990

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private **foundations**)bo not enter social security numbers on this form as it may be made public.

OMB No. 1545-

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service For the 2023 calendar year, or tax year beginning 07-01-2023 and ending 06-30-2024 C Name of organization D Employer identification number B Check if applicable: Court Appointed Special Advocates of Address change Monterey County Inc 77-0398079 Name change Initial return Doing business as E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Amended return 945 S Main St 107 Application pending (831) 455-6800 City or town, state or province, country, and ZIP or foreign postal code Salinas, CA 93901 **G** Gross receipts \$ 1,633,860 F Name and address of principal officer: H(a) Is this a group return for Beth Wilbur subordinates? 945 S Main St 107 **H(b)** Are all subordinates Salinas, CA 93901 included? Tax-exempt status:  $\checkmark$  501(c)(3)  $\checkmark$  501(c) ( ) (insert no.)  $\checkmark$  4947(a)(1) or  $\checkmark$  527 If "No," attach a list. See instructions. H(c) Group exemption number Website: www.casaofmonterev.org L Year of formation: 1996 M State of legal domicile: CA K Form of organization: Corporation Trust Association Other Summary 1 Briefly describe the organization's mission or most significant activities: WE RECRUIT, TRAIN AND SUPPORT COMMUNITY VOLUNTEERS FROM ALL WALKS OF LIFE TO BECOME COURT APPOINTED SPECIAL ADVOCATES (CASAS). CASAS ADVOCATE FOR THE BEST INTERESTS OF CHILDREN PLACED IN Activities & Governance FOSTER CARE. ENSURING THEY RECEIVE CRITICAL SERVICES AND LOVING SUPPORT. Check this box  $\prod$  if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)  $\,\cdot\,\,\cdot\,\,\cdot\,\,$ 12 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2023 (Part V, line 2a) 167 Total number of volunteers (estimate if necessary) . . . . . . . . . Total unrelated business revenue from Part VIII, column (C), line 12 . . . 0 Net unrelated business taxable income from Form 990-T, Part I, line 11**Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . . 1,591,946 1,557,819 9 Program service revenue (Part VIII, line 2g) . . . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 27,563 45,704 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -55,817 -49,208 1,554,315 1,563,692 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 10,500 18,000 Benefits paid to or for members (Part IX, column (A), line 4) . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 874,417 1,003,579 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . **b** Total fundraising expenses (Part IX, column (D), line 25) 290,767 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 379,317 416,344 1,437,923 1,264,234 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 299,458 116,392 Assets or d Balances **Beginning of Current End of Year** 2,933,448 20 Total assets (Part X, line 16) . . . . 2,489,691 21 Total liabilities (Part X, line 26) . . . . . 391,351 668,070 Net assets or fund balances. Subtract line 21 from line 20 . 2,098,340 2,265,378 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. 2025-01-24 Sian Signature of officer Beth Wilbur Executive Dir Here Type or print name and title Preparer's signature Check if P00312047 **Paid** self-employed Firm's EIN 77-0460195 Firm's name McGilloway Ray Brown & Kaufman **Preparer** Phone no. (831) 373-3337 **Use Only** Firm's address 2511 Garden Road Suite A-180 Monterey, CA 93940

May the IRS discuss this return with the preparer shown above? See Instructions.

✓ Yes ☐ No

Form	990 (2023)				Page <b>2</b>
Par	t III Statement of	f Program Service	Accomplishments		
	Check if Schedul	e O contains a respons	e or note to any line in this	s Part III	
1	Briefly describe the org	anization's mission:			
CASA	recruits, trains, and sup	pports community volun	teers who advocate for chi	dren and youth throughout their	journey in foster care.
2	Did the organization un the prior Form 990 or 9	, -		e year which were not listed on	. Yes 🔽 No
	If "Yes," describe these	new services on Sche	dule O.		
3	Did the organization ceaservices?	ase conducting, or mak	e significant changes in ho	w it conducts, any program	. Yes V No
	If "Yes," describe these	e changes on Schedule	0.		
4	expenses. Section 501(	c)(3) and 501(c)(4) or	•	f its three largest program servi report the amount of grants and i.	•
4a	WE ALSO BEGAN PROVIDING THE COUNTY. CASA of Mon	NG CASA ADVOCATES TO YO	UTH IN JUVENILE JUSTICE. AS OF services and now also serves yo	of \$ 18,000 ) (Revenue EERS WHO ADVOCATE FOR CHILDREN A F JUNE 30, 2024 WE SERVED A TOTAL C uth in Juvenile Justice in partnership w	AND YOUTH IN FOSTER CARE. IN 2022 OF 171 CHILDREN AND YOUTH ACROSS
4b	(Code:	) (Expenses \$	including grants	of \$ ) (Revenue	2 \$ )
4c	(Code:	) (Expenses \$	including grants	of \$ ) (Revenue	2\$)
<b>4</b> C	(Code.	) (Lapenses \$	including grants	OI \$ ) (Nevertue	- p )
4d		es (Describe in Schedu	•		
	(Expenses \$		ing grants of \$	) (Revenue \$	)
4e	Total program service	expenses	836,521		Form <b>990</b> (2023)

Form 990 (2023) Page 3 **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Νo 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Νo Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . 5 Νo

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯

complete Schedule D, Part III 🥦 . . . . . . . . . . . . . . . . . .

negotiation services? If "Yes," complete Schedule D, Part IV 🐿

VIII, IX, or X, as applicable.

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 😼 . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐯 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿 . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . . . . . . . . . . . . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line  $9a?\ If$ 

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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Form 990 (2023)

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Nο

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Nο

Νo

No

Form 990 (2023) Page 4 Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

哲道學研究 公公司用包括证例所的的形式的 智利并引力 or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Hid He Granketation field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐโลย Complete Schedule R, Part II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Statements Regarding Other IRS Filings and Tax Compliance

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . .

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1 . . . .

sections 301.7701-2 and 301.7701-3?

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Part V

entity or family member of any of these persons?

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24a

24b

24c

24d

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1b

Yes

Yes

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Yes

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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	4a		No
b	BCCMBBST) Inter the name of the foreign country:			
5a	WEST the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7</b> h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
11	Section 501(c)(12) organizations. Enter:			
 а	Gross income from members or shareholders			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
	Enter the amount of reserves on hand	14-		N a
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	If "Yes," has it filed a Form 720 to report these payments? If No," provide an explanation in Schedule O  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		No
16		16		No
	 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that			
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

year by the following: **a** The governing body?

Section C. Disclosure

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Form 990 (2023) Page 6 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

Check if Schedule O contains a response or note to any line in this Part VI	e 0. S	ee II	nstru •	ictions.					
ection A. Governing Body and Management									
							Ye	es	N
Enter the number of voting members of the governing body at the end of the tax	1a				1 2	2			
vear				•					

Section A. Governing Body and Management				
			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax	1a	12		
Yearner are material differences in voting rights among members of the governing				ĺ
body, or if the governing body delegated broad authority to an executive committee				

or similar committee, explain in Schedule O.

file the organization become aware during the year of a significant diversion of the organization's assets? .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

**b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O  $\,\cdot\,\,$  .  $\,\cdot\,\,$  .

**b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

**b** Describe on Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .

Did the organization have a written document retention and destruction policy? .

a The organization's CEO, Executive Director, or top management official . . .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

interest policy, and financial statements available to the public during the tax year.

Did the organization have a written whistleblower policy? .

**b** Other officers or key employees of the organization . . . . .

List the states with which a copy of this Form 990 is required to be filed

Beth Wilbur 945 S Main St Salinas, C A 93901 (831) 455-6800

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

Section 6104 requires an organization to make its Form 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

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

Enter the number of voting members included in line 1a, above, who are independent

Did the organization have members or stockholders? . . . . .

**b** Each committee with authority to act on behalf of the governing body?

**10a** Did the organization have local chapters, branches, or affiliates?

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization delegate control over management duties customarily performed by or under the direct

1b

12 2 supervision of officers, directors or trustees, or key employees to a management company or other person? . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was

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7a

8a

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10a

10b

11a

12a

12b

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15b

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Yes

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Form 990 (2023)

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Nο

No

Νo

Νo

Nο

Nο

Nο

Part VII

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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, or 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  Check this box if neither the organization	•			v cu	ırraı	nt offi	icar	director or tru	staa	
(A) Name and title	(B) Average hours per week (list	Posi	(C) tion (do not check more nless person is both an director/truste	tha	an o	ne bo	ох,	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) Beth Wilbur	40.00			Х				145,683	0	14,639
Executive Dir.	0.00									•
(2) Catherine Griggs	2.00	х						0	0	0
Director	0.00									
(3) Juliet Del Rosario	2.00	Х		Х				0	0	0
Secretary	0.00			^					, and the second	
(4) Rich Aiello Treasurer	2.00	х		X				0	0	0
(5) Daniel Little	2.00			٧.						0
President	0.00	Х		Х				0	0	0
(6) Eliza DiCiantis Director	2.00	Х						0	0	0
(7) Juliet Del Rosario	2.00	Х						0	0	0
(8) Siobhan Greene	2.00			.,						
Chair, Gov Comm	0.00	Х		Х				0	0	0
(9) Denise O'Laughlin		Х						0	0	0
(10) Lance Koehler		х						0	0	0
(11) Aerin Murphy	0.00 2.00									
Director	0.00	Х						0	0	0
(12) Katie Padilla Vice President	2.00	Х		х				0	0	0
(13) Dina Ruiz	2.00							0	0	0
Director	0.00							0		0

(C)

Compensation

Form 990 (2023)

**(B)** Description of services

Par	t VII Section A. O	officers, Direct	tors, T	rustees, Key Employ	ees	s, a	nd Hi	ghe	est Compensate	d Employees (	continu	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		(C) tion (do not check more nless person is both an director/truste Institutional Trustee;	offic			x, Former	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	amou com fi org an	(F) stimate unt of npensa rom th ganizate d relat anizati	other ition e ion ted
-													
1b S	Sub-Total		٠										
	otal from continuation otal (add lines 1b and		t VII, S	ection A					145,683				14,63
2		viduals (includin	ıg but r	not limited to those listent the organization 1	ed al	oove	e) who	rec					
											Ye	es	No
3	Did the organization on line 1a? If "Yes,"			, director or trustee, ke	y en	nplo	yee,	or hi	ighest compensate	ed employee			
4	For any individual lis	ted on line 1a,	is the s	sum of reportable composite than \$150,000? <i>If</i>						rom the	3		No
_											4 Ye	es	
5				accrue compensation fr 'es," complete Schedule .							5		Νο
Se	ction B. Indepen	dent Contra	ctors										
1				ompensated independe	nt co	ontr	actors	s tha	at received more	than \$100,000 c	f		

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

2 Total number of independent contractors (including but not limited to those listed above) who received more than

(A) Name and business address

\$100,000 of compensation from the organization 0

Par	: VIII		nt of Revenue hedule O contains a res	spansa ar nat	o to	any line in this Da	rt \/III				
		CHECK II 3C	nedule O Contains a res	sponse of not	e to	(A) Total revenue	(B) Related exem function	d or pt on	(C) Unrelate busines revenu	s (	(D) Revenue excluded from x under sections 512 - 514
Contr	ibution	s, Gifts, Grai	nts, and OtherAmt Simi	lar Amounts	b i c i d i e i f i	Federated campaig Membership dues Fundraising events Related organization Government grants (co All other contributions, and similar amounts no above Noncash contributions i lines 1a - 1f:\$	ons ntributions) gifts, grants, it included ncluded in	1a 1b 1c 1d 1e 1f	286, 1,247,	912	
				Business C		Total. Add filles Ta	-11			1,5	57,819
Program Service Revenue	2a b c d e										
			am service revenue.		0						
Other Revenue			3 Investment income other 4 Include a from the less: 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8a Gross income from fund (not including \$ contributions reported See Part IV, line 18 b Less: direct expen c Net income or (loss) 9a Gross income from activities. See Part IV, line 19 b Less: direct expen c Net income or (loss) 10a Gross sales of invereturns and allowal b Less: cost of good	(i) Role (ii) Role (iii) Role (iiii) Role (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	eal	dds, interest, and pt bond proceeds  (ii) Persona  (ii) Persona  (iii) Other  (iii) Other  (iii) Other  (iv) Other	37 45	45,704			45,704
Oth	erReve	nueMiscAmt	c Net income or (loss  11a  b  c  d All other revenue e Total. Add lines 11			Business Cod	e	0			
			<b>12 Total revenue.</b> See	instructions	•		1,	554,315			-3,504

orı	m 990 (2023)				Page <b>10</b>
P	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must	<u>.</u>	11/		ete column (A).
	Check if Schedule O contains a response or note to	·	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	18,000	18,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	175,622	17,562	87,811	70,249
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	677,042	492,668	66,405	117,969
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,420	13,278	622	2,520
۵	Other employee benefits	69,606	43,299	11,102	15,205
	Payroll taxes	64,889	39,182	11,471	14,236
	Fees for services (non-employees):	,,,,,,		,	,
	a Management	0			
	Legal	1,385		1,385	
	Accounting	37,625		37,625	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	9,711		9,711	
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule	25,131	16,875	7,749	507
12	Advertising and promotion	99,092	57,049	18,800	23,243
	Office expenses	33,001	13,521	15,210	4,270
	Information technology	29,493	16,492	4,997	8,004
	Royalties	0			
	Occupancy	99,047	56,720	17,963	24,364
	Travel	2,918		2,918	
	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	4,031		4,031	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,656	5,656		
23	Insurance	13,524	7,786	2,566	3,172
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Bank Service Charge	23,083	11,371	7,079	4,633
	<b>b</b> Training & Volunteer	10,856	10,856		
	c Childrens Fund	10,329	10,329		
	d Postage & Shipping	5,476	3,153	1,038	1,285
	e All other expenses	5,986	2,724	2,152	1,110
25	Total functional expenses. Add lines 1 through 24e	1,437,923	836,521	310,635	290,767
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ☐ if following SOP 98-2 (ASC 958-720).				

Forr	n 990	(2023)				Page <b>11</b>
P	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part IX $ . $			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		835,145	1	525,152
	2	Savings and temporary cash investments		184,988	2	646,914
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		318,927	4	273,194
	5	Loans and other receivables from any current trustee, key employee, creator or founder, su	bstantial contributor, or 35%		5	0
	6	controlled entity or family member of any of t Loans and other receivables from other disqu under section 4958(f)(1)), and persons desc	alified persons (as defined		6	0
1772	7	Notes and loans receivable, net	<u> </u>		7	
ssets	8	Inventories for sale or use	<u> </u>		8	0
SS			<del> </del>	33,007	9	25,044
A	9	Prepaid expenses and deferred charges .	; · , · · ·	33,007	9	23,044
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 70,858			
	b	Less: accumulated depreciation	<b>10b</b> 41,478	18,601	<b>10</b> c	29,380
	11	Investments—publicly traded securities .		948,871	11	1,018,377
	12	Investments—other securities. See Part IV, li	ne 11		12	0
	13	Investments—program-related. See Part IV, I	ine 11		13	0
	14	Intangible assets			14	0
	15	Other assets. See Part IV, line 11		150,152	15	415,387
	16	Total assets: Add lines 1 through 15 (must e	2,489,691	16	2,933,448	
	17	Accounts payable and accrued expenses .		81,214	17	103,681
	18	Grants payable			18	
	19	Deferred revenue		9,459	19	1,250
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Comple	te Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	contributor, or 35%		22	
Ï	23	Secured mortgages and notes payable to unro	elated third parties	147.088	23	143,616
	24	Unsecured notes and loans payable to unrela	·	,000	24	110,010
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li	, payables to related third	153,590	25	419,523
	26	Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.		391,351	26	668,070
S	20	Organizations that follow FASB ASC 958, che	ck here and complete	001,001	20	000,070
100		lines 27, 28, 32, and 33.	and complete			
Fund Balances	27	Net assets without donor restrictions	L	1,951,356	27	2,115,453
Þ	28	Net assets with donor restrictions		146,984	28	149,925
		Organizations that do not follow FASB ASC 9	58, check here ▶ 🗌 and			
Assets or	29	<b>complete lines 29 through 33.</b> Capital stock or trust principal, or current fun	ds		29	
ets	30	Paid-in or capital surplus, or land, building or	equipment fund		30	
455	31	Retained earnings, endowment, accumulated i	income, or other funds		31	
Net /	32	Total net assets or fund balances		2,098,340	32	2,265,378
ž	33	Total liabilities and net assets/fund balances		2,489,691	33	2,933,448

Form **990** (2023)

За

3b

Νo

Form 990 (2023)

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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 in Schedule O and describe any steps taken to undergo such audits.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Schedule O.

Form 990 (2023) **Additional Data** Return to Form **Software ID:** 23017517 Software Version: 2023v6.0 Form 990, Special Condition Description: **Special Condition Description** 

# (Form 990) Department of the Treasury

Internal Revenue Service

Monterey County Inc

Name of the organization

Court Appointed Special Advocates of

**SCHEDULE A** 

## 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.

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

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

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

Open to Pu

77-0398079

Open to Publ Inspection

OMB No. 1545-0047

	-	work Reduction Act Noti	ce, see the Ins	structions for	Cat. No. 1128	35F	Schedule	e A (Form 990) 2023				
Tota	<u> </u>											
				instructions))	Yes	No						
		lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see	listed in yo	organization our governing ument?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
g	(1)	Provide the following in										
f	Ente	r the number of support		,			<u> </u>	_				
е		Check this box if the o integrated, or Type III	-				s a Type I, Type II, Ty	ype III functionally				
d		Type III non-functional not functionally integral (see instructions). You	ated. The orga	nization generally mu	st satisfy a dis	stribution require	, ,	` '				
С		Type III functionally i supported organization	-		•			rated with, its				
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the								
a	_	<b>Type I.</b> A supporting o supported organization organization. <b>You mus</b>	n(s) the power t complete Par	to regularly appoint o t IV, Sections A and I	r elect a major <b>3.</b>	rity of the direct	ors or trustees of the	supporting				
12		one or more publicly s the box on lines 12a th	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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
11		An organization organi	ized and opera	ted exclusively to test	for public saf	ety. See <b>section</b>	509(a)(4).					
10		receipts from activitie from gross investment	n organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross eceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support om gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the rganization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.)									
9		An agricultural researd university or a non-lan	nd grant college	e of agriculture. See ii	nstructions. Er	iter the name, c	ity, and state of the co	ollege or university:				
8		A community trust des	scribed in <b>sect</b>	ion 170(b)(1)(A)(vi).	(Complete Pa	rt II.)						
7	V	An organization that ne described in <b>section 1</b>	•	·		rom a governme	ntal unit or from the g	eneral public				
6		A federal, state, or loc	al government	or governmental unit	described in s	section 170(b)(1	L)(A)(v).					
5		An organization operat 170(b)(1)(A)(iv). (Co		-	versity owned	or operated by	a governmental unit d	escribed in <b>section</b>				
4		A medical research org hospital's name, city,	•	rated in conjunction w	ith a hospital	described in <b>sec</b>	ction 170(b)(1)(A)(iii	). Enter the				
3		A hospital or a cooper	ative hospital	service organization o	lescribed in <b>se</b>	ection 170(b)(1)	(A)(iii).					
2		A school described in	section 170(b	<b>)(1)(A)(ii).</b> (Attach So	chedule E (For	m 990).)						
1		A church, convention	of churches, o	r association of churc	hes described	in section 170(I	b)(1)(A)(i).					

2	include any "unusual grant.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	867,394	1,697,757	1,459,556	1,572,162	1,557,819	7,154,68
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						304,99

	the organization without charge						
4	Total. Add lines 1 through 3	867,394	1,697,757	1,459,556	1,572,162	1,557,819	7,154,688
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						304,993
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from						6,849,695
	line 4.						0,043,033

1,697,757

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,

16a 33 1/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2023. 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

h 10%-facts-and-circumstances test—2022. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

10.814

**(b)** 2019

(a) 2018

867,394

4,748

Public support percentage for 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . .

Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

Section C. Computation of Public Support Percentage

Section B. Total Support

Net income from unrelated business activities, whether or not

. . . . . . . . . . . . . .

securities loans, rents, royalties and income from similar sources

the business is regularly carried Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through

(or fiscal year beginning in)

Amounts from line 4. . Gross income from interest, dividends, payments received on

Calendar year

3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	867,394	1,697,757	1,459,556	1,572,162	1,557,819	7,154,68
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						304,99
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	<b>Public support.</b> Subtract line 5 from				_		6 040 60

(c) 2020

1,459,556

30,053

18.185

(d) 2021

1,572,162

27,563

(e) 2022

12

14

15

1,557,819

45,704

(f) Total

7,154,688

118.882

18.185

7,291,755

93.940 %

93.900 %

Schedule A (Form 990) 2023

	furnished by a governmental unit to						İ
	the organization without charge						
4	Total. Add lines 1 through 3	867,394	1,697,757	1,459,556	1,572,162	1,557,819	7,154,68
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						304,99
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from						6 849 69

che	edule A (Form 990) 2023						Page <b>3</b>
P	art IIII Support Schedule f						
	(Complete only if you						
	II. If the organization	fails to qualify	under the te	sts listed below	, please comple	ete Part I	l.)
	ection A. Public Support						
	fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
•	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						
3	furnished by a governmental unit to						
	the organization without charge						
	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6.)						
	ection B. Total Support			Т	1	1	
	endar year fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
-	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975.						
с 11	Add lines 10a and 10b.  Net income from unrelated	-			1		
	business activities not included on						
	line 10b, whether or not the						
	business is regularly carried on.	<u> </u>			1		
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.)	the even in ation!	a first seemed t	hind formeth on fit	fth tay year as a s	ostion FO1	(a)(3) arganization
14	<b>First 5 years.</b> If the Form 990 is for the check this box and <b>stop here</b>	-			•		
-						· · · · ·	
<u> </u>	Public support percentage for 2023 (			13, column (f))		15	
15 16	Public support percentage from 202					16	
_	ection D. Computation of Inve					10	
<u> </u>	Investment income percentage for 2				nn (f))	. 17	
17 18	Investment income percentage from					18	
10 19a							, and line 17 is not
_ J	more than 33 1/3%, check this box a						
h	<b>33</b> 1/3% <b>support tests—2022.</b> If the						
_	is not more than 33 1/3%, check this	-			•		_

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

1

2

За

3b

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2023

Page 4

#### Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

12d, of Part I, complete Sections A and D, and complete Part V.)

checked checked box

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

describe the designation. If historic and continuing relationship, explain.

Did the organization have any supported organization that does not have an IRS determination of status under

section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

was described in section 509(a)(1) or (2).

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

made the determination.

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

4b or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that 4c all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the

supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Supporting Organizations (continued)

Page 5

а						
	, , , , , , , , , , , , , , , , , , , ,					
	below, the governing body of a supported organization?	11a				
b	A family member of a person described on 11a above?	11b				
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c				
S	Part VI. ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such	_				
	benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2				
S	ection C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported	1				
	ection 7. All Type III Supporting Organizations					
	ection b. Air Type 111 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations	3				
-	ection 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 inst	tructio	ns)·			
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	uctio				
ı	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.					
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	(see				
	instructions)					
2	Activities Test. Answer lines 2a and 2b below.		Yes	No		
	<ul> <li>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? 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.</li> <li>b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the</li> </ul>	2a				

reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

2b

За

3b

instructions)

Page 6

	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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $0.015\ \text{of line 3}$ (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 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

excess of income from activity

Section D<sup>Or</sup> อารูปาลิปาก

organizations, in

3j and 4c.

8 Breakdown of line 7:

a Excess from 2019. . .

b Excess from 2020. . .

c Excess from 2021. . .

d Excess from 2022. . .

e Excess from 2023. . .

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

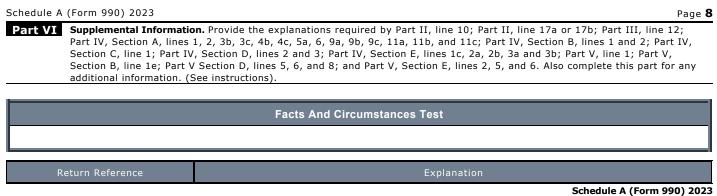
2 Amounts paid to perform activity that directly furthers exempt purposes of supported

1 Amounts paid to supported organizations to accomplish exempt purposes

1

2

3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
4 Amounts paid to acquire exempt-use assets		4		
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in <b>Part V</b>	71) 5		
6 Other distributions (describe in Part VI). See instruc	tions	6		
<b>7 Total annual distributions.</b> Add lines 1 through 6.		7		
8 Distributions to attentive supported organizations to (provide	which the organization is re	sponsive 8		
details in <b>Part VI</b> ). See instructions				
9 Distributable amount for 2023 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) Underdistributi Pre-2023	ions	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in <b>Part VI</b> ).				
See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2023:				
<b>a</b> From 2018				
<b>b</b> From 2019				
c From 2020				
<b>d</b> From 2021				
e From 2022				
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see				
instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2023 from Section D, line 7:				
<u> </u>				
<b>a</b> Applied to underdistributions of prior years				
<b>b</b> Applied to 2023 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> .				
See instructions.				
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.				
7 Excess distributions carryover to 2024. Add lines				



## Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** Court Appointed Special Advocates of Monterey County Inc 77-0398079 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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

990-EZ, or 990-PF).

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990,

Name of organization Court Appointed Special Advocates of Monterey County Inc. Employer identification number 77-0398079

Monterey County	Inc		
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
RESTRICTED			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-	-		Payroll
			Noncash
			(Complete Part II for noncash contributions.)

(a)

No. from

Part I

Page 3

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	
-		

(b)

Description of noncash property given

Date received

(d)

Date received

(d)

**Employer identification number** 

77-0398079

(c)

FMV (or estimate)

(See instructions)

(c)

(See instructions)

(c)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

FMV (or estimate) FMV (or estimate)

(d) Date received

(d) Date received (d) Date received

(d)

Date received

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. OMB No. 1545-0047 2022

Open to Public Inspection

	nme of the organization urt Appointed Special Advocates of		Employer identifica	tion number			
	nterey County Inc		77-0398079				
Pā	Organizations Maintaining Donor A Complete if the organization answered		Funds or Accounts	·-			
	complete if the organization unswered	(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 adv the organization's property, subject to the organization	<u> </u>		☐ Yes ☐ No			
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the do	donor advisors in writing that grant fun nor or donor advisor, or for any other pu	ds can be used only for rose conferring				
D-	impermissible private benefit?			Yes No			
Pa	<b>Conservation Easements.</b> Complete if the organization answered	'Yes" on Form 990. Part IV. line 7.					
1	Purpose(s) of conservation easements held by the o						
-	Preservation of land for public use (e.g., recreati		an historically importan	t land area			
	Protection of natural habitat	_	a certified historic struc				
		Treservation of	a certifica mistorie strac	curc			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution in					
	easement on the last day of the tax year.			End of the Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified his	storic structure included in (a)	2c				
d	Number of conservation easements included in (c) a historic structure listed in the National Register		a <b>2d</b>				
3	Number of conservation easements modified, transfe	erred, released, extinguished, or termina	ted by the organization	during the			
4	Number of states where property subject to conserv	ration easement is located					
5	Does the organization have a written policy regardin violations, and enforcement of the conservation eas			s No			
6	Staff and volunteer hours devoted to monitoring, ins year	pecting, handling of violations, and enfo	orcing conservation ease	ments during the			
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easement	s during the year			
8	Does each conservation easement reported on line (B)(i) and section 170(h)(4)(B)(ii)?			s 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.						
Pai	Organizations Maintaining Collectic	ons of Art, Historical Treasures	, or Other Similar	Assets.			
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets his service, provide, in Part XIII, the text of the footnot	eld for public exhibition, education, or re	esearch in furtherance of				
b	*****	3 ASC 958, to report in its revenue state for public exhibition, education, or rese	ement and balance shee				
	(i) Revenue included on Form 990, Part VIII, line 1 .		<b>&gt;</b> \$				
(	ii) Assets included in Form 990, Part X		▶\$				
2	If the organization received or held works of art, his following amounts required to be reported under FA	torical treasures, or other similar assets		de the			
а	Revenue included on Form 990, Part VIII, line 1		🕨 \$				
b	Assets included in Form 990, Part X		▶\$				
	Paperwork Reduction Act Notice, see the Instructions			e D (Form 990) 202			

**d** Equipment .

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

3	Using the organization's acquisition, accessical collection items (check all that apply):	ion, and other records, c	heck any of	the following that	are a significant us	e of its
а	Public exhibition	d	Loan	or exchange progr	rams	
b	Scholarly research	e	Othe	r		
С	Preservation for future generations					
4	Provide a description of the organization's c	alloctions and ovalain he	w thay furth	or the organization	y's avamnt nurnasa	in
•	Part XIII.	onections and explain no	w they fulth	er the organization	rs exempt purpose	111
5	During the year, did the organization solicit assets to be sold to raise funds rather than					□ No
Pa	rt IV Escrow and Custodial Arrang Complete if the organization and Part X, line 21.		990, Part 1	IV, line 9, or rep	oorted an amount	on Form 990,
1a	Is the organization an agent, trustee, custon included on Form 990, Part X?		•			☐ No
b	If "Yes," explain the arrangement in Part XI	II and complete the follo	wing table:		Amount	
c	Beginning balance			1c		
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			. 1f		
2a	Did the organization include an amount on I	Form 990, Part X, line 21	l, for escrow	or custodial accou	unt liability? <b>Yes</b>	☐ No
ь	If "Yes," explain the arrangement in Part XI	III. Check here if the exp	olanation has	been provided in	Part XIII	
Pa	rt V Endowment Funds.					
	Complete if the organization ans				,	
	Particular of the Labour	(a) Current year (b) 24,785	22,991	(c) Two years back	(d) Three years back 21,032	(e) Four years back 20,833
	Beginning of year balance	24,763	22,991	20,003	21,032	20,633
	Contributions	2,336	1,794	-3,674	5,633	199
С	Net investment earnings, gains, and losses	2/330	1,731	3,071	3,033	
d	Grants or scholarships				1	
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance	27,121	24,785	22,991	26,665	21,032
2	Provide the estimated percentage of the cur	rent year end balance (li	ine 1g, colum	ın (a)) held as:		
а						
b	Permanent endowment 36.870 %					
c	Term endowment ► 63.130 %					
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.				
3а	Are there endowment funds not in the posse organization by:	ssion of the organization	that are hel	d and administered	d for the	Yes No
	(i) Unrelated organizations				3a	(i) No
	(ii) Related organizations				3a	(ii) No
b	If "Yes" on 3a(ii), are the related organizati	ons listed as required on	Schedule R	?	3	<b>b</b> No
4	Describe in Part XIII the intended uses of the	ne organization's endowr	ment funds.			
Pa	rt VI Land, Buildings, and Equipm Complete if the organization ans		990 Part 1	IV line 11a See	Form 990 Part	X line 10
	Description of property (a) Cost or other					I) Book value
	(investme					
12	Land					
	Buildings					
	Leasehold improvements		6,013	3	6,013	

56,070

8,775

29,380

29,380

26,690

8,775

Part VII	Investments - Other Securities.				<u> </u>
	Complete if the organization answered "Yes" on Form 99				
	<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Boo value			of valuation: ear market value
(1) Financia	al derivatives			<u> </u>	
	held equity interests				
<b>(3)</b> Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part	Investments - Program Related.		T) ( ): 11 C	- oo	0.0.1.77.1540
VIII	Complete if the organization answered 'Yes' on Form 99  (a) Description of investment	90, Part	(b) Book value		0, Part X, line 13.  Method of valuation:
	(a) Description of investment		(b) Book value	` ,	nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX	Other Assets.	۰			
	Complete if the organization answered 'Yes' on Form 990	0, Part I	V, line 11d. Se	e Form 990	
(1)Right of	(a) Description				<b>(b)</b> Book value 410,887
(2)Security					4,500
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	mn (b) must equal Form 990, Part X, col.(B) line 15.)			. >	415,387
Part X				1.5	
	Complete if the organization answered 'Yes' on Form 990 See Form 990, Part X, line 25.	u, Part I	V, line 11e or 1	.11.	
1.	(a) Description of liability				(b) Book value
	income taxes				410 522
Lease Liabi	псу				419,523
_		_			
					_
	n (b) must equal Form 990, Part X, col.(B) line 25.)			<b>•</b>	419,523
	or uncertain tax positions. In Part XIII, provide the text of the fo n's liability for uncertain tax positions under FIN 48 (ASC 740). C				
XIII 🔽	,	.=. `			

Part XI

1

2

3

Part XIII

endowment fund. Part X: FIN48 Footnote 1,674,795

130,191

9,711

1,507,757

79,545

9,711

1,428,212

1,544,604

Page 4

## Reconciliation of Revenue per Audited Financial Statements With Revenue per

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements .

- 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
- 2 2a
- Net unrealized gains (losses) on investments . . . .
- Donated services and use of facilities . . . . . . .
- Recoveries of prior year grants . . .
- Other (Describe in Part XIII.) . . . . . .

- Add lines 2a through 2d . . . . .
- Subtract line 2e from line 1 . . . . . . . . . 3

- Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .
- Other (Describe in Part XIII.) . . . . . . . Add lines **4a** and **4b** . . . . . . .

Other (Describe in Part XIII.) . . . . .

Subtract line 2e from line 1 . . . . . .

Other (Describe in Part XIII.) . . . .

Other losses . . . . . . . . .

Add lines 2a through 2d .

Add lines 4a and 4b .

Supplemental Information

Return Reference

Part XI, Line 2d: Other revenue amounts included in F/S but not

Part XII, Line 2d: Other expenses

included on form 990

and losses per audited F/S

- Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . . . .
  - Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Part V, Line 4: Intended uses of the To support and provide community resources.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . .

Fundraising Expense \$79545

Fundraising Expense \$79545

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

- 4b

2a

2b 2c

2d

4a

4b

CASA is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d. Generally accepted accounting principles provide accounting and disclosure guidance about positions and believes that all of the positions taken by the Organization in its federal and state exempt organization returns are subject to examination by federal and state taxing

authorities, generally for three and four years respectively, after they are filed.

4a

2b

2c 2d

- 9.711

79,545

9,711

50,646

79,545

4c

2e

3

4c

5

2e

- - 1,554,315

# 1,437,923 Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

Schedule D (Form 990) 2022

## SCHEDULE G (Form 990)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

vities

2023

**Employer identification number** 

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Lourt Appointed Special Ac Monterey County Inc	ivocates of			77-039807	9			
	Activities. Comple filers are not requir	_		" on Form 990, Part IV	V, line 17.			
1 Indicate whether the	organization raised fund	ds through any o	f the following activities.	Check all that apply.				
<b>a</b> Mail solicitations			e Solicitation of n	on-government grants				
<b>b</b> Internet and email	solicitations		<b>f</b> Solicitation of g	overnment grants				
c Phone solicitations	S		g 🗌 Special fundrais	sing events				
d 🔲 In-person solicitat	tions							
or key employees listo services? If Yes, list the 10 hi	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising  Yes No							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No	,	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
1								
2								
3								
4								
5								
6								
7								
8								
9								
1 0								
Гotal		<b>&gt;</b>						
<b>3</b> List all states in which t registration or licensing	-	stered or license	d to solicit contributions	or has been notified it is	exempt from			

Pa	rt II Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g	aising event contribut	on answered "Yes" or cions and gross incom	n Form 990, Part IV, ne on Form 990-EZ, li	line 18, or reported nes 1 and 6b. List				
	Granto man graso receipts g	<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through				
		Golf Event (event type)	(event type)	(total number)	col. <b>(c)</b> )				
Revenue									
	1 Gross receipts	54,249			54,249				
	2 Less: Contributions	23,912			23,912				
	3 Gross income (line 1 minus line 2)	30,337			30,337				
	4 Cash prizes								
S	5 Noncash prizes	23,912			23,912				
ense	6 Rent/facility costs	36,200			36,200				
Direct Expenses	7 Food and beverages								
ect	8 Entertainment								
ក់	9 Other direct expenses	19,433			19,433				
	10 Direct expense summary. Add lines 4 through 9 in column (d)								
Dav	11 Net income summary. Subtract line : 1 III Gaming. Complete if the or	· · · · · · · · · · · · · · · · · · ·			-49,208				
Fal	\$15,000 on Form 990-EZ, li		res on rollingso, F	Tare 17, line 19, or rep					
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))				
ď	1 Gross revenue				<u> </u>				
nses	2 Cash prizes								
xbe	3 Noncash prizes								
Direct Expenses	4 Rent/facility costs								
	5 Other direct expenses		1	1					
	<b>6</b> Volunteer labor	☐ Yes%_ ☐ No	☐ Yes%_ ☐ No	☐ Yes%_ ☐ No					
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8 Net gaming income summary. Subtra								
9	Enter the state(s) in which the organiz								
a b									
10a b	1. 100/ CAPIGITI		nded or terminated durin	ng the tax year?	Yes No				

Sche	edule G (Form 990) 2023				Page 3
11	Does the organization conduct gam	ing activities with nonmer	mbers?	· · Tyes	_ No
12			or a member of a partnership or other entity		No
13	Indicate the percentage of gaming	activity conducted in:			
а	The organization's facility			13a	%
b	An outside facility			13b	%
14	Enter the name and address of the	person who prepares the	organization's gaming/special events books a	and records:	
	Name •				
	Address				
15a	revenue?		whom the organization receives gaming		No
b	If "Yes," enter the amount of gamin amount of gaming revenue retained		organization   \$ and	d the	
С	If "Yes," enter name and address of	. ,			
	Name Name				
	Address				
16	Gaming manager information:				
	Name Name				
	Gaming manager compensation	\$			
	Description of services provided				
	•				
	Director/officer	Employee	☐ Independent contractor		
17 a	Mandatory distributions:	stato law to mako charitah	le distributions from the gaming proceeds to		
a					- <sub>No</sub>
b			stributed to other exempt organizations or sp		
	in the organization's own exempt ac		•		
Pai	Part III, lines 9, 9b, 10b,		lanations required by Part I, line 2b, co o, as applicable. Also provide any addit		
	instructions. Return Reference		Explanation		
			Sched	ule G (Form 990) 2	023
Ac	dditional Data			Return t	o Form
		Softwa	re ID: 23017517		

**Software Version:** 2023v6.0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number Court Appointed Special Advocates of 77-0398079 Monterey County Inc **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (if applicable) arant cash (book, FMV, appraisal, noncash assistance or assistance or government assistance other) (1) (2) (3) (4) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . . . . . . . 

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

Cat. No. 50055P

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

(6)

(7)

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

Explanation

Return Reference

**Software Version:** 2023v6.0

Sch	edule J	Compensation Information					
Form 990)		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.				202	
	ment of the Treasury  I Revenue Service	ent of the Treasury Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.		Open to P Inspect			
Cou	me of the organi: rt Appointed Special sterey County Inc		77-0398079		num	ber	
Pa	rt I Questi	ons Regarding Compensation	1,, 00300,3				
						Yes	
1a		opiate box(es) if the organization provided any of the following Section A, line 1a. Complete Part III to provide any relevant ir	•				
	First-class	or charter travel Housing allowand	ce or residence for personal use				
	Travel for	companions Payments for bu	siness use of personal residence	9			
	Tax idemn	ification and gross-up payments Health or social	club dues or initiation fees				
	Discretion	ary spending account Personal services	s (e.g., maid, chauffeur, chef)				
b	,	exes on Line 1a are checked, did the organization follow a writte or provision of all of the expenses described above? If "No," or	, , , , , , ,	11	ь		
_				<u> </u>			
2		ation require substantiation prior to reimbursing or allowing ex ees, officers, including the CEO/Executive Director, regarding	•		2		

1545-0047

o Public ection

Yes

No

Indicate which, if any, of the following the filing 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. Compensation committee Written employment contract

Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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: 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 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.

Νo Νo Νo Only 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: 5a 5b Νo Any related organization? . . . . . . If "Yes," on line 5a or 5b, describe in Part III. 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:

Νo 6a Νo Νo If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . . . . . . . . . . 7 Νo 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 Νo

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

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				zation on row (i) a	and from related o	organizations, de	scribed in the	
instructions, on row (ii). Do not list any individuals that are not listed <b>Note.</b> The sum of columns $(B)(i)$ -(iii) for each listed individual must e				VII. Section A lin	e 1a. applicable c	olumn (D) and (F	=) amounts for	that individual
(A) Name and Title	quui (					(D) Nontaxable		1
(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			and other	benefits	columns	Compensation in
		(i) Base	(ii)	(iii) Other	deferred		(B)(i)-(D)	column (B)
		compensation	Bonus &	reportable	compensation			reported as
			incentive	compensation				deferred on prior Form 990
1 Beth Wilbur		135,683	compensation				450.000	101111 330
Executive Dir.	(i)	133,063	10,000		7,317	7,322	160,322	
	(ii)							
Schedule J (Form 990) 2023					 (Form 990) 2023			

Schedule J (Form 990) 2023 Page 3 Part 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 (Form 990) 2023

Return Reference Explanation



### **SCHEDULE 0** (Form 990)

Name of the organization Court Appointed Special Advocates of

### 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.

2023

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Montoroy County Inc

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

Monterey County I	77-0398079
Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	Both Finance Committee and full Board received the 990 and votes to approve prior to filing.
Form 990, Part VI, Section B, Line 12c	Board members annually provide the Organization's conflict of interest policy for review and a conflict of interest questionnaire. The questionnaires are completed and retained by the Organization.
Form 990, Part VI, Section B, Line 15a	The executive committee of the organization meets annually to evaluate the compensation package of the executive director, who is recused from the process. The IRS Form 990s of similar organizations are reviewed as well as data obtained from salary surveys obtained from reputable organizations websites. The entire package is reviewed for reasonableness and adjustments made if necessary are then brought to the entire board for approval.
Form 990, Part VI, Section C, Line 19	The Organization will make its Form 990 and governing documents available upon request.