE				
	b	Less: direct expenses			9b	NONE				
	c	Net income or (loss) fi					NONE			
	10a	Gross sales of in	nvento	ory, less						
		returns and allowances			10a	NONE				
	b	Less: cost of goods sole	d		10b	NONE				
	c	Net income or (loss) fro	om sal	es of inven	tory.		NONE			
s						Business Code				
Miscellaneous Revenue	11a									
nu	b									
ell: šve										
S R S	c d	All other revenue								
Σ	e u	Total. Add lines 11a-1				·	NONE			
	12	Total revenue. See ins					16,994,872.	1,087,787.	NONE	32,048
							=0,001012.	±,007,707.	10101	52,010

NATIONAL COURT APPOINTED SPECIAL Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,824,966.	3,824,966.				
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					
	Compensation of current officers, directors, trustees, and key employees	604,274.	468,224.	125,662.	10,388		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and						
7	persons described in section 4958(c)(3)(B)	NONE 4,787,888.	2 072 755	828,189.	85,944		
	Other salaries and wages	9,461.	3,873,755.	9,437.	05,944		
8	Pension plan accruals and contributions (include	9,401.	27.	9,457.			
•	section 401(k) and 403(b) employer contributions)	311,694.		311,694.			
	Other employee benefits	446,717.	358,127.	79,507.	9,083		
10	Fees for services (nonemployees):	110,717.	550,127.	19,301.	,005		
	a Management	NONE					
	b Legal	46,061.		46,061.			
	Accounting	35,000.		35,000.			
	Lobbying	NONE					
	Professional fundraising services. See Part IV, line 17	NONE					
	f Investment management fees	NONE					
	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	179,212.	57,968.	74,738.	46,506		
14	Information technology	8,043.	761.	7,282.			
15	Royalties	NONE					
16	Occupancy	546,730.	411,668.	116,936.	18,126		
17		261,826.	21,350.	240,476.			
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	NONE					
19	Conferences, conventions, and meetings	NONE					
20		NONE					
21	Payments to affiliates	NONE					
22	Depreciation, depletion, and amortization	NONE		20 452			
23		39,452.		39,452.			
24							
	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.)						
	CONTRACT SERVICES	4,775,531.	3,886,103.	755,773.	133,655		
	LICENSES PERMITS & FEES	413,728.	147,284.	253,706.	12,738		
	MISCELLANEOUS	23,136.	2,231.	14,839.	6,066		
	BANK FEES	75,632.		75,632.			
	All other expenses	,		,			
	Total functional expenses. Add lines 1 through 24e	16,389,351.	13,052,461.	3,014,384.	322,506		
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				,		
	following SOP 98-2 (ASC 958-720)						

following SOP 98-2 (ASC 958-720)

NATIONAL COURT APPOINTED SPECIAL

Page	1	1

m 990 (Part X				
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	5,461,118.	1	4,949,101
2	Savings and temporary cash investments	158,441.	2	188,041
3	Pledges and grants receivable, net	386,358.	3	1,137,146
4	Accounts receivable, net	NONE	4	NOI
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NOI
6	Loans and other receivables from other disqualified persons (as defined			
Ū	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	NONE	6	NOI
7	Notes and loans receivable, net	NONE		NO
8	Inventories for sale or use	NONE		NO
7 8 9	Prepaid expenses and deferred charges	87,479.	9	139,74
-	Land, buildings, and equipment: cost or other	07,175.	<u> </u>	100,11
lua	basis. Complete Part VI of Schedule D 10a			
h	Less: accumulated depreciation	NONE	100	
11	Investments - publicly traded securities.	1,049,604.	11	871,304
12	Investments - other securities. See Part IV, line 11.	I,049,004. NONE		071,30
13	Investments - program-related. See Part IV, line 11.	NONE		NO
14	Intangible assets	NONE		NO
15	Other assets. See Part IV, line 11	21,922.	15	1,947,46
16	Total assets. Add lines 1 through 15 (must equal line 33)	7,164,922.	16	9,232,80
17	Accounts payable and accrued expenses	750,506.	17	1,434,30
18	Grants payable	NONE	-	NO
19	Deferred revenue	337,933.	19	203,62
20	Tax-exempt bond liabilities	NONE	-	NO
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NO
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE		NO
23	Secured mortgages and notes payable to unrelated third parties	NONE	-	NO
24	Unsecured notes and loans payable to unrelated third parties	869,705.	24	NO
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	1,977,95
26	Total liabilities. Add lines 17 through 25	1,958,144.	26	3,615,88
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	2,502,180.	27	2,063,38
28	Net assets with donor restrictions.	2,704,598.	28	3,553,530
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	5,206,778.	32	5,616,918
33	Total liabilities and net assets/fund balances		33	
		7,164,922.	55	9,232,803 Form 990 (202

NATIONAL COURT APPOINTED SPECIAL

	INFITOTINE COOKI ALIOINIED DIECIAE 91 123	JUTC	,		
Form 9	00 (2022)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,9	994,	<u>872</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,3	389,	<u>351</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	6	505,	<u>521</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,2	206,	<u>778</u> .
5	Net unrealized gains (losses) on investments	5	-1	.95,	<u>381</u> .
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	5,6	516,	<u>918</u> .
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain or	- 1		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		<u>2a</u>		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r		
	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?		2b		Х
-	If "Yes," check a box below to indicate whether the financial statements for the year were audite				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	siaht o	f		
Ŭ	the audit, review, or compilation of its financial statements and selection of an independent accountar	•			
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in the			
54	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		•		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au				

Form 990 (2022)

SCHE	DULE	Α
(Form	990)	

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service				Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection					
Nam	e of th	he organization N	IATIONAL C	OURT APPOINT	ED SPECIAL			Employer identifi	
		ATE ASSOCI						91-1	255818
	rt I			arity Status. (All	organizations must	comple	ete this p	part.) See instruction	
				•	is: (For lines 1 through			/	
1	\square	A church, con	vention of chu	urches, or associat	tion of churches desci	ibed in s	ection 1	70(b)(1)(A)(i).	
2		A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	0).)		
3					rganization described i			(1)(A)(iii).	
4		-	-	-	-			section 170(b)(1)(A)	(iii). Enter the
		hospital's nam	-	-	,				()
5			-		a college or universit	v owned	d or ope	rated by a governme	ental unit described in
		-	-	complete Part II.)	5	,	•	, ,	
6		-			rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	x		-	-			-		om the general public
		-		(1)(A)(vi). (Compl	-	••	0		5 1
8)(1)(A)(vi). (Complete	Part II.)			
9							operated	in conjunction with a	land-grant college
		-					-	name, city, and state of	
		university:			, , , , , , , , , , , , , , , , , , ,	,			5
10		An organization receipts from support from acquired by the	activities rela gross investme organizatio	ted to its exempt f nent income and un n after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco a)(2). (C	ceptions me (less Complete		n 331/3 % of its
11		•	•		usively to test for publi	•			
12		-	-		-	-			ry out the purposes of
		-		-					ction 509(a)(3). Check
	_		-					and complete lines 1	-
а				-		-		orted organization(s),	
			•	., .	• • • •		ajority of	the directors or truste	es of the
			-	-	e Part IV, Sections A				
b				-				supported organization	
			-		-	the sam	e person	is that control or man	age the supported
	_	-			, Sections A and C.				
С								n with, and functional	lly integrated with,
			•		s). You must comple				
d			-			-		ection with its suppor	
			•	• •	• •	•		ution requirement and	d an attentiveness
				,	mplete Part IV, Sect				
е			-					nat it is a Type I, Type I	I, Type III
	-		-		ionally integrated sup	-	organizat	ion.	
t				•					•••••
g		ame of supported of	-		orted organization(s).	(b) b) and b)			(vi) Amount of
	(1) 14	ane of supported t	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	• •	organization ur governing	(v) Amount of monetary support (see	other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(=)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
_									<u> </u>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 2E1210 1.000

Page **2**

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,862,665.	12,760,896.	12,425,898.	16,598,407.	15,875,037.	69,522,903.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	11,862,665.	12,760,896.	12,425,898.	16,598,407.	15,875,037.	69,522,903.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						NONE
6	Public support. Subtract line 5 from line 4						69,522,903.
	tion B. Total Support						07,522,505.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	11,862,665.	12,760,896.	12,425,898.	16,598,407.	15,875,037.	69,522,903.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,220.	17,591.	15,098.	17,671.	20,080.	91,660.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						69,614,563.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	3,416,232.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>	l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge			r - 1	
14	Public support percentage for 2022 (li					14	99.87 %
15	Public support percentage from 2021						99.87 %
16a	331/3% support test - 2022. If the org	-					
	box and stop here. The organization qu						
b	331/3% support test - 2021. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2		-				
	10% or more, and if the organization					•	•
	Part VI how the organization meets			•	•		
-	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-	-		
4.0	organization						
18	Private foundation. If the organization						
	instructions						📖

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule	А	(Form	990	2022

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		1	1	1	1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	0					
0	organization, check this box and stop here						••••
	tion C. Computation of Public Sup		•	(f))		45	0/
15	Public support percentage for 2022 (line 8		•			15	<u>%</u>
16 Sec	Public support percentage from 2021 Sche tion D. Computation of Investmen					16	%
	• • • • • • • • • • • • • • • • • • •			12 column (f))		17	0/
17	Investment income percentage for 2022 (li						<u>%</u>
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
L	17 is not more than 331/3%, check thi	-	-	•			
a	331/3% support tests - 2021. If the org						
20	line 18 is not more than 331/3%, check Private foundation. If the organization		•	•			
20 JSA		and HOL CHECK		i , i 9a, 01 190	, 01005 0115 00		A (Form 990) 2022
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(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

91-1255818

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No

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

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? 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.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).
 1

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structio	ns).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr <u>u</u>	ction	s).
2	Activities Test. Answer lines 2a and 2b below.			

а	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? 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.				
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? 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.
 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2b

3a

1

2

Schedule A (Form 990) 2022			1255818 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga 1 Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (<i>expla</i>	
instructions. All other Type III non-functionally integrated supporting organ	izations r		ns A through E. (B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		Coll Theorem 100 and a second se	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
b	Excess from 2019				
<u>ح</u>	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

NATIONAL	COURT	APPOINTED	SPECIAL

ADVOCATE ASSOCIATION		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 four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	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

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).

-	3 (Form 990) (2022) organization NATIONAL COURT APPOINTED SPECIA ADVOCATE ASSOCIATION	XL	Page 2 Employer identification number 91-1255818
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	<u>N/A</u>	\$12,996,109.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$350,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>N/A</u>	\$869,705.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

	(Form 990) (2022)		Page
Name of o	rganization NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION		lentification number -1255818
Part II	Noncash Property (see instructions). Use duplicate copies of	•	
Parti	Noncash Property (see instructions). Ose duplicate copies o		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

Schedule B (Form 990) (2022)

Schedule B (Fo						Page 4
Name of orga		URT APPOINT	ED SPECIAL		Employer identification number	
(' tł c	10) that total more that	naritable, etc., o In \$1,000 for th For organizatio or less for the	ne year from any ns completing Par year. (Enter this in	one contributor. t III, enter the tota formation once.	91-1255818 cribed in section 501(c)(7), (8), or Complete columns (a) through (e) I of <i>exclusively</i> religious, charitable See instructions.) \$	
(a) No. from Part I	(b) Purpose of		(c) Use		(d) Description of how gift is he	ld
_	Transferee's na	ıme, address, ar	(e) Transf Id ZIP + 4	-	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of	gift	(c) Use	of gift	(d) Description of how gift is he	ld
-	Transferee's na	ame, address, ar	(e) Transf Id ZIP + 4	-	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of	gift	(c) Use	of gift	(d) Description of how gift is he	ld
-	Transferee's na	nme, address, ar	(e) Transf Id ZIP + 4	-	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of	gift	(c) Use	of gift	(d) Description of how gift is he	ld
	Transferee's na	ime, address, an	(e) Transf Id ZIP + 4	-	nship of transferor to transferee	
JSA					Schedule B (Form 990)	(2022)

		s that have NOT filed Form 5768 (ele			•
	e organization answered "Yes, (See separate instructions), the	" on Form 990, Part IV, line 5 (Pro en	xy Tax) (See separate	instructions) or Form 990-	EZ, Part V, line 35c (Proz
	Section 501(c)(4), (5), or (6) or				
Nam	e of organization NATIO	NAL COURT APPOINTED SPI	ECIAL	Employer ide	entification number
-	OCATE ASSOCIATION				255818
Pa	•	organization is exempt unde	· · · ·	•	
1	•	the organization's direct and ir	ndirect political cam	paign activities in Part	IV. See instructions for
	definition of "political camp	•		^	
2		expenditures. See instructions			
3 Pat	rt I-B Complete if the	l campaign activities. See instruc organization is exempt unde	r section 501(c)(3)		
1 1		cise tax incurred by the organiza			
2	Enter the amount of any ex	cise tax incurred by organization	managers under sec	ction 4955 \$	
3		a section 4955 tax, did it file For			
4a	-				
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the	organization is exempt unde	er section 501(c), o	except section 501(c)(3	3).
1	,	expended by the filing organizati			
2	Enter the amount of the fili	ng organization's funds contribut ties	ed to other organiza	tions for section	
3	Total exempt function exp	enditures. Add lines 1 and 2. E	Enter here and on F	orm 1120-POL,	
4 5	Enter the names, addresse organization made paymer the amount of political cor	ile Form 1120-POL for this year? s and employer identification nur its. For each organization listed, ntributions received that were pro- und or a political action committee	nber (EIN) of all sec enter the amount pa omptly and directly of	tion 527 political organiz aid from the filing organiz delivered to a separate po	ations to which the filin zation's funds. Also ente plitical organization, suc
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received an promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(5) 					

Political Campaign and Lobbying Activities SCHEDULE C (Form 990)

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 for instructions and the latest information.

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.

Department of the Treasury

OMB No. 1545-0047

2 **Open to Public** Inspection

Sch	nedule C (Form 990) 2022 NATION	AL COURT APPOINTED SPECIAL	91-	-1255818	Page 2
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under	
Α		ongs to an affiliated group (and list in Part IV e of excess lobbying expenditures).	ach affiliated group meml	ber's name, a	address,
В	Check if the filing organization che	ecked box A and "limited control" provisions app	oly.		
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affilia group tot	
1a	a Total lobbying expenditures to influence	public opinion (grassroots lobbying)			
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)			
c	: Total lobbying expenditures (add lines 1a	a and 1b)			
c	J Other exempt purpose expenditures				
e	Total exempt purpose expenditures (add	l lines 1c and 1d)			
		e amount from the following table in both			
	columns.	_			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,000,000	\$1,000,000.			
g	Grassroots nontaxable amount (enter 25	% of line 1f)			
h	η Subtract line 1g from line 1a. If zero or le	ess, enter -0-			
i		ss, enter -0-			
j		on either line 1h or line 1i, did the organiza	tion file Form 4720		
-				Yes	No
		-Year Averaging Period Under Section 501(h)			

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

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

Schedule C (Form 990) 2022

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)).

For	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)	(b)	
	cription of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?	Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		NONE	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i			NONE	
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				
С	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection	

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

Par	t III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or se	ectio	n	
		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	t III-A	A, line 3	B, is
		answered "Yes."			
4	Duco	process ments and similar amounts from members	1		

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
		0-	
а	Current year	Za	
	Carryover from last year.		
	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 expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	

Part IV Supplemental Information

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

SEE PAGE 4

ADDITIONAL INFORMATION

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.

	IEDULE D rm 990)	Supplem Complete if th Part IV, line 6, 7,	OMB No. 1545-0047					
	rtment of the Treasury nal Revenue Service	Go to www.irs.gov/l	Attach to Form 99 Form990 for instruction		Open to Public Inspection			
Name	e of the organization	NATIONAL COURT APPOIN	TED SPECIAL			Em	ployer identifica	tion number
	VOCATE ASSOCIA			0.			91-12558	18
Pa		tions Maintaining Donor Adv e if the organization answered				Acco	ounts.	
	Complete	e il the organization answered	(a) Donor adv				(b) Funds and	other accounts
4	Total number at a	nd of year		viseu iun			(b) I unus anu	
1 2		nd of year of contributions to (during year)						
2		of grants from (during year)						
4		at end of year						
5		ion inform all donors and donor				in do	nor advised	
	funds are the orga	inization's property, subject to the	e organization's exclus	sive leg	gal control?			Yes No
6		on inform all grantees, donors, a						
		e purposes and not for the bene						
Da		issible private benefit?	<u></u>		<u></u>			Yes No
Га		e if the organization answered	"Yes" on Form 990). Part	IV. line 7.			
1		servation easements held by the						
	Preservatio	n of land for public use (for example	, recreation or education)		Preservation	of a h	istorically imp	portant land area
	Protection c	of natural habitat			Preservation	of a c	ertified histor	ic structure
		n of open space						
2		through 2d if the organization h	eld a qualified conser	vation	contribution in	the fo		
		ast day of the tax year.					Held at the	End of the Tax Year
a ⊾		onservation easements				2a		
b C		tricted by conservation easements vation easements on a certified				2b 2c		
d		vation easements included in (c)			. ,	20		
u		e listed in the National Register				2d		
3		rvation easements modified, tra				nated	by the orga	anization during the
	tax year							
4		where property subject to conse						
5	-	ation have a written policy reg			toring, inspecti	ion, h	andling of	
~		orcement of the conservation ea						
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, nandling of vio	lations,	and enforcing	conse	rvation easem	ents during the year
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violat	ions. a	und enforcina co	onserv	vation easem	ents during the vear
			3, 3	, -	J			<u> </u>
8	Does each conserv	vation easement reported on line	2(d) above satisfy the	require	ements of section	on 17(D(h)(4)(B)(i)	
	and section 170(h))(4)(B)(ii)?						Yes No
9		cribe how the organization re					•	
	•	id include, if applicable, the text ounting for conservation easeme		the or	ganization's fin	ancia	i statements	that describes the
Pa		tions Maintaining Collections		Treasu	ires, or Other	r Sim	ilar Assets.	
		e if the organization answered				•		
1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to ts held for public ex to its financial statem	repor xhibitio ients th	t in its revenue on, education, nat describes th	e stat or re nese it	ement and b search in fu ems.	alance sheet works rtherance of public
b	If the organization art, historical treas	n elected, as permitted under Fa sures, or other similar assets he ing amounts relating to these iter	ASB ASC 958, to rep Id for public exhibitio	oort in	its revenue st	tatem	ent and bala	nce sheet works of e of public service,
		ded on Form 990, Part VIII, line 1						
		d in Form 990, Part X						
2	•	n received or held works of a				assets	for financia	I gain, provide the
-		s required to be reported under F					¢	
a b		on Form 990, Part VIII, line 1.						
_		Act Notice, see the Instructions for						edule D (Form 990) 2022

Sche				PPOINTE							255818		age 2
Ра	rt III Organizations Maintaini						-						
3	Using the organization's acquisitio collection items (check all that appl		sion, and	other reco	_				-	nake sigr	nificant u	se o	f its
а	Public exhibition			d		or exch	ange	program	n				
b	Scholarly research			e	Other								
С	Preservation for future gener												
4	Provide a description of the organ	ization's	collection	s and expl	ain how t	they fu	rther	the org	ganization'	s exemp	t purpos	e in	Part
	XIII.												
5	During the year, did the organizatio									_			1
	assets to be sold to raise funds rath			tained as pa	art of the	organiz	ation'	s collec	tion?		Yes		No
Pa	rt IV Escrow and Custodial A						P	•					
	Complete if the organiza 990, Part X, line 21.											rm	
1a	Is the organization an agent, trust									ets not			1
	included on Form 990, Part X?						• • •	• • • •	• • • • • •	. L	Yes		No
b	If "Yes," explain the arrangement in	i Part XII	I and com	ipiete the to	liowing tai	ole:				A			
	De site site a la state e s									Amount			
C	Beginning balance						1c						
a	Additions during the year						1d						
e	Distributions during the year						1e						
1	Ending balance						1f	atadial	o o o o unt lio		Yes		Na
2a ⊾	Did the organization include an am												No
	If "Yes," explain the arrangement in rt V Endowment Funds.		I. CHECK I		xpiariatioi	Thas De	enpr	oviueu				-	<u> </u>
Га	Complete if the organiza	tion ans	wered "Y	es" on Foi	m 990 F	Part IV	line	10					
			rent year	(b) Pric			o years		(d) Three y	ears back	(e) Four	ears h	
4			74,641.		27,371.		386,4			9,939.		.47,5	
1a	Beginning of year balance		., 1,011.	-	21,311.		500,1	51.		4,023.		12,4	
b	Contributions									1,025.		12,1	
С	Net investment earnings, gains,	_	68,332.		53,120.		49,9	27	4	4,589.		-8,2	02
ام	and losses				5571201		10 / 0	27.		1,5051		072	
	Grants or scholarships												
е	Other expenditures for facilities		5,174.		5,850.		2,5	00.	1	9,000.			
f	and programs		· ·				6,4			3,117.		1,8	29.
g	End of year balance	4	01,135.	4	74,641.		427,3			6,434.	2	49,9	39.
2	Provide the estimated percentage	of the cu	rrent vear	end balanc	e (line 1a								
a	Board designated or guasi-endowm		1.5000		e (inte rg,	colum	(u))						
b	Permanent endowment 88.500	-											
с	Term endowment %												
	The percentages on lines 2a, 2b, a	nd 2c sho	ould equal	100%.									
3a	Are there endowment funds not in t	the posse	ession of t	he organiza	ation that	are hel	d and	d admir	istered for	the	_		
	organization by:										`	/es	No
	(i) Unrelated organizations										3a(i)		X
	(ii) Related organizations										3a(ii)		Х
b	If "Yes" on line 3a(ii), are the relate	ed organiz	zations liste	ed as requir	ed on Sch	nedule R					3b		
4	Describe in Part XIII the intended u			ation's endo	wment fu	nds.							
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ipment. ation ans	swered "Y		,		<u> </u>			,	,		
	Description of property			or other basis stment)	(b) Cost (c	or other b other)	asis		cumulated eciation	(d) Book val	Je	
1a	Land		· · · ·										
b	Buildings	F											
с	Leasehold improvements												
d	Equipment												
	Other												
	I. Add lines 1a through 1e. (Column		equal For	m 990. Par	X. colum	n (B), lii	ne 10	c.)					

Schedule D (Form 990) 2022

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.

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

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.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)DEPOSITS	21,922.
(2)RIGHT OF USE ASSETS	1,925,542.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,947,464.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)LEASE OBLIGATION	1,977,953.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,977,953.

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

Schedu	le D (Form 990) 2022 NATIONAL COURT APPOINTED SPECIAL	91-1255818	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
с	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART V, LINE 4:

THE ENDOWMENT FUND IS RESTRICTED FOR THE PURPOSE OF FUNDING SCHOLARSHIPS

FOR FOSTER CHILDREN.

SCHEDULE I	C	1	OMB No. 1545-0047								
(Form 990)	Go Comp		2022								
	•••••		-	ach to Form 990.				Open to Public			
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.											
Name of the organization NATIONAL COURT APPOINTED SPECIAL Employer iden											
ADVOCATE ASSOCI							91-125581	3			
Part I General I	nformation on Grants and	d Assistanc	e				1				
the selection crit	zation maintain records to su eria used to award the grant IV the organization's proced	s or assistand	æ?					X Yes No			
Part II Grants an	nd Other Assistance to Dene 21, for any recipient th	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	additional space is r		Yes" on Form 990,			
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
(1) CONNECTICUT CASA,	INC.										
157 CH ST. FL 19 NEW H		82-3686568	501(C)(3)	149,099.				PASS THROUGH			
(2) RICHLAND COUNTY CA	ASA										
1701 MAIN ST RM 407 CC		57-0776475	501(C)(3)	85,973.				PASS THROUGH			
(3) CASA OF PHILADELPH	HIA COUNTY										
	DELPHIA, PA 19102-1403	20-0744446	501(C)(3)	85,141.				PASS THROUGH			
(4) SEVENTH CIRCUIT CA	ASA PROGRAM										
1605 EVERGREEN DRIVE H	RAPID CITY, SD 57702	46-0402202	501(C)(3)	75,490.				PASS THROUGH			
(5) CASA OF MISSOULA											
P.O. BOX 7433 MISSOULA	A, MT 59807-7433	81-0482945	501(C)(3)	74,600.				PASS THROUGH			
(6) ANNE ARUNDEL COUNT	TY CASA, INC.										
8 C CIR, STE H-103 AND	NAPOLIS, MD 21401-1934	52-1885500	501(C)(3)	61,100.				PASS THROUGH			
(7) CASA OF WESTMOREL	AND										
2 N MAIN ST. GREENSBUR	RG, PA 15601-2405	20-5046788	501(C)(3)	59,500.				PASS THROUGH			
(8) FIRST JUDICIAL DIS	STRICT CASA										
1417 N 4TH ST. COEUR I	D'ALENE, ID 83814-3310	82-0458229	501(C)(3)	58,989.				PASS THROUGH			
(9) CASA OF SANTA BAR	BARA COUNTY										
2125 B STE 106 SANTA M		33-0662734	501(C)(3)	57,700.				PASS THROUGH			
(10) NY CITY COURT APPO	DINTED SPECIAL ADVOCATES										
48 WALL ST.STE 1100 NH	EW YORK, NY 10005-2907	13-2612524	501(C)(3)	56,660.				PASS THROUGH			
(11) LOUISIANA CASA AS	SOCIATION										
2051 S. STE 240 BATON	ROUGE, LA 70808-4137	72-1265057	501(C)(3)	56,200.				PASS THROUGH			
(12) ALASKA CASA											
900 W 5TH, STE 525 ANG	CHORAGE, AK 99501-2048		GOVERNMENT	55,000.				PASS THROUGH			
	er of section 501(c)(3) and	-	•					131			
	er of other organizations list							6			
For Donorwork Doductio	an Aat Nation and the Instructi	and for Form O	00				-	ahadula I (Farm 000) 2022			

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

Schedule I (Form 990) 2022

SCHEDULE I Grants and Other Assistance to Organizations,								OMB No. 1545-0047		
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2022		
Attach to Form 990								Open to Public		
Department of the Treasury Internal Revenue Service		Inspection								
Name of the organization N	ATIONAL COURT APPOINTED SPE	CIAL					Employer identifica	tion number		
ADVOCATE ASSOCIATION 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 										
	nd Other Assistance to D		-					Yes" on Form 990,		
Part IV, lir	ne 21, for any recipient t	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.			
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) CASA OF LEXINGTON										
3245 LOCH NESS DR. LEX	XINGTON, KY 40517-1240	61-1339185	501(C)(3)	55,000.				PASS THROUGH		
(2) PENNSYLVANIA CASA	ASSOCIATION									
2080 LINGLESTOWN ROAD		23-2954302	501(C)(3)	53,500.				PASS THROUGH		
(3) SAVANNAH CHATHAM	COUNTY CASA									
761 WHEATON STREET SAV	VANNAH, GA 31401-4962	58-2058358	501(C)(3)	50,695.				PASS THROUGH		
(4) CASA NEW ORLEANS										
2725 S.BROAD ST. NEW (ORLEANS, LA 70125-1939	72-1054889	501(C)(3)	50,622.				PASS THROUGH		
(5) CASA OF LARIMER CO	OUNTY									
3105 E.HAR. RD FORT CO	OLLINS, CO 80528-9545	84-1048149	501(C)(3)	50,000.				PASS THROUGH		
(6) THE CASA PROJECT		_								
100 GROVE STE 403 WORG	CESTER, MA 01605-2630	04-2711865	501(C)(3)	50,000.				PASS THROUGH		
(7) CASA OF THE 5TH JU	UDICIAL DISTRICT									
400 WEST MAIN RUSSELLY	VILLE, AR 72811-1213	94-3419253	501(C)(3)	47,587.				PASS THROUGH		
(8) SAFE HARBOR CHILD	REN'S ADVOCACY CENTER	_								
402 TROWBRIDGE ST. ALI	LEGAN, MI 49053	38-2748322	501(C)(3)	46,813.				PASS THROUGH		
(9) CASA OF ADAMS AND	BROOMFIELD COUNTIES	_								
11860 P.STE 2700 WEST	MINSTER, CO 80234-2740	31-1657019	501(C)(3)	45,325.				PASS THROUGH		
(10) PRINCE GEORGE'S CO	OUNTY CASA	_								
6811 KEN. STE 402 RIV	ERDALE, MD 20737-1333	52-1772617	501(C)(3)	44,000.				PASS THROUGH		
(11) PASSAIC COUNTY CAS	SA	_								
415 HAMBURG TPKE # D2	WAYNE, NJ 07470-2129	20-8456398	501(C)(3)	43,600.				PASS THROUGH		
(12) BIG COUNTRY CASA		_								
400 OAK ST STE 217 AB			501(C)(3)	42,300.				PASS THROUGH		
	per of section 501(c)(3) and	•	•							
3 Enter total numb	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) 2022

SCHEDULE I		Grants ar		OMB No. 1545-0047					
(Form 990) Governments, and Individuals in the United States								2022	
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								Open to Public	
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								Inspection	
Internal Revenue Service			o www.irs.gov/	Form990 for the la	test information.				
	TIONAL COURT APPOINTED SPEC	CIAL					Employer identificat	ion number	
ADVOCATE ASSOCIATION							91-1255818		
	formation on Grants an		-						
-	ation maintain records to s			-	-				
	eria used to award the grant							Yes No	
2 Describe in Part I	IV the organization's procee	dures for mor	itoring the use	of grant funds in the	e United States.				
Part II Grants and	d Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	es" on Form 990,	
Part IV. lin	e 21, for any recipient t	hat received	_ more than \$5	.000. Part II can b	be duplicated if a	additional space is r	needed.		
	address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	•	(g) Description of	(h) Purpose of grant	
	overnment		(if applicable)	grant	noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	noncash assistance	or assistance	
(1) JACKSON COUNTY CAS	A - KANSAS CITY								
625 E 26TH ST KANSAS C	ITY, MO 64108-2719	43-1401328	501(C)(3)	42,100.				PASS THROUGH	
(2) CASA FOR CHILDREN	OF DC								
220 I NE STE 285 WASHI	NGTON, DC 20002-4898	03-0472883	501(C)(3)	42,000.				PASS THROUGH	
(3) CASA FOR KIDS, INC	. BARRY, EATON, & INGHAM								
3303 W.S ST.,STE. B2 L	ANSING, MI 48917-2303	38-3408893	501(C)(3)	39,700.				PASS THROUGH	
(4) CASA OF HANCOCK CO	UNTY								
644 DUNBAR AVE BAY ST	LOUIS, MS 39520-2923	27-0278390	501(C)(3)	38,970.				PASS THROUGH	
(5) CASA FOR CHILDREN									
1401 NE 68TH AVE PORTL	AND, OR 97213-4957	93-0923866	501(C)(3)	37,400.				PASS THROUGH	
(6) CASA OF WEST KENTU	CKY								
1118 JEFFERSON ST. PAD	UCAH, KY 42002-1262	61-1105299	501(C)(3)	37,300.				PASS THROUGH	
(7) CASA CORRIDOR OF E	AST TENNESSEE								
112 E WA AVENUE ATHENS	, TN 37303-4255	20-8726704	501(C)(3)	37,174.				PASS THROUGH	
(8) SNOHOMISH COUNTY C	ASA PROGRAM								
2801 10TH ST EVERETT,	WA 98201-1414	91-6001368	GOVERNMENT	37,144.				PASS THROUGH	
(9) NEW MEXICO KIDS MA	TTER INC.								
2340 A. STE 112 ALBUQU	ERQUE, NM 87106-3523	85-0424064	501(C)(3)	36,120.				PASS THROUGH	
(10) CASA OF SEDGWICK C	OUNTY	_							
2624 E CENTRAL AVE WIC	HITA, KS 67214	48-0915548	501(C)(3)	35,928.				PASS THROUGH	
(11) FRANKLIN COUNTY CA	SA	_							
80A NORTH OAK ST. UNIO	N, MO 63084-1643	20-4075961	501(C)(3)	35,597.				PASS THROUGH	
(12) CASA OF THE FOX CI	TIES								
1500 N CA. STE 200 APP	LETON, WI 54913-8219	46-0740362	501(C)(3)	35,330.				PASS THROUGH	
	er of section 501(c)(3) and	-	-						
3 Enter total number	er of other organizations lis	ted in the line	1 table						

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

Schedule I (Form 990) 2022

SCHEDULE I		Grants ar	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990)		2022						
			-	wered "Yes" on F tach to Form 990.	,,,			Open to Public
Department of the Treasury Internal Revenue Service		Go te	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization N	ATIONAL COURT APPOINTED SPEC	CIAL					Employer identifica	tion number
ADVOCATE ASSOCIATION							91-1255818	
Part I General I	nformation on Grants and	d Assistance	e					
1 Does the organiz	zation maintain records to si	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
	eria used to award the grant							Yes No
	IV the organization's proceed							
Part II Grants an	nd Other Assistance to D ne 21, for any recipient th	omestic Or	ganizations ar	nd Domestic Gov	ernments. Com	additional space is r		/es" on Form 990,
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)8TH JUDICIAL DIST	RICT COURT/CLARK CNTY CASA							
601 P. RD. BLD D LAS	VEGAS, NV 89101-2408		GOVERNMENT	35,000.				PASS THROUGH
(2) CASA FOR THE SIXT	H JUDICIAL DISTRICT							
300 CAREY AVE GILLETT	Е, WY 82716-3829	83-0322769	501(C)(3)	35,000.				PASS THROUGH
(3) CASA OF SOUTH CEN	TRAL MISSOURI - 25TH JUDIC							
406 N MAIN, SUITE A RO	OLLA, MO 65402-0031	20-2021790	501(C)(3)	35,000.				PASS THROUGH
(4) CASA OF THE EASTER	RN PANHANDLE							
397-3 M ATL. P. MARTI	NSBURG, WV 25404-7468	32-0063080	501(C)(3)	35,000.				PASS THROUGH
(5) CASA OF EAST CENT	RAL WISCONSIN							
P.O. BOX 721 MANITOWO	C, WI 54221-0721	83-2387527	501(C)(3)	34,857.				PASS THROUGH
(6) CASA OF LOS ANGEL	ES							
201 C.P.S 1100 MONTER	EY PARK, CA 91754-2142	95-3890446	501(C)(3)	34,700.				PASS THROUGH
(7) SUSQUEHANNA VALLE	Y CASA - VOICES FOR CHILD.	_						
503 MARKET STREET SUN		48-0921732	501(C)(3)	34,600.				PASS THROUGH
(8) CASA OF THE PARKL	AND	_						
	MINGTON, MO 63640-1749	84-2334981	501(C)(3)	34,325.				PASS THROUGH
(9) WASHINGTON CASA A	SSOCIATION	_						
1220 MAIN ST, STE 400		84-3648148	501(C)(3)	33,600.				PASS THROUGH
(10) CASA YOUTH ADVOCA		_						
117 GAYLEY ST. MEDIA,		23-1901080	501(C)(3)	33,375.				PASS THROUGH
(11) CASA OF THE RIVER		_						
	ISVILLE, KY 40217-1566	61-1066568	501(C)(3)	33,300.				PASS THROUGH
(12) CASA OF OKLAHOMA		-						
1608 NW EXPRESSWAY OK			501(C)(3)	32,500.				PASS THROUGH
	per of section 501(c)(3) and	0	0					
3 Enter total numb	er of other organizations list	ted in the line	1 table					

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

Schedule I (Form 990) 2022

SCHEDULE I	Grants ar	nd Other A	Assistance t	o Organiza	tions.		OMB No. 1545-0047
(Form 990) GC		2022					
		-	wered "Yes" on F tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service	Go te		Form990 for the la	test information.			Inspection
Name of the organization NATIONAL COURT APPOINTED SPEC						Employer identifica	tion number
ADVOCATE ASSOCIATION						91-1255818	
Part I General Information on Grants and	d Assistanc	e				·	
 Does the organization maintain records to such the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand dures for mor	e? iitoring the use	of grant funds in the	e United States.			Yes No
Part II Grants and Other Assistance to D		-					Yes" on Form 990,
Part IV, line 21, for any recipient the	hat received		,000. Part II can r		•		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CASA FOR KIDS, INC							
310 SHELBY ST KINGSPORT, TN 37660-3618	62-1464923	501(C)(3)	31,700.				PASS THROUGH
(2) ESSEX COUNTY CASA (MA)							
430 N CANAL ST LAWRENCE, MA 01840-1246	04-2104054	501(C)(3)	30,651.				PASS THROUGH
(3) ESSEX COUNTY CASA (NJ)							
212 WA ST RM 912 NEWARK, NJ 07102-2904	22-2745450	501(C)(3)	30,001.				PASS THROUGH
(4) CASA OF COOK COUNTY							
1100 S. HAM.8- WCJC CHICAGO, IL 60612-4207	36-4461307	501(C)(3)	30,000.				PASS THROUGH
(5) CASA OF NEW HAMPSHIRE							
138 COOL. AVE MANCHESTER, NH 03102-3208	02-0432242	501(C)(3)	30,000.				PASS THROUGH
(6) CASA FOR CHILDREN, INC.							
1224 CHAPLINE ST WHEELING, WV 26003-3339	27-0906338	501(C)(3)	29,407.				PASS THROUGH
(7) CASA OF KENT COUNTY, INC.							
180 O. STE 5200 GRAND RAPIDS, MI 49503-2703	20-2112557	501(C)(3)	27,500.				PASS THROUGH
(8) DUBUQUE/LANSING CASA							
220 W 7TH STREET DUBUQUE, IA 52001	42-6004508	501(C)(3)	27,400.				PASS THROUGH
(9) DOUGLAS COUNTY CASA							
1009 NH ST., STE A&B LAWRENCE, KS 66044-3046	48-1104657	501(C)(3)	26,500.				PASS THROUGH
(10) CASA OF JEFFERSON COUNTY							
120 2ND CT N BIRMINGHAM, AL 35204-4718	63-1201369	501(C)(3)	26,361.				PASS THROUGH
(11) CASA YOUTH ADVOCATES, INC. SERVING DELAWARE							
P.O. BOX 407 MEDIA, PA 19063-0407	23-1901080	501(C)(3)	26,105.				PASS THROUGH
(12) CASA OF OTTAWA COUNTY	_						
412 CENTURY LN HOLLAND, MI 49423-4285	38-2118103	501(C)(3)	25,700.				PASS THROUGH
2 Enter total number of section 501(c)(3) and	-	-					
3 Enter total number of other organizations list	ted in the line	1 table					

Schedule I (Form 990) 2022

SCHEDULE I		Grants ar	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	G	overnmei	nts, and Ir	ndividuals in wered "Yes" on F	n the United	d States		2022
	0011		-	tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service		Go te		Form990 for the la	test information.			Inspection
Name of the organization NATIO	NAL COURT APPOINTED SPE						Employer identifica	tion number
ADVOCATE ASSOCIATION							91-1255818	
Part I General Info	mation on Grants ar	d Assistance	e					
1 Does the organization	on maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eliaibility for the grant	s or assistance. and	
	used to award the grar							Yes No
2 Describe in Part IV t								
Part II Grants and C	Other Assistance to I	Domestic Org	ganizations ar	nd Domestic Gov	vernments. Com			res" on Form 990,
1 (a) Name and add or gover		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CASA OF SOLA								
215 E. PINHOOK RD. LAFAYE	TTE, LA 70501	26-3696342	501(C)(3)	25,200.				PASS THROUGH
(2) DALLAS CASA								
2757 SWISS AVE DALLAS, TX	75204-5954	75-1866204	501(C)(3)	24,800.				PASS THROUGH
(3) MONTANA CASA/GAL ASSO	CIATION							
P.O. BOX 2596 MISSOULA, M	r 59806-2596	81-4941812	501(C)(3)	23,700.				PASS THROUGH
(4) CASA OF PIMA COUNTY								
2225 E AJO WAY TUCSON, AZ	85713-6201	86-6000543	501(C)(3)	23,500.				PASS THROUGH
(5) JACKSON COUNTY CASA -	PASCAGOULA							
4903 TELEPHONE RD PASCAGO	ULA, MS 39567-1823	80-0231274	501(C)(3)	22,682.				PASS THROUGH
(6) CAN COUNCIL								
1311 N. MICHIGAN AVE SAGI	NAW, MI 48602-4733	38-2480726	501(C)(3)	22,500.				PASS THROUGH
(7) CASA OF NORTH ARKANSA	S							
303 N. ST., STE 201 HARRI	SON, AR 72601-3265	71-0810997	501(C)(3)	22,500.				PASS THROUGH
(8) ORANGE COUNTY CASA		_						
1 E COURT ST PAOLI, IN 47			GOVERNMENT	22,393.				PASS THROUGH
(9) CASA OF BRADLEY AND P	OLK COUNTIES							
85 S OCOEE ST CLEVELAND,	TN 37311-5944	27-2961555	501(C)(3)	22,091.				PASS THROUGH
(10) SUMMIT COUNTY CASA								
650 DAN ST AKRON, OH 4431	0-3909		GOVERNMENT	21,800.				PASS THROUGH
(11) MARIN CASA								
1401 L.G., STE130 SAN RAF.		81-5047208	501(C)(3)	21,750.				PASS THROUGH
(12) CASA OF PIKES PEAK RE	GION INC.	_						
418 WEB. COLORADO SPRINGS		84-1115548	501(C)(3)	20,200.				PASS THROUGH
	f section 501(c)(3) and							
3 Enter total number of	of other organizations lis	sted in the line	1 table					

SCHEDULE I		Grants ar	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	GO Comp		2022					
	•••••		-	tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service		Go te		Form990 for the la	test information.			Inspection
Name of the organization N	ATIONAL COURT APPOINTED SPEC	IAL					Employer identifica	tion number
ADVOCATE ASSOCIATION							91-1255818	
Part I General I	nformation on Grants and	d Assistanc	e					
	zation maintain records to su eria used to award the grant							Yes No
2 Describe in Part	IV the organization's proceed	lures for mor	nitoring the use	of grant funds in the	e United States.			
	nd Other Assistance to D ne 21, for any recipient th		-			additional space is r		Yes" on Form 990,
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CASA OF SAN JOAQU	IN COUNTY							
127 N SUTTER ST STOCK		94-2497046	501(C)(3)	20,200.				PASS THROUGH
(2) CASA FOR KIDS INC	. BARRY, EATON, AND INGHAM							
3303 W.SAG.,STE. B2 L		38-3408893	501(C)(3)	20,000.				PASS THROUGH
(3) CASA OF LANCASTER	COUNTY							
120 N. SHIPPEN ST. LA	NCASTER, PA 17602-2926	26-1826650	501(C)(3)	20,000.				PASS THROUGH
(4) TEXAS CASA								
1501 W A. LN STE B-2 A	AUSTIN, TX 78757-1452	75-2252358	501(C)(3)	20,000.				PASS THROUGH
(5) WEST VIRGINIA CAS	A ASSOCATION							
P.O.BOX 11773 CHARLES	ION, WV 25339-1773	55-0754943	501(C)(3)	19,000.				PASS THROUGH
(6) GREATER RICHMOND	SCAN - RICHMOND CASA							
103 E GRACE ST RICHMO	ND, VA 23219-1741	54-1584969	501(C)(3)	18,000.				PASS THROUGH
(7) PARACHUTE: BUTLER	COUNTY CASA							
284 N FAIR AVE HAMILTO	ON, OH 45011-4222	031-123017	501(C)(3)	17,918.				PASS THROUGH
(8) SETHRA CASA								
312 RESOURCE ROAD DUNI	LAP, TN 37327-3342	62-0926520	501(C)(3)	17,690.				PASS THROUGH
(9) ELKHART COUNTY CA	SA							
1000 W. HIVELY AVE EL	KHART, IN 46517-1741	35-0888765	501(C)(3)	17,600.				PASS THROUGH
(10) CASA CHILDREN'S I	NTERVENTION SERVICES							
9384 FW. LN STE C MAN	ASSAS, VA 20110-4748	54-1661340	501(C)(3)	17,500.				PASS THROUGH
(11) CASA OF LAFAYETTE	COUNTY							
2887 SOUTH LAMAR BLVD	OXFORD, MS 38655-0802	82-2847040	501(C)(3)	17,500.				PASS THROUGH
(12) CASA OF LEWIS & C	LARK AND BROADWATER COUNTI							
3280 CENT. STE C HELEI	NA, MT 59604-4865	81-0523987	501(C)(3)	17,500.				PASS THROUGH
	er of section 501(c)(3) and	0	0					
3 Enter total numb	er of other organizations list	ed in the line	1 table					

SCHEDULE I		Grants ar	nd Other A	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990)	Go	overnmer	nts, and Ir	ndividuals in wered "Yes" on F	n the United	d States		2022
			-	tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service		Go to		Form990 for the la	test information.			Inspection
Name of the organization $_{ m N}$	ATIONAL COURT APPOINTED SPEC	CIAL					Employer identificat	ion number
ADVOCATE ASSOCIATION							91-1255818	
Part I General I	nformation on Grants and	d Assistance	9					
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance. and	
•	eria used to award the grant			•		• • •		Yes No
	IV the organization's procee							
Part II Grants an	nd Other Assistance to D ne 21, for any recipient th	omestic Org	ganizations ar	nd Domestic Gov	vernments. Com	additional space is r		′es" on Form 990,
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CASA OF SOUTHWEST	IDAHO - THIRD DISTRICT							
304 NORTH K. AVE CALD		81-136-8126	501(C)(3)	17,500.				PASS THROUGH
(2) CASA OF THE SOUTH	WEST							
129 COUNTY ROAD 250 D		02-0666382	501(C)(3)	17,000.				PASS THROUGH
(3) CASA OF BERKS COU	NTY							
845 N P. STE 307 WYOM	ISSING, PA 19610-1342	47-3440847	501(C)(3)	16,505.				PASS THROUGH
(4) DES MOINES CASA								
321 E 12TH ST FL 4TH 1	DES MOINES, IA 50319		GOVERNMENT	16,400.				PASS THROUGH
(5) CHILD ADVOCATES O	F FORT BEND							
5403 AVENUE N ROSENBE	RG, TX 77471-5644	76-0337426	501(C)(3)	16,300.				PASS THROUGH
(6) BERGEN COUNTY CAS.	A							
1 BERGEN C.,S 334 HAC	KENSACK, NJ 07601-7061	90-0060769	501(C)(3)	15,300.				PASS THROUGH
(7) ATHENS-OCONEE CAS.	A PROGRAM							
693 N POPE ST ATHENS,	GA 30601-2331	58-2100852	501(C)(3)	15,000.				PASS THROUGH
(8) CASA KENDALL COUN	ТҮ							
811 W JOHN ST YORKVIL	LE, IL 60560-9249	36-4226686	501(C)(3)	15,000.				PASS THROUGH
(9) CASA OF EAST CENT	RAL ILLINOIS							
604 JACKSON AVE CHARL	ESTON, IL 61920-2074	37-1322211	501(C)(3)	15,000.				PASS THROUGH
(10) CASA OF THE MIDLA	NDS	_						
435 N PARK AVE FREMON	T, NE 68025-4977	37-1941285	501(C)(3)	15,000.				PASS THROUGH
(11) MESILLA VALLEY CA	SA	_						
2640 EL PASEO ROAD LA	S CRUCES, NM 88001	85-0414608	501(C)(3)	15,000.				PASS THROUGH
(12) OTTAWA AND SALINE	COUNTY CASA PROGRAM	_						
155 N OAKDALE S. 200		48-0921732		15,000.				PASS THROUGH
	per of section 501(c)(3) and							
3 Enter total numb	er of other organizations list	ted in the line	1 table	<u></u>			<u> </u>	

Schedule I (Form 990) 2022

SCHEDULE I		Grants ai	nd Other A	Assistance t	o Organiza	tions.		OMB No. 1545-0047
(Form 990)				ndividuals i		•		໑ຓຐຐ
			•	wered "Yes" on F				2022
Department of the Treasury			-	tach to Form 990.				Open to Public
Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection
Name of the organization $_{ m N}$	NATIONAL COURT APPOINTED SPE	CIAL					Employer identificati	on number
ADVOCATE ASSOCIATION	I						91-1255818	
Part I General I	nformation on Grants an	d Assistanc	e					
1 Does the organi	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection crit	teria used to award the gran	ts or assistand	e?					Yes No
2 Describe in Part	t IV the organization's proce	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants a	nd Other Assistance to E	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Con	plete if the organiz	ation answered "Y	es" on Form 990.
	ne 21, for any recipient t		-					,
				(d) Amount of cash	-			
	nd address of organization government	(b) EIN	(c) IRC section (if applicable)	grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OKMULGEE COUNTY/C	REEK NATION CASA							
P.O. BOX 73 OKMULGEE,	OK 74447-0073	73-1332643	501(C)(3)	14,920.				PASS THROUGH
(2) MACON COUNTY CASA	1							
141 S M. ST, STE 722	DECATUR, IL 62523-1200	32-0092410	501(C)(3)	14,892.				PASS THROUGH
(3) CASA OF BELL AND	CORYELL COUNTIES							
112 N. MAIN STREET BE	LTON, TX 76513-3210	47-1771665	501(C)(3)	14,800.				PASS THROUGH
(4) CASA OF OHIO VALL	ΞΥ							
608 FREDERICA STE 100	A OWENSBORO, KY 42301	61-1303511	501(C)(3)	14,605.				PASS THROUGH
(5) CASA OF SOUTHWEST	MISSOURI							
P.O. BOX 4853 SPRINGF	IELD, MO 65808-4853	43-1524185	501(C)(3)	13,800.				PASS THROUGH
(6) CASA OF JACKSON C	OUNTY							
409 N. FRONT ST. MEDF	ORD, OR 97501	94-3215621	501(C)(3)	13,200.				PASS THROUGH
(7) GEORGIA CASA								
75 MARI. NW STE 404 A	TLANTA, GA 30303-2883	58-1793382	501(C)(3)	13,200.				PASS THROUGH
(8) CASA OF LANE COUN	ITY							
174 DEAD. F.RD SPRING		93-1185120	501(C)(3)	13,192.				PASS THROUGH
(9) CASA OF ATLANTIC,	CAPE MAY AND CAMDEN	_						
321 SHORE RD SOMERS P		22-3348198	501(C)(3)	12,600.				PASS THROUGH
(10) CASA OF THE WIREG	RASS REGION							
545 W. MAIN ST SUITE	100 DOTHAN, AL 36301	84-2466768	501(C)(3)	12,500.				PASS THROUGH
(11) IMPERIAL COUNTY &								
229 S. 8TH STE B EL C		33-0632963	501(C)(3)	12,500.				PASS THROUGH
(12) CASA FOR KIDS OF		_						
1500 S DAY ST BRENHAM		20-5177957		12,105.				PASS THROUGH
	per of section 501(c)(3) and	•	•					
3 Enter total numb	per of other organizations lis	sted in the line	1 table					

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

SCHEDULE I		Grants ar	nd Other A	Assistance t	o Organiza	tions.		OMB No. 1545-0047
(Form 990)	Go	overnmei	nts, and Ir	ndividuals in wered "Yes" on F	n the United	d States		2022
	0011		-	tach to Form 990.		, 1110 21 01 22.		Open to Public
Department of the Treasury Internal Revenue Service		Go te		Form990 for the la	test information.			Inspection
Name of the organization $_{ m N}$	ATIONAL COURT APPOINTED SPE	CIAL					Employer identificat	ion number
ADVOCATE ASSOCIATION							91-1255818	
Part I General I	nformation on Grants an	d Assistance	9					
1 Does the organiz	zation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
	eria used to award the gran							Yes No
	IV the organization's proce							
	nd Other Assistance to D ne 21, for any recipient t		-			additional space is r		es" on Form 990,
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CASA OF HARFORD C	OUNTY							
101 S M. ST STE 303 B		52-1936813	501(C)(3)	12,105.				PASS THROUGH
(2) CASA OF NEW JERSE	Y							
77 CHURCH ST NEW BRUNS		22-3679194	501(C)(3)	12,105.				PASS THROUGH
(3) KENTUCKY CASA								
1640 L.C. STE 108 LOUI	ISVILLE, KY 40223-4225	47-2993676	501(C)(3)	12,000.				PASS THROUGH
(4) MASSACHUSETTS CAS	A							
867 BOY. 5TH FL BOSTO	N, MA 02116-2774	82-3536706	501(C)(3)	11,400.				PASS THROUGH
(5) CASA OF MADISON A	ND CLARK COUNTIES							
114 N.2ND ST, STE B R	ICHMOND, KY 40476-0634	61-1314979	501(C)(3)	11,200.				PASS THROUGH
(6) CRAWFORD COUNTY C	ASA							
310 CHES. STE 232 MEAN	DVILLE, PA 16335-3294	25-1726827	501(C)(3)	10,561.				PASS THROUGH
(7) CASA OF SAN LUIS	OBISPO COUNTY							
75 HIG.S 180 SAN LUIS	OBISPO, CA 93401-5436	77-0316227	501(C)(3)	10,500.				PASS THROUGH
(8) CASA OF FLOYD COU	NTY	_						
800 E 8TH STREET NEW 2	ALBANY, IN 47150	83-4060613	501(C)(3)	10,200.				PASS THROUGH
(9) CASA OF GALVESTON	COUNTY	_						
600 G.F.,S 228 TEXAS (CITY, TX 77591-8105	46-4525259	501(C)(3)	10,200.				PASS THROUGH
(10) VOICES FOR CHILDR	EN INC.	_						
2851 ME.LARK DR SAN D	IEGO, CA 92123-2709	95-3786047	501(C)(3)	10,000.				PASS THROUGH
(11) WARRICK COUNTY CS	A	_						
P.O. BOX 403 BOONVILL		27-0547620	501(C)(3)	9,900.				PASS THROUGH
(12) CASA OF AUTAUGA CO	OUNTY	_						
696 S H DR. PRATTVILL			501(C)(3)	9,600.				PASS THROUGH
	per of section 501(c)(3) and							
3 Enter total numb	er of other organizations lis	ted in the line	1 table				<u></u>	

SCHEDULE I		Grants ar	nd Other A	Assistance t	o Organiza	tions.		OMB No. 1545-0047
(Form 990)	Go	overnmei	nts, and Ir	ndividuals in wered "Yes" on F	n the United	d States		2022
			-	tach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service		Go te		Form990 for the la	test information.			Inspection
Name of the organization N	ATIONAL COURT APPOINTED SPE	CIAL	_				Employer identificat	ion number
ADVOCATE ASSOCIATION							91-1255818	
Part I General I	nformation on Grants ar	d Assistanc	e					
the selection crit 2 Describe in Part	zation maintain records to s eria used to award the gran IV the organization's proce	ts or assistand dures for mor	e? hitoring the use	of grant funds in the	e United States.			Yes No
	Ind Other Assistance to I are 21, for any recipient f		-					/es" on Form 990,
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LOWER SHORE CASA :	INC							
P.O. BOX 387 SALISBURY		52-1147731	501(C)(3)	9,400.				PASS THROUGH
(2) CASA OF NATRONA CO	DUNTY							
P.O. BOX 2510 CASPER,		83-0331392	501(C)(3)	9,300.				PASS THROUGH
(3) GAL/CASA OF MARIO	I COUNTY							
127 M. STE. 500 INDIA	JAPOLIS, IN 46204-1578	35-1656579	501(C)(3)	9,200.				PASS THROUGH
(4) CASA OF NORTH MISS	SISSIPPI							
P.O. BOX 802 OXFORD, M	4S 38655-0802	82-2847040	501(C)(3)	8,400.				PASS THROUGH
(5) CASA OF TRAVIS CON	JNTY							
7600 CC DR. STE 200 AU	JSTIN, TX 78752-1554	74-2369123	501(C)(3)	8,400.				PASS THROUGH
(6) CASA OF LANCASTER	AND LEBANON COUNTIES							
120 N. SHIPPEN ST. LAN	NCASTER, PA 17602-2926	26-1826650	501(C)(3)	7,500.				PASS THROUGH
(7) MARYLAND CASA ASSO	DCIATION							
200 E. J. RD, STE 100	TOWSON, MD 21286-3106	52-1946488	501(C)(3)	7,500.				PASS THROUGH
(8) CASA OF MONTGOMER	COUNTY							
1111 A. BASE B. MONTGO	DMERY, AL 36108-3103	84-4784325	501(C)(3)	6,600.				PASS THROUGH
(9) CASA OF MCHENRY CO	DUNTY							
630 IL R 31, STE 101 (CRYSTAL LAKE, IL 60012	20-1387762	501(C)(3)	6,400.				PASS THROUGH
(10) CASA MISSISSIPPI	(HINDS COUNTY)							
P.O. BOX 23879 JACKSON	I, MS 39225-3879	43-2002765	501(C)(3)	6,300.				PASS THROUGH
(11) YWCA CASA FOR KIDS	5 PROGRAM							
212 11TH ST. S. LA CRO	DSSE, WI 54601	39-0810543	501(C)(3)	6,300.				PASS THROUGH
(12) BOSTON CASA								
85 MER. STE 401 BOSTON		04-3110775	501(C)(3)	6,080.				PASS THROUGH
	er of section 501(c)(3) and							
3 Enter total numb	er of other organizations lis	ted in the line	1 table					

SCHEDULE I		Grants a	Grants and Other Assistance to Organizations,						
(Form 990)				ndividuals i				<u>୬</u> ଲ ୨୨	
			•	wered "Yes" on F				2022	
Department of the Treasury	,	-	At	tach to Form 990.				Open to Public	
Internal Revenue Service		Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection	
Name of the organization	NATIONAL COURT APPOINTED SPI	ECIAL					Employer identifica	tion number	
ADVOCATE ASSOCIATION	1						91-1255818		
Part I General	Information on Grants ar	nd Assistanc	e						
1 Does the organ	ization maintain records to s	substantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and		
	iteria used to award the grar							Yes No	
2 Describe in Par	t IV the organization's proce	edures for mor	nitoring the use	of grant funds in the	e United States.				
Part II Grants a	nd Other Assistance to I	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,	
Part IV, I	ine 21, for any recipient	that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.		
	nd address of organization r government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) CASA/GAL OF MIAM	I COUNTY, INC.								
	6 TROY, OH 45373-5204	31-1418130	501(C)(3)	6,000.				PASS THROUGH	
(2) CASA OF MESA COU	NTY								
2139 N 12TH ,STE 5 GH	RAND JUNCTION, CO 81501	84-1409144	501(C)(3)	5,985.				PASS THROUGH	
(3) CASA OF THE ELEVI	ENTH JUDICIAL CIRCUIT, WV								
P.O. BOX 1142 LEWISBU	JRG, WV 24901-4142	42-1582743	501(C)(3)	5,900.				PASS THROUGH	
(4) CASA FOR KIDS, II	NC WASHINGTON								
382 W.C STE 108B WASH	HINGTON, PA 15301-4713	47-0849282	501(C)(3)	5,800.				PASS THROUGH	
(5) CASA MISSISSIPPI									
P.O. BOX 23879 JACKS	ON, MS 39225-3879	43-2002765	501(C)(3)	5,200.				PASS THROUGH	
_(6)		_							
(7)		_							
(8)		_							
(9)		_							
(10)		_							
(11)		_							
(12)		_							
2 Enter total num	ber of section 501(c)(3) and		 	ted in the line 1 tel					
	ber of other organizations lis					<u></u>			

NATIONAL COURT APPOINTED SPECIAL

91-1255818

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
•					
7 art IV Supplemental Information. Provide th information.	e information re	equired in Part I,	line 2, Part III, d	column (b); and any ot	her additional

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.

Page 2

SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Or Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Attach to Form 990. Or							
	of the organization	NATIONAL COURT APPOINTE		Employer identification		ectio r	
ADVO	CATE ASSO			91-125581			
Part		ns Regarding Compensation		<u> </u>	0		
T all c		······································				Yes	No
	990, Part VII, First-cla Travel fo Tax inde Discretio	Section A, line 1a. Complete Part III to iss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th	by by ded any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, char the organization follow a written policy re- genses described above? If "No," com	y these items. personal use nal residence on fees auffeur, chef) egarding payment			
					1b		
2	directors, trus		to reimbursing or allowing expenses D/Executive Director, regarding the items	-	2		
3	organization's related organ X Comper Indepen	CEO/Executive Director. Check all the	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P X Written employment contract X Compensation survey or study X Approval by the board or compensation	ods used by a art III.			
4	organization of	or a related organization:	Part VII, Section A, line 1a, with respect to	-			
а			ayment?		4a		X
b	-		tal nonqualified retirement plan?		4b		X
С	If "Yes" to an	y of lines 4a-c, list the persons and p	sed compensation arrangement?		4c		X
5	For persons		rganizations must complete lines 5-9. ion A, line 1a, did the organization pa	ly or accrue any			
а	The organizat	ion?			5a		Х
b	If "Yes" on lin	e 5a or 5b, describe in Part III.			5b		X
6	compensatior	n contingent on the net earnings of:	ion A, line 1a, did the organization pa				
а					6a		X
b	-	rganization? e 6a or 6b, describe in Part III.			6b		X
7	For persons	listed on Form 990, Part VII, Section	on A, line 1a, did the organization prov	ide any nonfixed			
8	Were any am to the initia	ounts reported on Form 990, Part VII, I contract exception described in	escribe in Part III paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	at was subject "Yes," describe	7	X	x
9			low the rebuttable presumption proced		-		
-					9		
For Pa		ction Act Notice, see the Instructions for F			ule J (Fo	orm 990	0) 2022

Schedule J (Form 990) 2022

91-1255818

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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
TARA PERRY	(i)	472,561.	NONE	NONE	1,890.	8,286.	482,737.	NONE
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SARAH ERNY	(i)	247,022.	NONE	NONE	1,890.	8,286.	257,198.	NONE
2 DEPUTY CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRAD RAY	(i)	181,631.	NONE	NONE	431.	8,286.	190,348.	NONE
3 DEPUTY CHIEF MARKETING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KRISTINA FOLEY	(i)	175,642.	NONE	NONE	NONE	8,286.	183,928.	NONE
4 CHIEF COMMUNICATIONS OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KJERSTI OLSON	(i)	154,176.	NONE	NONE	1,104.	NONE	155,280.	NONE
5 SR. PROGRAM OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELLA HAIRSTONE	(i)	152,241.	NONE	NONE	672.	8,286.	161,199.	NONE
6 CHIEF COMPLIANCE, QUALITY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

Page **2**

Schedule J (Form 990) 2022

91-1255818

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7:

BONUS PAID TO CEO BASED ON PERFORMANCE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2

Open to Public

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL COURT APPOINTED SPECIAL

Inspection Employer identification number

_	(D)
ADVOCATE	ASSOCIATION
	14/11 1 4

ADV	OCATE ASSOCIATION				91-1255818	8	
Par	t Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported or Form 990, Part VIII, line		(d) of determinin ntribution am	0
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications			22,05	0. PURCHASE	RECEIPT	·
5	Clothing and household						
•	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property		2	20.27	1 1711/17 7		
9	Securities - Publicly traded		2	20,37	1. FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
40	or trust interests Securities - Miscellaneous						
12 13	Qualified conservation						
15	contribution - Historic						
	structures						
14	Qualified conservation						
14	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 ►()						
	Other ►()						
29	Number of Forms 8283 received		anization during the tax ve	ear for contributions	for		
-	which the organization completed F		• •				
	······	,				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I,	lines 1 through		
	28, that it must hold for at least th	nree years f	rom the date of the initial	contribution, and which	ch isn't required		
	to be used for exempt purposes for	the entire h	olding period?			30a	Х
b	If "Yes," describe the arrangement i	n Part II.					
	Does the organization have a		tance policy that require	es the review of a	ny nonstandard		
	contributions?						
32a	Does the organization hire or use						
	contributions?	-	-			1 1	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which colum	n (a) is checked,		
	describe in Part II.						
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedu	le M (Form 99	0) 2022

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

NATIONAL COURT APPOINTED SPECIAL

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

SCHEDULE M, PART I, LINE 32:

DONATE FOR CHARITY INC.-9/8/2022; \$339.50; ONE-TIME GIFT; INDIVIDUAL

UNRESTRICTED; 4/12/2022; \$1,316.00

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.
 Name of the organization
 Employer ide

NATIONAL COURT APPOINTED SPECIAL

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 2021.

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.



Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

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.

Schedule O (Form 990 or 990-EZ) 2022		
Name of the organization	Employer identification number	
NATIONAL COURT APPOINTED SPECIAL	91-1255818	

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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.

Schedule O (Form 990 or 990-EZ) 2022			Page 2
Name of the organization		Employer identification number	
NATIONAL COURT APPOINTED	SPECIAL	91-1255818	

FORM 990, PART VI, LINE 17 - STATES

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,