

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION Doing Business As			D Employer identification number 91-1255818	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (206) 270-0072	
	100 W HARRISON, N. TOWER		500		
	City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98119-4123				
F Name and address of principal officer: TARA PERRY 100 W HARRISON, N. TOWER 500, SEATTLE, WA 98119-4123					
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			G Gross receipts \$ 16,787,382.		
J Website: ▶ WWW.NATIONALCASAGAL.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1984		M State of legal domicile: WA
			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
			H(c) Group exemption number ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE ASSOCIATION SUPPORTS STATE AND LOCAL CASA AND GAL PROGRAMS WHICH RECRUIT, TRAIN, DEPLOY AND SUPERVISE VOLUNTEERS TO ADVOCATE FOR ABUSED OR NEGLECTED CHILDREN.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 3 19
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 19
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 66
	6	Total number of volunteers (estimate if necessary) 6 19
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a NONE
7b	Net unrelated business taxable income from Form 990-T, line 34 7b NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h) 16,598,407.	
	9 Program service revenue (Part VIII, line 2g) 393,902.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,355.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,009,664.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,353,407.	
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) NONE	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,136,107.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) NONE	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 330,177.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,920,121.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 16,409,635.	
	19 Revenue less expenses. Subtract line 18 from line 12 600,029.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 7,164,922.	
	21 Total liabilities (Part X, line 26) 1,958,144.	
	22 Net assets or fund balances. Subtract line 21 from line 20 5,206,778.	

Part II Signature Block

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

Sign Here	Signature of officer		Date 09/23/2024	
	TARA PERRY Type or print name and title CEO			
Paid Preparer Use Only	Print/Type preparer's name MATTHEW FRERKER	Preparer's signature MATTHEW FRERKER	Date 09/23/2024	Check <input type="checkbox"/> if self-employed PTIN P01677675
	Firm's name ▶ BDO USA		Firm's EIN ▶ 13-5381590	
	Firm's address ▶ 601 UNION STREET SUITE 2300 SEATTLE, WA 98101		Phone no. 206-382-7777	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,778,745. including grants of \$ NONE) (Revenue \$ 868,990.)

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

4b (Code:) (Expenses \$ 4,267,299. including grants of \$ 3,824,966.) (Revenue \$ NONE)

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

4c (Code:) (Expenses \$ 4,082,638. 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 \$)

4e Total program service expenses 13,128,682.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational activities, financial reporting, and fundraising.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (19), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

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

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

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TARA PERRY CHIEF EXECUTIVE OFFICER	50.00 NONE			X				472,561.	NONE	10,176.
(2) SARAH ERNY DEPUTY CHIEF EXECUTIVE OFFICER	50.00 NONE					X		247,022.	NONE	10,176.
(3) BRAD RAY DEPUTY CHIEF MARKETING OFFICER	40.00 NONE					X		181,631.	NONE	8,717.
(4) KRISTINA FOLEY CHIEF COMMUNICATIONS OFFICER	40.00 NONE					X		175,642.	NONE	8,286.
(5) ELLA HAIRSTONE CHIEF COMPLIANCE, QUALITY	40.00 NONE					X		152,241.	NONE	8,958.
(6) KJERSTI OLSON SR. PROGRAM OFFICER	40.00 NONE					X		154,176.	NONE	1,104.
(7) BRIAN MEISTER CHIEF FINANCIAL OFFICER	40.00 NONE			X				106,155.	NONE	15,383.
(8) JOSEPH BANKOFF CHAIR	4.00 NONE	X		X				NONE	NONE	NONE
(9) JAMES RISHWAIN CHAIR - ELECT	4.00 NONE	X		X				NONE	NONE	NONE
(10) DANIELLE MAURER VICE CHAIR	4.00 NONE	X		X				NONE	NONE	NONE
(11) BRITT BANKS SECRETARY	4.00 NONE	X		X				NONE	NONE	NONE
(12) LOUIS LUCIDO TREASURER	4.00 NONE	X		X				NONE	NONE	NONE
(13) CHARLES BRUMBACK INDIVIDUAL TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(14) CHARLES BENJAMIN INDIVIDUAL TRUSTEE	2.00 NONE	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KIMBERLY CORLEY INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(16) WILLIAM COLLINS INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(17) ASHLEY GRACE INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(18) DAVID P. KATZ INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(19) EMMA LUBROOK INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(20) RAVIN CHAD PRASHAD INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(21) DR. KATHLEEN RUTH INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(22) LISA G. STUART INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(23) DANIEL SCHWARTZ INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(24) DAVID TODD INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(25) ERIC TOM INDIVIDUAL TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							1,489,428.	NONE	62,800.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							1,489,428.	NONE	62,800.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 18

	Yes	No
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a							
	b Membership dues	1b							
	c Fundraising events	1c							
	d Related organizations	1d							
	e Government grants (contributions) . .	1e	13,660,597.						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	2,006,950.						
	g Noncash contributions included in lines 1a-1f	1g	\$ 42,421.						
	h Total. Add lines 1a-1f			15,667,547.					
	Program Service Revenue				Business Code				
2a TRAINING FEES			611710	868,990.	868,990.				
b MEMBERSHIP DUES			900099	218,797.	218,797.				
c									
d									
e									
f All other program service revenue									
g Total. Add lines 2a-2f			1,087,787.						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			20,080.		NONE	20,080.		
	4 Income from investment of tax-exempt bond proceeds .			NONE					
	5 Royalties			NONE					
	6a Gross rents	6a	(i) Real	(ii) Personal					
	b Less: rental expenses	6b							
	c Rental income or (loss)	6c	NONE	NONE					
	d Net rental income or (loss)				NONE				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other					
					11,968.				
	b Less: cost or other basis and sales expenses . .	7b							
	c Gain or (loss)	7c	11,968.						
	d Net gain or (loss)				11,968.		11,968.		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a								
		b Less: direct expenses	8b		NONE				
		c Net income or (loss) from fundraising events				NONE			
		9a Gross income from gaming activities. See Part IV, line 19	9a						
				b Less: direct expenses	9b		NONE		
				c Net income or (loss) from gaming activities				NONE	
		10a Gross sales of inventory, less returns and allowances	10a						
				b Less: cost of goods sold	10b		NONE		
				c Net income or (loss) from sales of inventory				NONE	
Miscellaneous Revenue				Business Code					
	11a _____								
	b _____								
	c _____								
	d All other revenue								
e Total. Add lines 11a-11d				NONE					
12 Total revenue. See instructions				16,787,382.	1,087,787.	NONE	32,048.		

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Travel, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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	953,741.
	4 Accounts receivable, net	NONE	4	NONE
	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	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	87,479.	9	49,747.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		
	11 Investments - publicly traded securities	1,049,604.	11	871,304.
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	21,922.	15	1,947,464.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,164,922.	16	8,959,398.	
Liabilities	17 Accounts payable and accrued expenses	750,506.	17	1,572,238.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	337,933.	19	203,624.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	869,705.	24	NONE
	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	1,977,953.
	26 Total liabilities. Add lines 17 through 25	1,958,144.	26	3,753,815.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	2,502,180.	27	2,212,765.
	28 Net assets with donor restrictions	2,704,598.	28	2,992,818.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,206,778.	32	5,205,583.
33 Total liabilities and net assets/fund balances	7,164,922.	33	8,959,398.	

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	16,787,382.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,593,196.
3	Revenue less expenses. Subtract line 2 from line 1	3	194,186.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,206,778.
5	Net unrealized gains (losses) on investments	5	-195,381.
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	5,205,583.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Employer identification number
91-1255818

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,862,665.	12,760,896.	12,425,898.	16,598,407.	15,667,547.	69,315,413.
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.	15,667,547.	69,315,413.
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						69,315,413.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	11,862,665.	12,760,896.	12,425,898.	16,598,407.	15,667,547.	69,315,413.
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						69,407,073.
12 Gross receipts from related activities, etc. (see instructions)					12	3,416,232.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.87 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.87 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

Name of organization NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION	Employer identification number 91-1255818
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	N/A <hr/> <hr/> <hr/>	\$ 12,996,109.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%; padding: 2px;">Person</td><td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td></tr> <tr><td style="padding: 2px;">Payroll</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="padding: 2px;">Noncash</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
2	N/A <hr/> <hr/> <hr/>	\$ 350,000.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%; padding: 2px;">Person</td><td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td></tr> <tr><td style="padding: 2px;">Payroll</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="padding: 2px;">Noncash</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
3	N/A <hr/> <hr/> <hr/>	\$ 869,705.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%; padding: 2px;">Person</td><td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td></tr> <tr><td style="padding: 2px;">Payroll</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="padding: 2px;">Noncash</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
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<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%; padding: 2px;">Person</td><td style="width:5%; text-align: center; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="padding: 2px;">Payroll</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="padding: 2px;">Noncash</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
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<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%; padding: 2px;">Person</td><td style="width:5%; text-align: center; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="padding: 2px;">Payroll</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/></td></tr> <tr><td style="padding: 2px;">Noncash</td><td style="text-align: center; padding: 2px;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION	Employer identification number 91-1255818
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION	Employer identification number 91-1255818
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

Name of organization NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION	Employer identification number 91-1255818
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No														

4-Year Averaging Period Under Section 501(h)

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

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

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, volunteers, staff, media, mailings, publications, grants, and direct contact with legislators.

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

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

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

Table with 2 main columns: Description and Amount. Rows include: 1. Dues, assessments and similar amounts from members; 2. Section 162(e) nondeductible lobbying and political expenditures; 3. Aggregate amount reported in section 6033(e)(1)(A) notices; 4. Portion of excess to carryover; 5. Taxable amount of lobbying and political expenditures.

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

Blank lines for providing supplemental information as required by Part IV.

Part IV Supplemental Information (continued)

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.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION	Employer identification number 91-1255818
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year) .		
3 Aggregate value of grants from (during year) . . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. \$ _____

(ii) Assets included in Form 990, Part X. \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. \$ _____

b Assets included in Form 990, Part X. \$ _____

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

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	474,641.	427,371.	386,434.	249,939.	147,503.
b Contributions				114,023.	112,467.
c Net investment earnings, gains, and losses	-79,356.	53,120.	49,927.	44,589.	-8,202.
d Grants or scholarships					
e Other expenditures for facilities and programs	14,000.	5,850.	2,500.	19,000.	
f Administrative expenses			6,490.	3,117.	1,829.
g End of year balance	381,285.	474,641.	427,371.	386,434.	249,939.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 11.5000 %
 - b Permanent endowment 88.5000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				

Part VII Investments - Other Securities.

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

(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 .

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART V, LINE 4:

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2022

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Name of the organization NATIONAL COURT APPOINTED SPECIAL
ADVOCATE ASSOCIATION

Employer identification number
91-1255818

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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 HAVEN, CT 06510-2100	82-3686568	501(C)(3)	149,099.				PASS THROUGH
(2) RICHLAND COUNTY CASA 1701 MAIN ST RM 407 COLUMBIA, SC 29201-2819	57-0776475	501(C)(3)	85,973.				PASS THROUGH
(3) CASA OF PHILADELPHIA COUNTY 1501 CHERRY ST. PHILADELPHIA, PA 19102-1403	20-0744446	501(C)(3)	85,141.				PASS THROUGH
(4) SEVENTH CIRCUIT CASA PROGRAM 1605 EVERGREEN DRIVE RAPID CITY, SD 57702	46-0402202	501(C)(3)	75,490.				PASS THROUGH
(5) CASA OF MISSOULA P.O. BOX 7433 MISSOULA, MT 59807-7433	81-0482945	501(C)(3)	74,600.				PASS THROUGH
(6) ANNE ARUNDEL COUNTY CASA, INC. 8 C CIR, STE H-103 ANNAPOLIS, MD 21401-1934	52-1885500	501(C)(3)	61,100.				PASS THROUGH
(7) CASA OF WESTMORELAND 2 N MAIN ST. GREENSBURG, PA 15601-2405	20-5046788	501(C)(3)	59,500.				PASS THROUGH
(8) FIRST JUDICIAL DISTRICT CASA 1417 N 4TH ST. COEUR D'ALENE, ID 83814-3310	82-0458229	501(C)(3)	58,989.				PASS THROUGH
(9) CASA OF SANTA BARBARA COUNTY 2125 B STE 106 SANTA MARIA, CA 93454-7835	33-0662734	501(C)(3)	57,700.				PASS THROUGH
(10) NY CITY COURT APPOINTED SPECIAL ADVOCATES 48 WALL ST.STE 1100 NEW YORK, NY 10005-2907	13-2612524	501(C)(3)	56,660.				PASS THROUGH
(11) LOUISIANA CASA ASSOCIATION 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 ANCHORAGE, AK 99501-2048		GOVERNMENT	55,000.				PASS THROUGH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 131

3 Enter total number of other organizations listed in the line 1 table 6

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CASA OF LEXINGTON 3245 LOCH NESS DR. LEXINGTON, KY 40517-1240	61-1339185	501(C)(3)	55,000.				PASS THROUGH
(2) PENNSYLVANIA CASA ASSOCIATION 2080 LINGLESTOWN ROAD HARRISBURG, PA 17110	23-2954302	501(C)(3)	53,500.				PASS THROUGH
(3) SAVANNAH CHATHAM COUNTY CASA 761 WHEATON STREET SAVANNAH, 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 COUNTY 3105 E.HAR. RD FORT COLLINS, CO 80528-9545	84-1048149	501(C)(3)	50,000.				PASS THROUGH
(6) THE CASA PROJECT 100 GROVE STE 403 WORCESTER, MA 01605-2630	04-2711865	501(C)(3)	50,000.				PASS THROUGH
(7) CASA OF THE 5TH JUDICIAL DISTRICT 400 WEST MAIN RUSSELLVILLE, AR 72811-1213	94-3419253	501(C)(3)	47,587.				PASS THROUGH
(8) SAFE HARBOR CHILDREN'S ADVOCACY CENTER 402 TROWBRIDGE ST. ALLEGAN, MI 49053	38-2748322	501(C)(3)	46,813.				PASS THROUGH
(9) CASA OF ADAMS AND BROOMFIELD COUNTIES 11860 P.STE 2700 WESTMINSTER, CO 80234-2740	31-1657019	501(C)(3)	45,325.				PASS THROUGH
(10) PRINCE GEORGE'S COUNTY CASA 6811 KEN. STE 402 RIVERDALE, MD 20737-1333	52-1772617	501(C)(3)	44,000.				PASS THROUGH
(11) PASSAIC COUNTY CASA 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 ABILENE, TX 79602-1520	47-4607273	501(C)(3)	42,300.				PASS THROUGH

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Employer identification number
91-1255818

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JACKSON COUNTY CASA - KANSAS CITY 625 E 26TH ST KANSAS CITY, MO 64108-2719	43-1401328	501(C)(3)	42,100.				PASS THROUGH
(2) CASA FOR CHILDREN OF DC 220 I NE STE 285 WASHINGTON, 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 LANSING, MI 48917-2303	38-3408893	501(C)(3)	39,700.				PASS THROUGH
(4) CASA OF HANCOCK COUNTY 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 PORTLAND, OR 97213-4957	93-0923866	501(C)(3)	37,400.				PASS THROUGH
(6) CASA OF WEST KENTUCKY 1118 JEFFERSON ST. PADUCAH, KY 42002-1262	61-1105299	501(C)(3)	37,300.				PASS THROUGH
(7) CASA CORRIDOR OF EAST TENNESSEE 112 E WA AVENUE ATHENS, TN 37303-4255	20-8726704	501(C)(3)	37,174.				PASS THROUGH
(8) SNOHOMISH COUNTY CASA PROGRAM 2801 10TH ST EVERETT, WA 98201-1414	91-6001368	GOVERNMENT	37,144.				PASS THROUGH
(9) NEW MEXICO KIDS MATTER INC. 2340 A. STE 112 ALBUQUERQUE, NM 87106-3523	85-0424064	501(C)(3)	36,120.				PASS THROUGH
(10) CASA OF SEDGWICK COUNTY 2624 E CENTRAL AVE WICHITA, KS 67214	48-0915548	501(C)(3)	35,928.				PASS THROUGH
(11) FRANKLIN COUNTY CASA 80A NORTH OAK ST. UNION, MO 63084-1643	20-4075961	501(C)(3)	35,597.				PASS THROUGH
(12) CASA OF THE FOX CITIES 1500 N CA. STE 200 APPLETON, WI 54913-8219	46-0740362	501(C)(3)	35,330.				PASS THROUGH

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Part I General Information on Grants and Assistance

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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) 8TH JUDICIAL DISTRICT COURT/CLARK CNTY CASA 601 P. RD. BLD D LAS VEGAS, NV 89101-2408		GOVERNMENT	35,000.				PASS THROUGH
(2) CASA FOR THE SIXTH JUDICIAL DISTRICT 300 CAREY AVE GILLETTE, WY 82716-3829	83-0322769	501(C)(3)	35,000.				PASS THROUGH
(3) CASA OF SOUTH CENTRAL MISSOURI - 25TH JUDIC 406 N MAIN, SUITE A ROLLA, MO 65402-0031	20-2021790	501(C)(3)	35,000.				PASS THROUGH
(4) CASA OF THE EASTERN PANHANDLE 397-3 M ATL. P. MARTINSBURG, WV 25404-7468	32-0063080	501(C)(3)	35,000.				PASS THROUGH
(5) CASA OF EAST CENTRAL WISCONSIN P.O. BOX 721 MANITOWOC, WI 54221-0721	83-2387527	501(C)(3)	34,857.				PASS THROUGH
(6) CASA OF LOS ANGELES 201 C.P.S 1100 MONTEREY PARK, CA 91754-2142	95-3890446	501(C)(3)	34,700.				PASS THROUGH
(7) SUSQUEHANNA VALLEY CASA - VOICES FOR CHILD. 503 MARKET STREET SUNBURY, PA 17801-0885	48-0921732	501(C)(3)	34,600.				PASS THROUGH
(8) CASA OF THE PARKLAND 400 N. WA STE 105 FARMINGTON, MO 63640-1749	84-2334981	501(C)(3)	34,325.				PASS THROUGH
(9) WASHINGTON CASA ASSOCIATION 1220 MAIN ST, STE 400 VANCOUVER, WA 98660	84-3648148	501(C)(3)	33,600.				PASS THROUGH
(10) CASA YOUTH ADVOCATES, INC. 117 GAYLEY ST. MEDIA, PA 19063-0407	23-1901080	501(C)(3)	33,375.				PASS THROUGH
(11) CASA OF THE RIVER REGION 982 E. PKWY STE 9 LOUISVILLE, KY 40217-1566	61-1066568	501(C)(3)	33,300.				PASS THROUGH
(12) CASA OF OKLAHOMA COUNTY 1608 NW EXPRESSWAY OKLAHOMA CITY, OK 73118	13-4364692	501(C)(3)	32,500.				PASS THROUGH

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(1) CASA FOR KIDS, INC 310 SHELBY ST KINGSPOORT, 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

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(1) CASA OF SOLA 215 E. PINHOOK RD. LAFAYETTE, 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 ASSOCIATION P.O. BOX 2596 MISSOULA, MT 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 PASCAGOULA, MS 39567-1823	80-0231274	501(C)(3)	22,682.				PASS THROUGH
(6) CAN COUNCIL 1311 N. MICHIGAN AVE SAGINAW, MI 48602-4733	38-2480726	501(C)(3)	22,500.				PASS THROUGH
(7) CASA OF NORTH ARKANSAS 303 N. ST., STE 201 HARRISON, AR 72601-3265	71-0810997	501(C)(3)	22,500.				PASS THROUGH
(8) ORANGE COUNTY CASA 1 E COURT ST PAOLI, IN 47454-1399		GOVERNMENT	22,393.				PASS THROUGH
(9) CASA OF BRADLEY AND POLK 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 44310-3909		GOVERNMENT	21,800.				PASS THROUGH
(11) MARIN CASA 1401 L.G., STE130 SAN RAFAEL, CA 94903-1832	81-5047208	501(C)(3)	21,750.				PASS THROUGH
(12) CASA OF PIKES PEAK REGION INC. 418 WEB. COLORADO SPRINGS, CO 80903-2127	84-1115548	501(C)(3)	20,200.				PASS THROUGH

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(1) CASA OF SAN JOAQUIN COUNTY 127 N SUTTER ST STOCKTON, CA 95202-2117	94-2497046	501(C)(3)	20,200.				PASS THROUGH
(2) CASA FOR KIDS INC. BARRY, EATON, AND INGHAM 3303 W.SAG.,STE. B2 LANSING, MI 48917-2303	38-3408893	501(C)(3)	20,000.				PASS THROUGH
(3) CASA OF LANCASTER COUNTY 120 N. SHIPPEN ST. LANCASTER, PA 17602-2926	26-1826650	501(C)(3)	20,000.				PASS THROUGH
(4) TEXAS CASA 1501 W A. LN STE B-2 AUSTIN, TX 78757-1452	75-2252358	501(C)(3)	20,000.				PASS THROUGH
(5) WEST VIRGINIA CASA ASSOCIATION P.O.BOX 11773 CHARLESTON, WV 25339-1773	55-0754943	501(C)(3)	19,000.				PASS THROUGH
(6) GREATER RICHMOND SCAN - RICHMOND CASA 103 E GRACE ST RICHMOND, VA 23219-1741	54-1584969	501(C)(3)	18,000.				PASS THROUGH
(7) PARACHUTE: BUTLER COUNTY CASA 284 N FAIR AVE HAMILTON, OH 45011-4222	031-123017	501(C)(3)	17,918.				PASS THROUGH
(8) SETHRA CASA 312 RESOURCE ROAD DUNLAP, TN 37327-3342	62-0926520	501(C)(3)	17,690.				PASS THROUGH
(9) ELKHART COUNTY CASA 1000 W. HIVELEY AVE ELKHART, IN 46517-1741	35-0888765	501(C)(3)	17,600.				PASS THROUGH
(10) CASA CHILDREN'S INTERVENTION SERVICES 9384 FW. LN STE C MANASSAS, 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 & CLARK AND BROADWATER COUNTI 3280 CENT. STE C HELENA, MT 59604-4865	81-0523987	501(C)(3)	17,500.				PASS THROUGH

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization NATIONAL COURT APPOINTED SPECIAL
ADVOCATE ASSOCIATION

Employer identification number
91-1255818

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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 CALDWELL, ID 83606-0789	81-136-8126	501(C)(3)	17,500.				PASS THROUGH
(2) CASA OF THE SOUTHWEST 129 COUNTY ROAD 250 DURANGO, CO 81301-8530	02-0666382	501(C)(3)	17,000.				PASS THROUGH
(3) CASA OF BERKS COUNTY 845 N P. STE 307 WYOMISSING, PA 19610-1342	47-3440847	501(C)(3)	16,505.				PASS THROUGH
(4) DES MOINES CASA 321 E 12TH ST FL 4TH DES MOINES, IA 50319		GOVERNMENT	16,400.				PASS THROUGH
(5) CHILD ADVOCATES OF FORT BEND 5403 AVENUE N ROSENBERG, TX 77471-5644	76-0337426	501(C)(3)	16,300.				PASS THROUGH
(6) BERGEN COUNTY CASA 1 BERGEN C.,S 334 HACKENSACK, NJ 07601-7061	90-0060769	501(C)(3)	15,300.				PASS THROUGH
(7) ATHENS-OCONEE CASA PROGRAM 693 N POPE ST ATHENS, GA 30601-2331	58-2100852	501(C)(3)	15,000.				PASS THROUGH
(8) CASA KENDALL COUNTY 811 W JOHN ST YORKVILLE, IL 60560-9249	36-4226686	501(C)(3)	15,000.				PASS THROUGH
(9) CASA OF EAST CENTRAL ILLINOIS 604 JACKSON AVE CHARLESTON, IL 61920-2074	37-1322211	501(C)(3)	15,000.				PASS THROUGH
(10) CASA OF THE MIDLANDS 435 N PARK AVE FREMONT, NE 68025-4977	37-1941285	501(C)(3)	15,000.				PASS THROUGH
(11) MESILLA VALLEY CASA 2640 EL PASEO ROAD LAS CRUCES, NM 88001	85-0414608	501(C)(3)	15,000.				PASS THROUGH
(12) OTTAWA AND SALINE COUNTY CASA PROGRAM 155 N OAKDALE S. 200 SALINA, KS 67401-3001	48-0921732	501(C)(3)	15,000.				PASS THROUGH

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

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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

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Name of the organization NATIONAL COURT APPOINTED SPECIAL
ADVOCATE ASSOCIATION

Employer identification number
91-1255818

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OKMULGEE COUNTY/CREEK NATION CASA P.O. BOX 73 OKMULGEE, OK 74447-0073	73-1332643	501(C)(3)	14,920.				PASS THROUGH
(2) MACON COUNTY CASA 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 BELTON, TX 76513-3210	47-1771665	501(C)(3)	14,800.				PASS THROUGH
(4) CASA OF OHIO VALLEY 608 FREDERICA STE 100A OWENSBORO, KY 42301	61-1303511	501(C)(3)	14,605.				PASS THROUGH
(5) CASA OF SOUTHWEST MISSOURI P.O. BOX 4853 SPRINGFIELD, MO 65808-4853	43-1524185	501(C)(3)	13,800.				PASS THROUGH
(6) CASA OF JACKSON COUNTY 409 N. FRONT ST. MEDFORD, OR 97501	94-3215621	501(C)(3)	13,200.				PASS THROUGH
(7) GEORGIA CASA 75 MARI. NW STE 404 ATLANTA, GA 30303-2883	58-1793382	501(C)(3)	13,200.				PASS THROUGH
(8) CASA OF LANE COUNTY 174 DEAD. F.RD SPRINGFIELD, OR 97477-9405	93-1185120	501(C)(3)	13,192.				PASS THROUGH
(9) CASA OF ATLANTIC, CAPE MAY AND CAMDEN 321 SHORE RD SOMERS POINT, NJ 08244-2600	22-3348198	501(C)(3)	12,600.				PASS THROUGH
(10) CASA OF THE WIREGRASS REGION 545 W. MAIN ST SUITE 100 DOTHAN, AL 36301	84-2466768	501(C)(3)	12,500.				PASS THROUGH
(11) IMPERIAL COUNTY & QUECHAN TRIBAL CASA 229 S. 8TH STE B EL CENTRO, CA 92243-2902	33-0632963	501(C)(3)	12,500.				PASS THROUGH
(12) CASA FOR KIDS OF SOUTH CENTRAL TEXAS 1500 S DAY ST BRENHAM, TX 77833-4569	20-5177957	501(C)(3)	12,105.				PASS THROUGH

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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

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Name of the organization NATIONAL COURT APPOINTED SPECIAL
ADVOCATE ASSOCIATION

Employer identification number
91-1255818

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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 COUNTY 101 S M. ST STE 303 BEL AIR, MD 21014-3855	52-1936813	501(C)(3)	12,105.				PASS THROUGH
(2) CASA OF NEW JERSEY 77 CHURCH ST NEW BRUNSWICK, NJ 08901-1242	22-3679194	501(C)(3)	12,105.				PASS THROUGH
(3) KENTUCKY CASA 1640 L.C. STE 108 LOUISVILLE, KY 40223-4225	47-2993676	501(C)(3)	12,000.				PASS THROUGH
(4) MASSACHUSETTS CASA 867 BOY. 5TH FL BOSTON, MA 02116-2774	82-3536706	501(C)(3)	11,400.				PASS THROUGH
(5) CASA OF MADISON AND CLARK COUNTIES 114 N.2ND ST, STE B RICHMOND, KY 40476-0634	61-1314979	501(C)(3)	11,200.				PASS THROUGH
(6) CRAWFORD COUNTY CASA 310 CHES. STE 232 MEADVILLE, 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 COUNTY 800 E 8TH STREET NEW 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 CHILDREN INC. 2851 ME.LARK DR SAN DIEGO, CA 92123-2709	95-3786047	501(C)(3)	10,000.				PASS THROUGH
(11) WARRICK COUNTY CSA P.O. BOX 403 BOONVILLE, IN 47601-1862	27-0547620	501(C)(3)	9,900.				PASS THROUGH
(12) CASA OF AUTAUGA COUNTY 696 S H DR. PRATTVILLE, AL 36066-6184	84-2467124	501(C)(3)	9,600.				PASS THROUGH

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

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Name of the organization NATIONAL COURT APPOINTED SPECIAL
ADVOCATE ASSOCIATION

Employer identification number
91-1255818

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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, MD 21804-6951	52-1147731	501(C)(3)	9,400.				PASS THROUGH
(2) CASA OF NATRONA COUNTY P.O. BOX 2510 CASPER, WY 82602	83-0331392	501(C)(3)	9,300.				PASS THROUGH
(3) GAL/CASA OF MARION COUNTY 127 M. STE. 500 INDIANAPOLIS, IN 46204-1578	35-1656579	501(C)(3)	9,200.				PASS THROUGH
(4) CASA OF NORTH MISSISSIPPI P.O. BOX 802 OXFORD, MS 38655-0802	82-2847040	501(C)(3)	8,400.				PASS THROUGH
(5) CASA OF TRAVIS COUNTY 7600 CC DR. STE 200 AUSTIN, TX 78752-1554	74-2369123	501(C)(3)	8,400.				PASS THROUGH
(6) CASA OF LANCASTER AND LEBANON COUNTIES 120 N. SHIPPEN ST. LANCASTER, PA 17602-2926	26-1826650	501(C)(3)	7,500.				PASS THROUGH
(7) MARYLAND CASA ASSOCIATION 200 E. J. RD, STE 100 TOWSON, MD 21286-3106	52-1946488	501(C)(3)	7,500.				PASS THROUGH
(8) CASA OF MONTGOMERY COUNTY 1111 A. BASE B. MONTGOMERY, AL 36108-3103	84-4784325	501(C)(3)	6,600.				PASS THROUGH
(9) CASA OF MCHENRY COUNTY 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, MS 39225-3879	43-2002765	501(C)(3)	6,300.				PASS THROUGH
(11) YWCA CASA FOR KIDS PROGRAM 212 11TH ST. S. LA CROSSE, WI 54601	39-0810543	501(C)(3)	6,300.				PASS THROUGH
(12) BOSTON CASA 85 MER. STE 401 BOSTON, MA 02114-4715	04-3110775	501(C)(3)	6,080.				PASS THROUGH

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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

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Name of the organization NATIONAL COURT APPOINTED SPECIAL
ADVOCATE ASSOCIATION

Employer identification number
91-1255818

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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 MIAMI COUNTY, INC. 405 PUBLIC SQ STE 366 TROY, OH 45373-5204	31-1418130	501(C)(3)	6,000.				PASS THROUGH
(2) CASA OF MESA COUNTY 2139 N 12TH ,STE 5 GRAND JUNCTION, CO 81501	84-1409144	501(C)(3)	5,985.				PASS THROUGH
(3) CASA OF THE ELEVENTH JUDICIAL CIRCUIT, WV P.O. BOX 1142 LEWISBURG, WV 24901-4142	42-1582743	501(C)(3)	5,900.				PASS THROUGH
(4) CASA FOR KIDS, INC. - WASHINGTON 382 W.C STE 108B WASHINGTON, PA 15301-4713	47-0849282	501(C)(3)	5,800.				PASS THROUGH
(5) CASA MISSISSIPPI (STATE) P.O. BOX 23879 JACKSON, MS 39225-3879	43-2002765	501(C)(3)	5,200.				PASS THROUGH
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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Schedule I (Form 990) 2022

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

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

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

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS:

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Employer identification number
91-1255818

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** **9**

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2022

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

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

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

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

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7:

BONUS PAID TO CEO BASED ON PERFORMANCE.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization NATIONAL COURT APPOINTED SPECIAL ADVOCATE ASSOCIATION	Employer identification number 91-1255818
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		22,050.	PURCHASE RECEIPT
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	20,371.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2022

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

SCHEDULE 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
Internal Revenue Service

Name of the organization

NATIONAL COURT APPOINTED SPECIAL

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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2022

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NATIONAL COURT APPOINTED SPECIAL

91-1255818

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.

FORM 990, AMENDED RETURN:

THIS RETURN IS AMENDED TO UPDATE FINANCIAL ACTIVITY AFTER THE COMPLETION OF THE 2022 AUDITED FINANCIAL STATEMENTS. THE AMENDED RETURN UPDATES FINANCIAL INFORMATION IN PARTS VIII, IX, X, AND XI, ALONG WITH THE RELATED SCHEDULES.

Name of the organization

Employer identification number

NATIONAL COURT APPOINTED SPECIAL

91-1255818

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

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

Name of the organization

Employer identification number

NATIONAL COURT APPOINTED SPECIAL

91-1255818

FORM 990, PART VI, LINE 17 - STATES

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