# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

| ΑI                          | For the                      | 2013 calendar year, or tax year beginning and endi   | ng       |                                     |                               |
|-----------------------------|------------------------------|--|----------|-------------------------------------|-------------------------------|
| B                           | Check if<br>applicable:      | C Name of organization   |          | D Employer identific                | cation number                 |
| _                           |                              | COURT APPOINTED SPECIAL ADVOCATES  |          |                                     |                               |
| Ļ                           | Address<br>change            | OF TRAVIS COUNTY   |          |                                     | 0.604.00                      |
| F                           | □Name<br>□change<br>□Initial | Doing Business As  |          |                                     | 369123                        |
| H                           | return<br>□Termin-           | Number and street (or P.O. box if mail is not delivered to street address)  7701 NORTH LAMAR  Roon 301   | n/suite  | E Telephone numbe 512-              | r<br>459-2272                 |
| F                           | ⊒ated<br>□Amende<br>□return  |  |          | G Gross receipts \$                 | 3,492,454.                    |
| 一                           | Applica                      | AUSTIN, TX 78752   |          | H(a) Is this a group re             |                               |
|                             | pending                      | F Name and address of principal officer:LAURA WOLF   |          |                                     | ? Yes X No                    |
|                             |                              | SAME AS C ABOVE  |          | <b>H(b)</b> Are all subordinates in |                               |
| Τ.                          | Гах-ехе                      | mpt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or □   | 527      |                                     | list. (see instructions)      |
| J                           | Website                      | E: ► WWW.CASATRAVIS.ORG  |          | H(c) Group exemptio                 |                               |
| K                           | orm of o                     | organization: X Corporation Trust Association Other I  | L Year o | of formation: 1985 N                | 1 State of legal domicile: TX |
| Pa                          |                              | Summary  |          |                                     |                               |
| Ф                           | 1 8                          | Briefly describe the organization's mission or most significant activities: ${	t PROMOTE}$   | : AN     | D PROTECT T                         | HE BEST                       |
| auc                         | ]                            | INTEREST OF CHILDREN WHO HAVE BEEN ABUSED C  | R N      | EGLECTED, B                         | Y TRAINING                    |
| Activities & Governance     |                              | Check this box $lacktriangle$ if the organization discontinued its operations or disposed o  | of more  | 1 1                                 |                               |
| Š                           | 1                            | lumber of voting members of the governing body (Part VI, line 1a)  |          |                                     | 21                            |
| જ                           |                              | lumber of independent voting members of the governing body (Part VI, line 1b)  |          |                                     | 21                            |
| ijes                        |                              | otal number of individuals employed in calendar year 2013 (Part V, line 2a)  |          |                                     | 5 <u>4</u><br>593             |
| ξį                          |                              | otal number of volunteers (estimate if necessary)  |          |                                     | 0.                            |
| Ac                          |                              | otal unrelated business revenue from Part VIII, column (C), line 12  |          |                                     | 0.                            |
|                             | יומ                          | let unrelated business taxable income from Form 990-T, line 34   | <u> </u> | Prior Year                          | Current Year                  |
| Revenue                     | 8 (                          | Contributions and grants (Part VIII, line 1h)  |          | 1,696,918.                          | 2,134,991.                    |
|                             |                              | (D. 1) (III) (1) (D. 1)  |          | 846,712.                            | 892,466.                      |
| š                           |                              | Program service revenue (Part VIII, line 2g)  nvestment income (Part VIII, column (A), lines 3, 4, and 7d)   |          | 525.                                | 761.                          |
| æ                           | 1                            | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |          | 271,278.                            | 295,883.                      |
|                             |                              | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |          | 2,815,433.                          | 3,324,101.                    |
|                             | 1                            | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |          | 21,648.                             | 29,903.                       |
|                             |                              | Benefits paid to or for members (Part IX, column (A), line 4)  |          | 0.                                  | 0.                            |
| S                           |                              | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |          | 1,955,383.                          | 2,130,522.                    |
| Expenses                    | <b>16</b> a F                | Professional fundraising fees (Part IX, column (A), line 11e)  |          | 0.                                  | 0.                            |
| ×                           |                              | otal fundraising expenses (Part IX, column (D), line 25)   371,982.  | _        |                                     |                               |
| ш                           |                              | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |          | 443,667.                            |                               |
|                             |                              | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | .        | 2,420,698.                          | 2,697,893.                    |
|                             |                              | Revenue less expenses. Subtract line 18 from line 12   |          | 394,735.                            |                               |
| Net Assets or Fund Balances |                              |  | Beg      | ginning of Current Year             | End of Year                   |
| SSE                         | 20 T                         | otal assets (Part X, line 16)  | .        | 1,794,297.<br>268,632.              | 2,321,671.                    |
| let /                       | 21 1                         | otal liabilities (Part X, line 26)   | .        | 1,525,665.                          | 2,153,119.                    |
|                             | 22 N<br>art II               | let assets or fund balances. Subtract line 21 from line 20   |          | 1,323,003                           | 2,133,1134                    |
|                             |                              | ies of perjury, I declare that I have examined this return, including accompanying schedules and   | stateme  | ents, and to the best of m          | v knowledge and belief, it is |
|                             | •                            | , and complete. Declaration of preparer (other than officer) is based on all information of which p  |          |                                     | ,,                            |
|                             | Ī                            | D 11501  |          | 06/30                               | /2014                         |
| Sig                         | n                            | Signature Court Signature Cour |          | Date                                |                               |
| Hei                         |                              | LAURA WOLF, EXECUTIVE DIRECTOR   |          |                                     |                               |
|                             |                              | Type or print name and title   |          |                                     |                               |
|                             |                              | Print/Type preparer's name Preparer's signature  |          | oate Check                          | PTIN                          |
| Pai                         | -                            |  | PAIG     | 5/29/14 if self-employe             |                               |
|                             |                              | Firm's name ► ATCHLEY & ASSOCIATES, LLP  |          | Firm's EIN ▶                        | 74-2920819                    |
| Use                         | Only                         | Firm's address 6850 AUSTIN CENTER BLVD, STE 180  |          |                                     | 10)246 2226                   |
|                             |                              | AUSTIN, TX 78731-3129  |          | Phone no. (5                        | 12)346-2086                   |
| Ma                          | v the IR                     | S discuss this return with the preparer shown above? (see instructions)  |          |                                     | X Yes No                      |

|    | rt III   Statement of Program Service Accomplishments  |
|----|--|
|    | Check if Schedule O contains a response or note to any line in this Part III   |
| 1  | Briefly describe the organization's mission:   |
|    | PROMOTE AND PROTECT THE BEST INTEREST OF CHILDREN WHO HAVE BEEN ABUSED   |
|    | OR NEGLECTED, BY TRAINING VOLUNTEERS TO ADVOCATE FOR THEM IN COURTS,   |
|    | IN SCHOOLS, AND IN OUR COMMUNITY TO HELP THEM FIND A SAFE, PERMANENT,  |
|    | AND LOVING HOME.   |
| 2  | Did the organization undertake any significant program services during the year which were not listed on   |
|    | the prior Form 990 or 990-EZ?  |
| •  | If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No   |
| 3  | 0  |
| 4  | If "Yes," describe these changes on Schedule O.  |
| 4  | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
|    | revenue, if any, for each program service reported.  |
| 4a | (Code:) (Expenses \$ 2,143,315 · including grants of \$ 29,903 · ) (Revenue \$ 892,934 ·   |
|    | PROMOTE AND PROTECT THE BEST INTEREST OF CHILDREN WHO HAVE BEEN ABUSED   |
|    | OR NEGLECTED, BY TRAINING VOLUNTEERS TO ADVOCATE FOR THEM IN COURTS, IN  |
|    | SCHOOLS, AND IN OUR COMMUNITY TO HELP THEM FIND A SAFE, PERMANENT, AND   |
|    | LOVING HOME.   |
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| 4b | (Code:) (Expenses \$   |
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| 4d | Other program services (Describe in Schedule O.)   |
|    | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e | Total program service expenses 2,143,315.  |
| _  | - 000 ····   |

332002 10-29-13

# Part IV Checklist of Required Schedules

|             |  |             | Yes | No  |
|-------------|--|-------------|-----|-----|
| 1           | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |             |     |     |
|             | If "Yes," complete Schedule A  | 1           | X   |     |
| 2           | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2           | X   |     |
| 3           | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3           |     | х   |
| 4           | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |             |     |     |
|             | during the tax year? If "Yes," complete Schedule C, Part II  | 4           |     | X   |
| 5           | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                    | 5           |     | Х   |
| 6           | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |             |     |     |
|             | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6           |     | X   |
| 7           | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |             |     |     |
|             | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7           |     | Х   |
| 8           | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8           |     | X   |
| 9           | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for  |             |     |     |
|             | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  | 9           |     | Х   |
| 10          | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |             |     |     |
|             | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10          | X   |     |
| 11          | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |             |     |     |
| а           | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |             |     |     |
|             | Part VI  | 11a         | X   |     |
| b           | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |             |     |     |
|             | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b         |     | X   |
| С           | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |             |     |     |
|             | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c         |     | X   |
| d           | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   |             |     | v   |
|             | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d         | X   | X   |
| e           | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e         | Λ   |     |
| f           | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f         | Х   |     |
| 122         | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  | 111         | 22  |     |
| 124         | Schedule D, Parts XI and XII   | 12a         | Х   |     |
| h           | Was the organization included in consolidated, independent audited financial statements for the tax year?  | 124         |     |     |
| -           | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b         |     | Х   |
| 13          | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13          |     | Х   |
| 14a         | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a         |     | Х   |
| b           | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |             |     |     |
|             | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |             |     |     |
|             | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b         |     | Х   |
| 15          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |             |     |     |
|             | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15          |     | X   |
| 16          | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |             |     | 7.7 |
|             | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16          |     | X   |
| 17          | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17          |     | Х   |
| 18          | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |             |     |     |
|             | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18          | X   |     |
| 19          | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |             |     |     |
|             | complete Schedule G, Part III  | 19          |     | Х   |
| <b>20</b> a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | <b>20</b> a |     | X   |
| b           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b         |     |     |

# COURT APPOINTED SPECIAL ADVOCATES OF TRAVIS COUNTY

Form 990 (2013)

| Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 17 // *Pss.* complete Schedule I, Parts I and II 21 bit the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 // *Pss.* complete Schedule I, Parts I and II 22 bit the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 // *Pss.* complete Schedule I, Parts I and II 22 bit the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I 24 bit Office organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "No." go to line 25a bit of the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  If the organization act as an *no behalf of* issuer for bonds outstanding at any time during the year?  If the organization act as an *no behalf of* issuer for bonds outstanding at any time during the year?  If the issuer is the secretary of the secretary is the secretary tax exempts bonds?  If the organization act is an *no behalf of* issuer for bonds outstanding at any time during the year?  If the issuer issuer is the secretary is the secretary is the secretary tax exempts and that the transaction with a disqualified person in a prior year, and that the transaction act in the secretary is the secretary |          | 1990 (2013) OF TRAVIS COUNTY 74-2365   | 7143 | <u> </u> | age <b>4</b> |
|--|----------|--|------|----------|--------------|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 17 lf "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 lf "Yes," complete Schedule I, Parts I and III 22 Did the organization report event than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 lf "Yes," complete Schedule I, Parts I and III 22 X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25s  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of tax-exempt bonds such tanding exercise with a disqualified person during the year?  24d Did the organization and 501(k)40 organizations. Did the organization and the organization and the transaction with a disqualified person during the year?  24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  25d Did 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 proof or payables to any current or former officer, complete Schedule L, Part IV  25d Did the organization report any amount on Part X, line 5, 6, or 25 for rece | Pa       | rt IV Checklist of Required Schedules (continued)  |      |          |              |
| government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II  2 Did the organization report nore than \$5.00 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III  2 Did the organization answer "Yes" to Part IXI, Section A, line 3, 4, or 5 about compensation of the organization current and former offices, directors, trustees, key employees, and highest compensated employees P "Yes," complete Schedule I. Part IXI and IXI     | 0.4      | Did the consideration and the order of constant and the constant and the constant in the const |      | Yes      | No           |
| 22 Did the organization report more than \$5.000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 2 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, kay employees, and highest compensated employees? If "Yes," complete Schedule J.  23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", 20 to line 25a  24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization example person during the year? If "Yes," complete Schedule L, Part I  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25b Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, circlectors, trustee, key employees, highest compensated employees, or 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 "Yes," complete Schedule L, Part II  25b Id the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, levy employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV  27c In the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or key employee? In "Yes," complete Schedule L, Part IV  28d In the organization report any expense or payable   | 21       |  |      |          | Х            |
| column (A), line 22 if "Yes," complete Schedule I, Parts I and III  22 X  23 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule J  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "I'N"," or Io line 25a  25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Section 501((3) and 501((4)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  28 Section 501((3) and 501((4)) organizations. Did the organization expense with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 90 or 990-E27 If "Yes," complete Schedule L, Part I   25b   Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   27b   Did the organization party to a business transaction with one of the following parties (see Schedule L, Part IV   27c   Did the organization or every error than \$250.00 in non-cash contributions? If "Yes," complete Schedule L, Part IV   27c   Did the organizatio   | 22       |  | 21   |          |              |
| Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23 July 10 the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Wo", go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization and a serior account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  24c July 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I July 25a 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 spinor Forms 900 or 900-E27 If "Yes," complete Schedule L, Part I July 25b Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II July 10 the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a unrent of former officer, director, trustee, or key employees, or disqualified persons? If so, own plete Schedule L, Part IV July 10 the organization aparty to a    | ~~       |  | 22   | x        |              |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to fine 25a 24b or 10 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b or 10 the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 3 to 10 the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 3 to 10 the organization act as an "on behalf of" issuer for bonds outstanding at any time during they ear? 3 to 10 the organization act as an "on behalf of" issuer for bonds outstanding at any time during they ear? 3 to 10 the organization act as an "on behalf of" issuer for bonds outstanding at any time during they ear? 4 to 25a Section 501(x8) and 501(x4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person with a disqualified person during the year? 1 if "Yes," complete Schedule L, Part I 25b Is the organization has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25b Id the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 25b In 4 family member of any of these persons? If "Yes," complete Schedule L, Part IV 25b In 4 family member of any of these persons? If "Yes," complete Schedule L, Part IV 25b In 4 family member of accurate or former officer, director, trustee, or key employee (or a family member thereof) was an officer, d    | 23       |  |      |          |              |
| Schedule J  24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a  24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  25c Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a  25b Is the organization aware that It engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b  25c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, frustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27b Did the organization pay to a business transaction with one of the following parties (see Schedule L, Part IV 27b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 27b Di   |          |  |      |          |              |
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| stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c  d Did the organization act as an 'non behalf of' issuer for bonds outstanding at any time during the year?  24d  25a Section 50(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part 1  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part 1  25b Id the organization report any amount on Part X, line 5. 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule I., Part II  27 Did the organization report any amount on Part X, line 5. 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, explanation contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part III  28 Was the organization payor to a business transaction with one of the following parties (see Schedule I., Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II., Part IV  28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II., Part IV  29c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu    | 24a      |  |      |          |              |
| Schedule K. If "No", go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25b  Is the organization as not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  25c  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  27c  28d Id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R, Part IV.  28d Id the organization receive contributions of a    |          |  |      |          |              |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d    25a    25a    25ction 501(c/S) and 501(c/G)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I   25a       |          |  | 24a  |          | X            |
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| 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-E2? If "Yes," complete Schedule L, Part I 25b    Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26    Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27    Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 28b 2    c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or complete Schedule L, Part IV 28c 29b 20b 20b 20b 20b 20b 20b 20b 20b 20b 20   | d        |  | 24d  |          |              |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  | 25a      | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a   |      |          |              |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26  To lid the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 28b 20  A an entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c 28c 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 20 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part II 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization velated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the    |          | disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a  |          | X            |
| Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  27  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28a  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  30 Did the organization ilquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1  33 Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule     | b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |      |          |              |
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| former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 1  26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a 28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 28b 20c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 20 20c 20c 20c 20c 20c 20c 20c 20c 20c  |          | Schedule L, Part I   | 25b  |          | X            |
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| Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 a 28 b c c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I    33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(b)(3) organization. Press, "complete Schedule R, Part V, line 2    35 Section 501(b)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," com    |          | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,  |      |          |              |
| contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  27  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28a  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  29  10id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29  29  30  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I  30  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31  32  Did the organization win 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  31  32  33  34  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a  36  37  Did the organization solution onduct 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  |          | complete Schedule L, Part II   | 26   |          | X            |
| of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  37 Did the org    | 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   |      |          |              |
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| Note. All Form 990 filers are required to complete Schedule O  |          |  | 38   | X        | <u> </u>     |

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| Pai |  |      |     |          |  |  |  |  |  |
|-----|--|------|-----|----------|--|--|--|--|--|
|     | Check if Schedule O contains a response or note to any line in this Part V   |      |     |          |  |  |  |  |  |
|     |  |      | Yes | No       |  |  |  |  |  |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 5    |     |          |  |  |  |  |  |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 0    |     |          |  |  |  |  |  |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                             |      |     |          |  |  |  |  |  |
|     | (gambling) winnings to prize winners?  | . 1c |     |          |  |  |  |  |  |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |      |     |          |  |  |  |  |  |
|     | filed for the calendar year ending with or within the year covered by this return 2a 5   | 4    |     |          |  |  |  |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                 | 2b   | X   |          |  |  |  |  |  |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                      |      |     |          |  |  |  |  |  |
|     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | _    |     | X        |  |  |  |  |  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O                                   | 3b   |     |          |  |  |  |  |  |
| 4a  | 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                   |      |     |          |  |  |  |  |  |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                               | 4a   |     | X        |  |  |  |  |  |
| b   | If "Yes," enter the name of the foreign country: ►   |      |     |          |  |  |  |  |  |
|     | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                 |      |     |          |  |  |  |  |  |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a   |     | X        |  |  |  |  |  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                               | 5b   |     | X        |  |  |  |  |  |
| С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c   |     |          |  |  |  |  |  |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                    |      |     |          |  |  |  |  |  |
|     | any contributions that were not tax deductible as charitable contributions?  | 6a   |     | X        |  |  |  |  |  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                           |      |     |          |  |  |  |  |  |
|     | were not tax deductible?   |      |     |          |  |  |  |  |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |      |     |          |  |  |  |  |  |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor |      | X   | <u> </u> |  |  |  |  |  |
| b   | <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                       |      |     |          |  |  |  |  |  |
| С   | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                            |      |     |          |  |  |  |  |  |
|     | to file Form 8282?   | 7c   |     | X        |  |  |  |  |  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |      |     | l        |  |  |  |  |  |
| е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                |      |     | X        |  |  |  |  |  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                   |      | /   | Х        |  |  |  |  |  |
| g   |  |      | N/  |          |  |  |  |  |  |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C'             | ? 7h | N/  | <u>A</u> |  |  |  |  |  |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting $N/A$              |      |     |          |  |  |  |  |  |
|     | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?      | 8    |     | _        |  |  |  |  |  |
| 9   | Sponsoring organizations maintaining donor advised funds.  |      |     |          |  |  |  |  |  |
| а   | Did the organization make any taxable distributions under section 4966?  N/A   | 9a   |     | ┞        |  |  |  |  |  |
| b   | ,  | 9b   |     | _        |  |  |  |  |  |
| 10  | Section 501(c)(7) organizations. Enter:  |      |     |          |  |  |  |  |  |
| а   | Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a   | _    |     |          |  |  |  |  |  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | _    |     |          |  |  |  |  |  |
| 11  | Section 501(c)(12) organizations. Enter:   |      |     |          |  |  |  |  |  |
| а   |  | _    |     |          |  |  |  |  |  |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against   |      |     |          |  |  |  |  |  |
|     | amounts due or received from them.)  |      |     |          |  |  |  |  |  |
|     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                     | 12a  |     |          |  |  |  |  |  |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A12b  | _    |     |          |  |  |  |  |  |
| 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? N/A   | 13a  |     |          |  |  |  |  |  |
|     | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                       |      |     |          |  |  |  |  |  |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the   |      |     |          |  |  |  |  |  |
|     | organization is licensed to issue qualified health plans   |      |     |          |  |  |  |  |  |
|     | Enter the amount of reserves on hand   |      |     | 177      |  |  |  |  |  |
|     | Did the organization receive any payments for indoor tanning services during the tax year?   |      | -   | X        |  |  |  |  |  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                      | 14b  |     |          |  |  |  |  |  |

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

|     | Check if Schedule O contains a response or note to any line in this Part VI  |          |       | X  |
|-----|--|----------|-------|----|
| Sec | tion A. Governing Body and Management  |          |       |    |
|     |  |          | Yes   | No |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  |          |       |    |
|     | If there are material differences in voting rights among members of the governing body, or if the governing  |          |       |    |
|     | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  |          |       |    |
| b   | Enter the number of voting members included in line 1a, above, who are independent 21  |          |       |    |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |          |       |    |
| _   | officer, director, trustee, or key employee?   | 2        |       | Х  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |          |       |    |
| Ū   | of officers, directors, or trustees, or key employees to a management company or other person?   | 3        |       | х  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4        | Х     |    |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5        |       | Х  |
| 6   | P. 11  | 6        |       | X  |
|     | Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or     | <u> </u> |       |    |
| 7 4 |  | 7a       |       | Х  |
| h   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   | 74       |       |    |
| D   | persons other than the governing body?   | 7b       |       | х  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                      |          |       |    |
|     | The governing body?  | 8a       | Х     |    |
| h   | Each committee with authority to act on behalf of the governing body?  | 8b       | X     |    |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   | 0.0      |       |    |
|     | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9        |       | х  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |          |       |    |
|     | The state (The section 2 requests members about penals rectifique of any the members as seeing   |          | Yes   | No |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a      | 100   | X  |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   | 100      |       |    |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b      |       |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a      | Х     |    |
|     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |          |       |    |
|     | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a      | Х     |    |
| b   |  | 12b      | Х     |    |
|     | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |          |       |    |
|     | in Schedule O how this was done  | 12c      | Х     |    |
| 13  | Did the organization have a written whistleblower policy?  | 13       | Х     |    |
| 14  | Did the organization have a written document retention and destruction policy?   | 14       | Х     |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent   |          |       |    |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |          |       |    |
| а   | The organization's CEO, Executive Director, or top management official   | 15a      | Х     |    |
|     | Other officers or key employees of the organization  | 15b      | Х     |    |
| _   | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |          |       |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |          |       |    |
|     | taxable entity during the year?  | 16a      |       | Х  |
| 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?   | 16b      |       |    |
| Sec | tion C. Disclosure   |          |       |    |
| 17  | List the states with which a copy of this Form 990 is required to be filed ► NONE  |          |       |    |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are | availab  | le    |    |
|     | for public inspection. Indicate how you made these available. Check all that apply.  |          |       |    |
|     | X Own website X Another's website X Upon request Other (explain in Schedule O)   |          |       |    |
| 19  | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an  | d finar  | ncial |    |
|     | statements available to the public during the tax year.  |          |       |    |
| 20  | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza   | tion:    |       |    |
|     | LAURA WOLF - 512-459-2272  |          |       |    |
|     | 7701 N. LAMAR BLVD. SUITE 301, AUSTIN, TX 78752  |          |       |    |

#### Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A)                            | (B)               | l                              |                       | ((          | C)           |                                 | nout     | (D)   | (E)                     | (F)                      |
|--------------------------------|-------------------|--------------------------------|-----------------------|-------------|--------------|---------------------------------|----------|---|-------------------------|--------------------------|
| Name and Title                 | Average           | (do                            | not c                 | Pos<br>heck | more         | than                            | one      | Reportable compensation                       | Reportable compensation | Estimated amount of      |
|                                | hours per<br>week | offic                          | cer an                | d a d       | irecto       | r/trus                          | tee)     | from  | from related            | other                    |
|                                | (list any         | rector                         |                       |             |              |                                 |          | the   | organizations           | compensation             |
|                                | hours for related | Individual trustee or director | stee                  |             |              | sated                           |          | organization<br>(W-2/1099-MISC)               | (W-2/1099-MISC)         | from the<br>organization |
|                                | organizations     | truste                         | Institutional trustee |             | yee          | Highest compensated<br>employee |          | (** 2, 1000 ********************************* |                         | and related              |
|                                | below             | vidual                         | itution               | cer         | Key employee | hest co                         | mer      |   |                         | organizations            |
|                                | line)             | ibu                            | Inst                  | Officer     | Key          | Hig                             | Former   |   |                         |                          |
| (1) JESSICA BLACKLOCK          | 5.00              | x                              |                       | х           |              |                                 |          | 0.  | 0.                      | 0                        |
| PRESIDENT (2) JOHN RECKER      | 5.00              | ^                              | $\vdash$              | Λ           |              | $\vdash$                        | $\vdash$ | 0.  | 0.                      | 0.                       |
| (2) JOHN RECKER VICE PRESIDENT | 3.00              | X                              |                       | Х           |              |                                 |          | 0.  | 0.                      | 0.                       |
| (3) MATT HAMILTON              | 5.00              | Δ                              | $\vdash$              | Λ           |              | $\vdash$                        | $\vdash$ | 0.  | 0.                      |                          |
| SECRETARY/TREASURER            | 3.00              | Х                              |                       | Х           |              |                                 |          | 0.  | 0.                      | 0.                       |
| (4) DEBBIE HOLLEY              | 5.00              |                                | $\vdash$              |             |              | $\vdash$                        | $\vdash$ |   | 0.                      |                          |
| CAMPAIGN CHAIR                 | 3.00              | x                              |                       | Х           |              |                                 |          | 0.  | 0.                      | 0.                       |
| (5) EVERETT CARMODY            | 5.00              |                                |                       |             |              |                                 |          | •   | •                       |                          |
| CAMPAIGN CHAIR                 |                   | х                              |                       | Х           |              |                                 |          | 0.  | 0.                      | 0.                       |
| (6) DAVID RUBIN                | 5.00              |                                |                       |             |              |                                 |          |   |                         |                          |
| GOVERNANCE CHAIR               |                   | Х                              |                       | Х           |              |                                 |          | 0.  | 0.                      | 0.                       |
| (7) TODD LEWIS                 | 5.00              |                                |                       |             |              |                                 |          |   |                         |                          |
| IMMEDIATE PAST PRESIDENT       |                   | Х                              |                       | Х           |              |                                 |          | 0.  | 0.                      | 0.                       |
| (8) ANNE BRIGHAM               | 5.00              |                                |                       |             |              |                                 |          |   |                         |                          |
| DIRECTOR                       |                   | Х                              |                       |             |              |                                 |          | 0.  | 0.                      | 0.                       |
| (9) JOHN BERKOWITZ             | 5.00              |                                |                       |             |              |                                 |          |   |                         |                          |
| DIRECTOR                       |                   | Х                              |                       |             |              |                                 | _        | 0.  | 0.                      | 0.                       |
| (10) JAMIE COTTON              | 5.00              |                                |                       |             |              |                                 |          |   |                         |                          |
| DIRECTOR                       | F 0.0             | Х                              |                       |             |              |                                 |          | 0.  | 0.                      | 0.                       |
| (11) ALICIA DULEBA             | 5.00              | ,,                             |                       |             |              |                                 |          |   | 0                       |                          |
| DIRECTOR                       | F 00              | Х                              |                       |             |              |                                 | _        | 0.  | 0.                      | 0.                       |
| (12) ALBERT HAWKINS            | 5.00              | x                              |                       |             |              |                                 |          | 0.  | 0.                      | 0                        |
| DIRECTOR                       | 5.00              | Δ                              | $\vdash$              |             |              | _                               | -        | 0.  | 0.                      | 0.                       |
| (13) G HERVER DIRECTOR         | 3.00              | x                              |                       |             |              |                                 |          | 0.  | 0.                      | 0.                       |
| (14) KEMP KASLING              | 5.00              | ^                              | $\vdash$              |             |              |                                 | $\vdash$ | 0.  | 0.                      | 0.                       |
| DIRECTOR                       | 3.00              | Х                              |                       |             |              |                                 |          | 0.  | 0.                      | 0.                       |
| (15) APRIL KUBIK               | 5.00              |                                | $\vdash$              |             |              | $\vdash$                        | $\vdash$ | 0.  | 0.                      |                          |
| DIRECTOR                       | 3.00              | х                              |                       |             |              |                                 |          | 0.  | 0.                      | 0.                       |
| (16) LEE POTTS                 | 5.00              | <del> </del>                   | $\vdash$              |             |              |                                 | $\vdash$ | •   | •                       |                          |
| DIRECTOR                       |                   | х                              |                       |             |              |                                 |          | 0.  | 0.                      | 0.                       |
| (17) BEN RUBENSTEIN            | 5.00              |                                |                       |             |              |                                 |          |   |                         |                          |
| DIRECTOR                       |                   | Х                              |                       |             | L            | L_                              | L        | 0.  | 0.                      | 0.                       |
| 332007 10-20-13                |                   |                                |                       |             |              |                                 |          |   |                         | Form <b>990</b> (2013)   |

332007 10-29-13

OF TRAVIS COUNTY

| Part VII   Section A. Officers, Directors, Trus                                   | tees, Key Em      | ploy                                 | ees                   | , an     | d Hi         | ighe                         | st (     | Compensated Employe                   | es (continued)             |          |       |                |         |
|---|-------------------|--------------------------------------|-----------------------|----------|--------------|------------------------------|----------|---------------------------------------|----------------------------|----------|-------|----------------|---------|
| (A)   | (B)               |                                      |                       | •        | (C)          |                              |          | (D)                                   | (E)                        |          | ı     | (F)            |         |
| Name and title  | Average           | Position (do not check more than one |                       |          |              |                              | one      | Reportable                            | Reportable                 |          | Es    | stimate        | ed      |
|   | hours per         | box                                  | , unle                | ss pe    | rson         | is bot                       | h an     | compensation                          | compensation               |          | an    | nount          |         |
|   | week<br>(list any | ⊢                                    | 1                     | T        |              | 1                            | 1        | from<br>the                           | from related organizations |          |       | other          |         |
|   | hours for         | direct                               |                       |          |              | _                            |          |                                       | (W-2/1099-MISC             | ,        |       | pensa<br>om th |         |
|   | related           | ee or                                | stee                  |          |              | nsate                        |          | (W-2/1099-MISC)                       | (** 2/ 1000 WIGG           | "        |       | anizat         | -       |
|   | organizations     | Individual trustee or director       | Institutional trustee |          | yee          | Highest compensated employee |          |                                       |                            |          | _     | d relat        |         |
|   | below             | vidua                                | tution                | er       | Key employee | loyee                        | ner      |                                       |                            |          | orga  | anizati        | ions    |
|   | line)             | Indi                                 | Inst                  | Officer  | Key          | High                         | Por      |                                       |                            | $\Box$   |       |                |         |
| (18) JARED SLOSBERG   | 5.00              |                                      |                       |          |              |                              |          |                                       |                            |          | ı     |                | •       |
| DIRECTOR  |                   | Х                                    |                       |          |              |                              |          | 0.                                    | (                          | 0.       |       |                | 0.      |
| (19) ANDY VALENZUELA  | 5.00              | ,,                                   |                       |          |              |                              |          |                                       |                            | _ ا      | Ì     |                | 0       |
| DIRECTOR  | F 00              | Х                                    |                       |          | _            | -                            | H        | 0.                                    | ,                          | 0.       |       |                | 0.      |
| (20) ASHLEY WRIGHT  | 5.00              | X                                    |                       |          |              |                              |          | 0.                                    |                            | ٥.       | ı     |                | 0.      |
| DIRECTOR (21) MARIA WRIGHT  | 5.00              | _                                    |                       | $\vdash$ | $\vdash$     | $\vdash$                     | ┝        | 0.                                    |                            | ٠.       |       |                | 0.      |
| DIRECTOR  | 3.00              | X                                    |                       |          |              |                              |          | 0.                                    |                            | 0.       | Ì     |                | 0.      |
| (22) LAURA WOLF   | 40.00             | ^                                    |                       |          |              | $\vdash$                     | ┝        | 0.                                    |                            | ٠.       |       |                | 0.      |
| EXECUTIVE DIRECTOR  | 40.00             | ł                                    |                       | Х        |              |                              |          | 90,423.                               |                            | 0.       | 1     | 0,5            | 16      |
| EARCOTIVE DIRECTOR  | 1                 |                                      |                       | <u> </u> | $\vdash$     | $\vdash$                     | $\vdash$ | 70,423.                               | <u>'</u>                   | -        |       | 0,5            | 10.     |
|   |                   | ł                                    |                       |          |              |                              |          |                                       |                            |          | Ì     |                |         |
|   |                   |                                      |                       |          |              |                              | H        |                                       |                            | $\dashv$ |       |                |         |
|   |                   | 1                                    |                       |          |              |                              |          |                                       |                            |          | ı     |                |         |
|   |                   |                                      |                       |          |              |                              | T        |                                       |                            | $\dashv$ |       |                |         |
|   |                   | 1                                    |                       |          |              |                              |          |                                       |                            |          | ı     |                |         |
|   |                   |                                      |                       |          |              |                              |          |                                       |                            | $\dashv$ |       |                |         |
|   |                   | 1                                    |                       |          |              |                              |          |                                       |                            |          | Ì     |                |         |
| 1b Sub-total  | •                 |                                      |                       |          |              |                              | <b></b>  | 90,423.                               |                            | 0.       | 1     | 0,5            | 16.     |
| c Total from continuation sheets to Part V  |                   |                                      |                       |          |              |                              |          | 0.                                    |                            | 0.       |       |                | 0.      |
| d Total (add lines 1b and 1c)   |                   |                                      |                       |          |              |                              | <b></b>  | 90,423.                               |                            | 0 .      | 1     | 0,5            | 16.     |
| 2 Total number of individuals (including but r                                    | ot limited to th  | nose                                 | liste                 | ed al    | bove         | e) wl                        | ho i     | received more than \$100              | 0,000 of reportable        |          |       |                | _       |
| compensation from the organization  |                   |                                      |                       |          |              |                              |          |                                       |                            |          |       |                | 0       |
|   |                   |                                      |                       |          |              |                              |          |                                       |                            | r        |       | Yes            | No      |
| 3 Did the organization list any <b>former</b> officer,                            |                   |                                      | e, ke                 | ey er    | nplo         | oyee                         | , or     | highest compensated e                 | mployee on                 |          |       |                | 37      |
| line 1a? If "Yes," complete Schedule J for s                                      |                   |                                      |                       |          |              |                              |          |                                       |                            |          | 3     |                | X       |
| 4 For any individual listed on line 1a, is the su                                 |                   |                                      |                       |          |              |                              |          | · · · · · · · · · · · · · · · · · · · | the organization           |          |       |                | Х       |
| and related organizations greater than \$15                                       |                   |                                      |                       |          |              |                              |          |                                       |                            |          | 4     |                |         |
| 5 Did any person listed on line 1a receive or a                                   | -                 |                                      |                       |          | -            |                              |          | -                                     |                            |          | -     |                | Х       |
| rendered to the organization? If "Yes," com<br>Section B. Independent Contractors | ipiete Scriedui   | e J i                                | Or Si                 | ucn      | pers         | SOII                         |          |                                       |                            |          | 5     |                | 71      |
| Complete this table for your five highest co                                      | mnensated in      | done                                 | ande                  | nt c     | onti         | racto                        | are      | that received more than               | \$100,000 of comp          | one      | ation | from           |         |
| the organization. Report compensation for   | •                 |                                      |                       |          |              |                              |          |                                       |                            | CHO      | ation | 10111          |         |
| (A)   | trio odioridar y  | oui                                  | oriai                 | ng v     | VICII        | 01 11                        | 10111    | (B)                                   | your.                      |          | - ((  | C)             |         |
| Name and business   | address           | NO                                   | INC                   | 3        |              |                              |          | Description of s                      | ervices                    | С        |       | nsatio         | n       |
|   |                   |                                      |                       |          |              |                              |          |                                       |                            |          |       |                |         |
|   |                   |                                      |                       |          |              |                              |          |                                       |                            |          |       |                |         |
|   |                   |                                      |                       |          |              |                              |          |                                       |                            |          |       |                |         |
|   |                   |                                      |                       |          |              |                              |          |                                       |                            |          |       |                |         |
|   |                   |                                      |                       |          |              |                              |          |                                       |                            |          |       |                |         |
|   |                   |                                      |                       |          |              |                              |          |                                       |                            |          |       |                |         |
|   |                   |                                      |                       |          |              |                              |          |                                       |                            |          |       |                |         |
|   |                   |                                      |                       |          |              |                              |          |                                       |                            |          |       |                |         |
|   |                   |                                      |                       |          |              |                              |          |                                       |                            |          |       |                |         |
|   |                   |                                      |                       | 1.       |              |                              |          | <u> </u>                              |                            |          |       |                |         |
| 2 Total number of independent contractors (                                       |                   | ot li                                | mite                  | d to     |              | se li:<br>0                  | ste      | a above) who received n               | nore than                  |          |       |                |         |
| \$100,000 of compensation from the organi   | zation 📂          |                                      |                       |          |              | <u> </u>                     |          |                                       |                            |          | Form  | <b>990</b> (   | 2012)   |
|   |                   |                                      |                       |          |              |                              |          |                                       |                            |          | LOUIT | JJU (          | ∠∪ I () |

| Pa  | t VI                  | II Statement of Rever   | nue   |                                 |                   |  |                                |   |
|---|-----------------------|---|---|---------------------------------|-------------------|--|--------------------------------|---|
|   |                       | Check if Schedule O cont  | tains a response  | or note to any li               |                   |  |                                |   |
|   |                       |   |   |                                 | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | b<br>c<br>d<br>e<br>f | Membership dues Fundraising events  | 1c   1d   1e   1st, and   ve   1f   1   1   1   1   1   1   1   1 | 318,934.<br>,816,057.<br>6,528. |                   |  |                                |   |
|   | 2 a                   | PROGRAM SERVICE   | E REVENU  | Business Code<br>900099         |                   | 892,466.                               |                                |   |
| Program Service<br>Revenue                                | b<br>d<br>e<br>f      |   |   |                                 |                   |  |                                |   |
| $\dashv$  | g                     | Total. Add lines 2a-2f  |   | <u></u>                         | 892,466.          |  |                                |   |
|   | 3                     | Investment income (including other similar amounts)   | x-exempt bond   | proceeds >                      | 761.              | 458.                                   |                                | 303.  |
|   | 5<br>6 a              | Royalties  Gross rents  | (i) Real  | (ii) Personal                   | _                 |  |                                |   |
|   | С                     | Less: rental expenses   |   |                                 |                   |  |                                |   |
|   |                       | Gross amount from sales of<br>assets other than inventory<br>Less: cost or other basis          | (i) Securities  | (ii) Other                      | -                 |  |                                |   |
|   | d                     | and sales expenses Gain or (loss) Net gain or (loss)  |   |                                 |                   |  |                                |   |
| Other Revenue   | 8 a                   | Gross income from fundraisin including \$ 318,9 contributions reported on line Part IV, line 18 | 934 • of<br>1c). See  | 464,226.                        |                   |  |                                |   |
| Other   | С                     | Dess: direct expenses  Net income or (loss) from fund Gross income from gaming ad               | b<br>bdraising events   | 168,353.                        |                   |  |                                | 295,873.  |
|   | b                     | Part IV, line 19 Less: direct expenses Net income or (loss) from gan                            | a   |                                 |                   |  |                                |   |
|   | 10 a                  | Gross sales of inventory, less and allowances   | returns a   | 1                               | -                 |  |                                |   |
|   | С                     | Less: cost of goods sold      Net income or (loss) from sale     Miscellaneous Revenu           | s of inventory .  |                                 | <u> </u>          |  |                                |   |
|   | 11 a                  | OTHER   |   | 900099                          | 10.               | 10.                                    |                                |   |
|   |                       | All other revenue  Total. Add lines 11a-11d   |   |                                 | 10.               |  |                                |   |
|   | 40                    | Total rayanua Coo instructions  |   |                                 | 3 32/ 101         | 892 931                                | Λ                              | 296 176   |

# Part IX | Statement of Functional Expenses

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

| 0000  | on 501(c)(3) and 501(c)(4) organizations must com<br>Check if Schedule O contains a respon             |                       |                                       | • |                           |
|-------|--|-----------------------|---------------------------------------|---|---------------------------|
|       | not include amounts reported on lines 6b,  | (A)<br>Total expenses | (B) Program service                   | (C)<br>Management and                   | <b>(D)</b><br>Fundraising |
| 7b,   | 8b, 9b, and 10b of Part VIII.  |                       | expenses                              | general expenses                        | expenses                  |
| 1     | Grants and other assistance to governments and   |                       |                                       |   |                           |
|       | organizations in the United States. See Part IV, line 21   |                       |                                       |   |                           |
| 2     | Grants and other assistance to individuals in  | 00 000                | 00 000                                |   |                           |
|       | the United States. See Part IV, line 22  | 29,903.               | 29,903.                               |   |                           |
| 3     | Grants and other assistance to governments,  |                       |                                       |   |                           |
|       | organizations, and individuals outside the   |                       |                                       |   |                           |
|       | United States. See Part IV, lines 15 and 16  |                       |                                       |   |                           |
| 4     | Benefits paid to or for members  |                       |                                       |   |                           |
| 5     | Compensation of current officers, directors,   | 100 000               | 25 220                                | 25 225                                  | 40 275                    |
|       | trustees, and key employees  | 100,939.              | 35,329.                               | 25,235.                                 | 40,375                    |
| 6     | Compensation not included above, to disqualified   |                       |                                       |   |                           |
|       | persons (as defined under section 4958(f)(1)) and  |                       |                                       |   |                           |
|       | persons described in section 4958(c)(3)(B)   | 1 660 060             | 4 202 400                             | 70 440                                  | 000 006                   |
| 7     | Other salaries and wages   | 1,660,862.            | 1,373,177.                            | 79,449.                                 | 208,236                   |
| 8     | Pension plan accruals and contributions (include   | 45 050                | 26 720                                | 0 531                                   | C 404                     |
|       | section 401(k) and 403(b) employer contributions)  | 45,953.               | 36,738.                               | 2,731.                                  | 6,484<br>27,266           |
| 9     | Other employee benefits  | 193,219.              | 154,472.                              | 11,481.                                 | 27,266                    |
| 10    | Payroll taxes  | 129,549.              | 102,745.                              | 7,942.                                  | 18,862                    |
| 11    | Fees for services (non-employees):   |                       |                                       |   |                           |
| а     | Management   |                       |                                       |   |                           |
| b     | Legal  | 2 222                 |                                       |   |                           |
| С     | Accounting   | 9,980.                |                                       | 9,980.                                  |                           |
| d     | Lobbying   |                       |                                       |   |                           |
| е     | Professional fundraising services. See Part IV, line 17  |                       |                                       |   |                           |
| f     | Investment management fees   |                       |                                       |   |                           |
| g     | Other. (If line 11g amount exceeds 10% of line 25,   |                       |                                       |   |                           |
|       | column (A) amount, list line 11g expenses on Sch O.)   | 4.0                   | 10.00                                 |   |                           |
| 12    | Advertising and promotion  | 13,958.               | 13,601.                               | 46.                                     | 311.                      |
| 13    | Office expenses  |                       |                                       |   |                           |
| 14    | Information technology   | 55,725.               | 44,636.                               | 1,585.                                  | 9,504                     |
| 15    | Royalties  |                       |                                       |   |                           |
| 16    | Occupancy  | 155,936.              | 124,666.                              | 9,266.                                  | 22,004.                   |
| 17    | Travel   | 99,648.               | 99,246.                               | 112.                                    | 290.                      |
| 18    | Payments of travel or entertainment expenses   |                       |                                       |   |                           |
|       | for any federal, state, or local public officials  |                       |                                       |   |                           |
| 19    | Conferences, conventions, and meetings   |                       |                                       |   |                           |
| 20    | Interest   |                       |                                       |   |                           |
| 21    | Payments to affiliates   |                       |                                       |   |                           |
| 22    | Depreciation, depletion, and amortization  | 6,333.                |                                       | 6,333.                                  |                           |
| 23    | Insurance  | 31,348.               | 13,070.                               | 15,971.                                 | 2,307                     |
| 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 0.)   |                       |                                       |   |                           |
| а     | CONTRACT SERVICES  | 56,215.               | 37,267.                               | 7,577.                                  | 11,371                    |
| b     | OTHER EXPENSES   | 31,863.               | 23,491.                               | 2,250.                                  | 6,122                     |
| С     | SUPPLIES   | 21,070.               | 17,741.                               | 818.                                    | 2,511                     |
| d     | PRINTING & PUBLICATIONS  | 21,059.               | 9,939.                                | 469.                                    | 10,651.                   |
| е     | All other expenses   | 34,333.               | 27,294.                               | 1,351.                                  | 5,688                     |
| 25    | Total functional expenses. Add lines 1 through 24e   | 2,697,893.            | 2,143,315.                            | 182,596.                                | 371,982                   |
| 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)   |                       |                                       |   |                           |
| 33201 | 0 10-29-13   |                       | · · · · · · · · · · · · · · · · · · · |   | Form <b>990</b> (2013)    |

Part X Balance Sheet

| Pa                          | rt X | Balance Sheet  |                                   |                                 |            |                           |
|-----------------------------|------|--|-----------------------------------|---------------------------------|------------|---------------------------|
|                             |      | Check if Schedule O contains a response or not       | te to any line in this Part X     |                                 |            |                           |
|                             |      |  |                                   | <b>(A)</b><br>Beginning of year |            | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing                          |                                   | 286,766.                        | 1          | 237,415.                  |
|                             | 2    | Savings and temporary cash investments               |                                   | 892,366.                        | 2          | 867,479.                  |
|                             | 3    | Pledges and grants receivable, net                   |                                   | 522,649.                        | 3          | 1,112,596.                |
|                             | 4    | Accounts receivable, net                             |                                   | 4                               |            |                           |
|                             | 5    | Loans and other receivables from current and for     |                                   |                                 |            |                           |
|                             |      | trustees, key employees, and highest compensations   | ated employees. Complete          |                                 |            |                           |
|                             |      | Part II of Schedule L                                |                                   |                                 | 5          |                           |
|                             | 6    | Loans and other receivables from other disquali      |                                   |                                 |            |                           |
|                             |      | section 4958(f)(1)), persons described in section    | n 4958(c)(3)(B), and contributing |                                 |            |                           |
|                             |      | employers and sponsoring organizations of sec        | tion 501(c)(9) voluntary          |                                 |            |                           |
| ţ                           |      | employees' beneficiary organizations (see instr).    | Complete Part II of Sch L         |                                 | 6          |                           |
| Assets                      | 7    | Notes and loans receivable, net                      |                                   |                                 | 7          |                           |
| ¥                           | 8    | Inventories for sale or use                          |                                   |                                 | 8          |                           |
|                             | 9    | B ''   |                                   | 57,701.                         | 9          | 52,812.                   |
|                             | 10a  | Land, buildings, and equipment: cost or other        |                                   |                                 |            |                           |
|                             |      | basis. Complete Part VI of Schedule D                | 10a 53,447.                       |                                 |            |                           |
|                             | b    |  | 25 566                            | 24,214.                         | 10c        | 17,881.                   |
|                             | 11   | Investments - publicly traded securities             |                                   | 11                              |            |                           |
|                             | 12   | Investments - other securities. See Part IV, line    |                                   | 12                              |            |                           |
|                             | 13   | Investments - program-related. See Part IV, line     |                                   | 13                              |            |                           |
|                             | 14   | Intangible assets                                    |                                   | 14                              |            |                           |
|                             | 15   | Other assets. See Part IV, line 11                   | 10,601.                           | 15                              | 33,488.    |                           |
|                             | 16   | Total assets. Add lines 1 through 15 (must equ       | 1,794,297.                        | 16                              | 2,321,671. |                           |
|                             | 17   | Accounts payable and accrued expenses                |                                   | 157,656.                        | 17         | 51,205.                   |
|                             | 18   | Grants payable                                       |                                   | 18                              |            |                           |
|                             | 19   | Deferred revenue                                     |                                   | 82,948.                         | 19         | 84,584.                   |
|                             | 20   | Tax-exempt bond liabilities                          |                                   |                                 | 20         |                           |
|                             | 21   | Escrow or custodial account liability. Complete      |                                   |                                 | 21         |                           |
| Se                          | 22   | Loans and other payables to current and former       | r officers, directors, trustees,  |                                 |            |                           |
| Ě                           |      | key employees, highest compensated employee          | es, and disqualified persons.     |                                 |            |                           |
| Liabilities                 |      | Complete Part II of Schedule L                       |                                   |                                 | 22         |                           |
| _                           | 23   | Secured mortgages and notes payable to unrela        | ated third parties                |                                 | 23         |                           |
|                             | 24   | Unsecured notes and loans payable to unrelate        | d third parties                   |                                 | 24         |                           |
|                             | 25   | Other liabilities (including federal income tax, pa  | yables to related third           |                                 |            |                           |
|                             |      | parties, and other liabilities not included on lines | s 17-24). Complete Part X of      |                                 |            |                           |
|                             |      | Schedule D   |                                   | 28,028.                         | 25         | 32,763.                   |
|                             | 26   | Total liabilities. Add lines 17 through 25           |                                   | 268,632.                        | 26         | 168,552.                  |
|                             |      | Organizations that follow SFAS 117 (ASC 958          | B), check here ▶ X and            |                                 |            |                           |
| es                          |      | complete lines 27 through 29, and lines 33 ar        |                                   | 1 222 - 22                      |            |                           |
| auc                         | 27   | Unrestricted net assets                              |                                   | 1,239,768.                      | 27         | 1,229,066.                |
| Bal                         | 28   | Temporarily restricted net assets                    |                                   | 285,897.                        | 28         | 924,053.                  |
| pu                          | 29   | Permanently restricted net assets                    |                                   | 29                              |            |                           |
| Net Assets or Fund Balances |      | Organizations that do not follow SFAS 117 (A         |                                   |                                 |            |                           |
| ō                           |      | and complete lines 30 through 34.                    |                                   |                                 |            |                           |
| ets.                        | 30   | Capital stock or trust principal, or current funds   |                                   |                                 | 30         |                           |
| Ass                         | 31   | Paid-in or capital surplus, or land, building, or ed |                                   |                                 | 31         |                           |
| et                          | 32   | Retained earnings, endowment, accumulated in         |                                   | 1 505 665                       | 32         | 0.450.440                 |
| ~                           | 33   | Total net assets or fund balances                    |                                   | 1,525,665.                      | 33         | 2,153,119.                |
|                             | 34   | Total liabilities and net assets/fund balances       |                                   | 1,794,297.                      | 34         | 2,321,671.                |

| Pa | rt XI Reconciliation of Net Assets   |            |         |     |     |     |  |
|----|--|------------|---------|-----|-----|-----|--|
|    | Check if Schedule O contains a response or note to any line in this Part XI  |            | <u></u> |     |     |     |  |
|    |  |            |         |     |     |     |  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1          |         |     |     | 01. |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2          |         |     |     | 93. |  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3          |         |     |     | 08. |  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1                      |            |         |     |     |     |  |
| 5  | Net unrealized gains (losses) on investments   | 5          |         | -   | L,2 | 46. |  |
| 6  | Donated services and use of facilities   | 6          |         |     |     |     |  |
| 7  | Investment expenses  | 7          |         |     |     |     |  |
| 8  | Prior period adjustments   | 8          |         |     |     |     |  |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9          |         |     |     | 0.  |  |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                 |            |         |     |     |     |  |
|    | column (B))  | 10         | 2,      | 153 | 3,1 | 19. |  |
| Pa | rt XII Financial Statements and Reporting  |            |         |     |     |     |  |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                       |            |         |     |     | X   |  |
|    |  |            |         |     | Yes | No  |  |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other   |            |         |     |     |     |  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule     | Ο.         | _       |     |     |     |  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |            |         | 2a  |     | X   |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | d on a     |         |     |     |     |  |
|    | separate basis, consolidated basis, or both:   |            |         |     |     |     |  |
|    | Separate basis Consolidated basis Both consolidated and separate basis   |            |         |     |     |     |  |
| b  | Were the organization's financial statements audited by an independent accountant?                                 |            |         | 2b  | Х   |     |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat    |            |         |     |     |     |  |
|    | consolidated basis, or both:   |            |         |     |     |     |  |
|    | X Separate basis Consolidated basis Both consolidated and separate basis   |            |         |     |     |     |  |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit,   |         |     |     |     |  |
|    | review, or compilation of its financial statements and selection of an independent accountant?                     |            |         | 2c  | Х   |     |  |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  |            |         |     |     |     |  |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si |            | it      |     |     |     |  |
|    | Act and OMB Circular A-133?  | •          |         | 3a  |     | Х   |  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | ired audit | t       | 一   |     |     |  |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |            |         | 3b  |     |     |  |

#### SCHEDULE A (Form 990 or 990-EZ)

**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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COURT APPOINTED SPECIAL ADVOCATES

Employer identification number 74-2369123

OF TRAVIS COUNTY Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II **c** Type III - Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (v) Did you notify the (iv) Is the organization (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the U.S.? governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

**Total** 

Schedule A (Form 990 or 990-EZ) 2013 OF TRAVIS COUNTY

74-2369123 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se   | ction A. Public Support   |                    |                 |                      |            |                 |            |  |  |  |
|------|---|--------------------|-----------------|----------------------|------------|-----------------|------------|--|--|--|
| Cale | endar year (or fiscal year beginning in)  | (a) 2009           | <b>(b)</b> 2010 | (c) 2011             | (d) 2012   | (e) 2013        | (f) Total  |  |  |  |
| 1    | Gifts, grants, contributions, and   | · ,                | . ,             | , ,                  | ` ,        | ` '             | .,         |  |  |  |
|      | membership fees received. (Do not   |                    |                 |                      |            |                 |            |  |  |  |
|      | include any "unusual grants.")  | 1,023,668.         | 1,037,901.      | 1,044,675.           | 1,696,918. | 2,134,991.      | 6,938,153. |  |  |  |
| 2    | Tax revenues levied for the organ-  |                    |                 |                      |            |                 |            |  |  |  |
|      | ization'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    | Total. Add lines 1 through 3  | 1,023,668.         | 1,037,901.      | 1,044,675.           | 1,696,918. | 2,134,991.      | 6,938,153. |  |  |  |
|      | The portion of total contributions  | , ,                | , ,             | , ,                  | , ,        | , ,             |            |  |  |  |
| •    | by each person (other than a  |                    |                 |                      |            |                 |            |  |  |  |
|      | governmental unit or publicly   |                    |                 |                      |            |                 |            |  |  |  |
|      | supported organization) included  |                    |                 |                      |            |                 |            |  |  |  |
|      | on line 1 that exceeds 2% of the  |                    |                 |                      |            |                 |            |  |  |  |
|      | amount shown on line 11,  |                    |                 |                      |            |                 |            |  |  |  |
|      | column (f)  |                    |                 |                      |            |                 | 1,841,765. |  |  |  |
| 6    | Public support. Subtract line 5 from line 4.  |                    |                 |                      |            |                 | 5,096,388. |  |  |  |
|      | ction B. Total Support  |                    |                 |                      |            |                 | 0,000,000  |  |  |  |
|      | endar year (or fiscal year beginning in)  | (a) 2009           | <b>(b)</b> 2010 | (c) 2011             | (d) 2012   | <b>(e)</b> 2013 | (f) Total  |  |  |  |
|      | Amounts from line 4   | 1,023,668.         | 1,037,901.      | 1,044,675.           | 1,696,918. | 2,134,991.      | 6,938,153. |  |  |  |
|      | Gross income from interest,   | , , ,              | , ,             | , ,                  | , , ,      | , ,             | , , ,      |  |  |  |
| Ü    | dividends, payments received on   |                    |                 |                      |            |                 |            |  |  |  |
|      | securities loans, rents, royalties  |                    |                 |                      |            |                 |            |  |  |  |
|      | and income from similar sources   | 901.               | 803.            | 843.                 | 318.       | 303.            | 3,168.     |  |  |  |
| ۵    | Net income from unrelated business  | 3010               | 0001            | 0101                 | 3200       | 3001            | 3,200      |  |  |  |
| 9    | activities, whether or not the  |                    |                 |                      |            |                 |            |  |  |  |
|      | business is regularly carried on  |                    |                 |                      |            |                 |            |  |  |  |
| 10   | Other income. Do not include gain   |                    |                 |                      |            |                 |            |  |  |  |
| 10   | or loss from the sale of capital  |                    |                 |                      |            |                 |            |  |  |  |
|      | assets (Explain in Part IV.)  | 298 646            | 358,812.        | 419.375.             | 423 169.   | 10.             | 1,500,012. |  |  |  |
| 44   | Total support. Add lines 7 through 10   | 230,0101           | 330,0121        | 113 / 5 / 5 /        | 120,200    | 201             | 8,441,333. |  |  |  |
| 12   |   | etc (see instructi | one)            |                      |            | 12              | 464,684.   |  |  |  |
|      | First five years. If the Form 990 is for  | ,                  | ,               | d fourth or fifth ta |            |                 |            |  |  |  |
| 10   | organization, check this box and <b>stor</b>  | . la au a          |                 |                      |            |                 | ▶□         |  |  |  |
| Se   | ction C. Computation of Publ  |                    |                 |                      |            |                 |            |  |  |  |
| 14   | Public support percentage for 2013 (  |                    |                 | column (f))          |            | 14              | 60.37 %    |  |  |  |
| 15   | Public support percentage from 2012   |                    |                 |                      |            | 15              | 62.50 %    |  |  |  |
|      | 33 1/3% support test - 2013. If the o   |                    |                 |                      |            | <u> </u>        |            |  |  |  |
|      | stop here. The organization qualifies   |                    |                 |                      |            |                 |            |  |  |  |
| ŀ    | 33 1/3% support test - 2012. If the o   |                    |                 |                      |            |                 |            |  |  |  |
| -    | and <b>stop here.</b> The organization qual   | •                  |                 |                      |            |                 |            |  |  |  |
| 17:  | 10% -facts-and-circumstances tes  |                    |                 |                      |            |                 |            |  |  |  |
|      | and if the organization meets the "fac  | ·                  |                 |                      |            |                 |            |  |  |  |
|      | meets the "facts-and-circumstances"   |                    |                 |                      |            |                 |            |  |  |  |
| ı    | 10% -facts-and-circumstances tes  |                    |                 |                      |            |                 |            |  |  |  |
|      | more, and if the organization meets the   | ŭ                  |                 |                      |            |                 | 1070 OI    |  |  |  |
|      | organization meets the "facts-and-circ  |                    |                 |                      |            |                 |            |  |  |  |
| 12   |   |                    | •               |                      |            |                 |            |  |  |  |
| .5   | 8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2013 |                    |                 |                      |            |                 |            |  |  |  |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec  | ction A. Public Support  | clow, picase com         | piete i art ii.j  |                       |                    |  |                |
|------|--|--------------------------|-------------------|-----------------------|--------------------|--|----------------|
| Cale | endar year (or fiscal year beginning in)   | (a) 2009                 | <b>(b)</b> 2010   | (c) 2011              | (d) 2012           | (e) 2013   | (f) Total      |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |                          |                   |                       |                    |  |                |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose                                 |                          |                   |                       |                    |  |                |
| 3    | Gross receipts from activities that are not an unrelated trade or business under section 513   |                          |                   |                       |                    |  |                |
| 4    |  |                          |                   |                       |                    |  |                |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                          |                   |                       |                    |  |                |
| 6    | Total. Add lines 1 through 5   |                          |                   |                       |                    |  |                |
|      | A Amounts included on lines 1, 2, and<br>3 received from disqualified persons<br>Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the |                          |                   |                       |                    |  |                |
|      | amount on line 13 for the year  Add lines 7a and 7b  |                          |                   |                       |                    |  |                |
| 8    | Public support (Subtract line 7c from line 6.)   |                          |                   |                       |                    |  |                |
|      | ction B. Total Support   |                          |                   |                       | 1                  | 1  |                |
|      | endar year (or fiscal year beginning in)   | (a) 2009                 | <b>(b)</b> 2010   | (c) 2011              | (d) 2012           | (e) 2013   | (f) Total      |
|      | Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |                          |                   |                       |                    |  |                |
| t    | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                          |                   |                       |                    |  |                |
|      | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                          |                   |                       |                    |  |                |
|      | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |                          |                   |                       |                    |  |                |
|      | Total support. (Add lines 9, 10c, 11, and 12.)   | . 41                     |                   | and formals and first | <u>l</u>           |  |                |
| 14   | First five years. If the Form 990 is for   | _                        |                   |                       | -                  |  | <b>.</b> .     |
| Sol  | check this box and stop here<br>ction C. Computation of Publi  |                          |                   |                       |                    |  | <b>P</b>       |
|      |  |                          |                   | column (f)            |                    | 15   | 0/             |
|      | Public support percentage for 2013 (I  |                          |                   |                       |                    | <del>                                     </del> | %              |
|      | Public support percentage from 2012 ction D. Computation of Investigation  |                          |                   |                       |                    | 16   | %              |
|      | -  |                          |                   |                       |                    | 147  | 0/             |
|      | Investment income percentage for 20  |                          |                   |                       |                    | 17   | <u>%</u>       |
|      | Investment income percentage from 2  |                          |                   |                       |                    | 18   | %<br>17 is not |
| 198  | a 33 1/3% support tests - 2013. If the   |                          |                   |                       |                    |  |                |
| k    | more than 33 1/3%, check this box at 33 1/3% support tests - 2012. If the  |                          |                   |                       |                    |  |                |
|      | line 18 is not more than 33 1/3%, che  | ck this box and <b>s</b> | top here. The org | anization qualifies   | as a publicly supp | orted organization                               |                |
| 20   | Private foundation. If the organization  |                          |                   |                       |                    |  |                |

332023 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

# COURT APPOINTED SPECIAL ADVOCATES

| Schedule A | (Form 990 or 990-EZ) 2013 OF TRAVIS COUNTY  | 74-2369123 Page 4                 |
|------------|---|-----------------------------------|
| Part IV    | (Form 990 or 990-EZ) 2013 OF TRAVIS COUNTY  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 | 7a or 17b; and Part III, line 12. |
|            | Also complete this part for any additional information. (See instructions).   |                                   |
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# Schedule B

(Form 990, 990-EZ. or 990-PF

Department of the Treasury Internal Revenue Service

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

COURT APPOINTED SPECIAL ADVOCATES OF TRAVIS COUNTY

**Employer identification number** 

74-2369123

Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
COURT APPOINTED SPECIAL ADVOCATES
OF TRAVIS COUNTY

Employer identification number

74-2369123

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                            |                             |  |  |  |  |
|------------|--|----------------------------|-----------------------------|--|--|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |  |  |  |  |
| 1          | MICHAEL & SUSAN DELL FOUNDATION  PO BOX 163867  AUSTIN, TX 78716-3867                          | \$ 724,000.                | Person X Payroll            |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |  |  |  |  |
| 2          |  | \$                         | Person X Payroll            |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |  |  |  |  |
| 3          | TOPFER FAMILY FOUNDATION 3600 N CAPITAL OF TEXAS HWY BLDG B STE 310  AUSTIN, TX 78746-3314     | \$ 42,750.                 | Person X Payroll            |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |  |  |  |  |
| 4          | STEPHANIE AND JERRY GREGOIRE  8700 MADRONE RANCH TRL  AUSTIN, TX 78738-7643                    | \$ 61,100.                 | Person X Payroll            |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |  |  |  |  |
| 5          |  | \$                         | Person X Payroll            |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution |  |  |  |  |
| 6          |  | \$\$                       | Person X Payroll            |  |  |  |  |

Name of organization
COURT APPOINTED SPECIAL ADVOCATES
OF TRAVIS COUNTY

Employer identification number

74-2369123

| (6)  | (c)  |  |
|--|--|--|
| (b)  Description of noncash property given | FMV (or estimate) (see instructions)   | (d)<br>Date received   |
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| (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions)   | (d)<br>Date received   |
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| (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions)   | (d)<br>Date received   |
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| (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions)   | (d)<br>Date received   |
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| (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions)   | (d)<br>Date received   |
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| (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions)   | (d)<br>Date received   |
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Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer identification number COURT APPOINTED SPECIAL ADVOCATES 74-2369123 OF TRAVIS COUNTY Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public** 

OMB No. 1545-0047

Inspection

Name of the organization

COURT APPOINTED SPECIAL ADVOCATES OF TRAVIS COUNTY

**Employer identification number** 74-2369123

| Pai    |   |  | s or Accounts.Complete if the                  |
|--------|---|--|--|
|        | organization answered "Yes" to Form 990, Part IV, line                        | e 6. (a) Donor advised funds                 | (b) Funds and other accounts                   |
| 4      | Total number at and of year   | (a) Borior advised farius                    | (b) I dried and other accounts                 |
| 1      | Total number at end of year   |  |  |
| 2<br>3 | Aggregate continuations to (during year)  Aggregate grants from (during year) |  |  |
| 4      | Aggregate value at end of year  |  |  |
| 5      | Did the organization inform all donors and donor advisors in v                | I I I I I I I I I I I I I I I I I I I        | end funds                                      |
| 3      | are the organization's property, subject to the organization's                | _  |  |
| 6      | Did the organization inform all grantees, donors, and donor ac                |  |  |
| U      | for charitable purposes and not for the benefit of the donor of               |  |  |
|        |   |  |  |
| Pai    |   |  |  |
|        | Purpose(s) of conservation easements held by the organization                 |  | ,  |
| •      | Preservation of land for public use (e.g., recreation or ea                   |  | storically important land area                 |
|        | Protection of natural habitat   |  | tified historic structure                      |
|        | Preservation of open space  |  |  |
| 2      | Complete lines 2a through 2d if the organization held a qualifi               | ied conservation contribution in the form    | of a conservation easement on the last         |
| _      | day of the tax year.  |  | To the deficer various case ment on the last   |
|        | au, or the turn your.   |  | Held at the End of the Tax Year                |
| а      | Total number of conservation easements  |  | 2a   |
|        | Total acreage restricted by conservation easements                            |  |  |
|        | Number of conservation easements on a certified historic stru                 |  |  |
|        | Number of conservation easements included in (c) acquired a                   |  |  |
|        | listed in the National Register   |  |  |
| 3      | Number of conservation easements modified, transferred, rele                  |  |  |
|        | year▶   |  |  |
| 4      | Number of states where property subject to conservation eas                   | sement is located                            |  |
| 5      | Does the organization have a written policy regarding the peri                | iodic monitoring, inspection, handling of    |  |
|        | violations, and enforcement of the conservation easements it                  | holds?                                       | Yes No   |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting,                  | and enforcing conservation easements of      | during the year                                |
| 7      | Amount of expenses incurred in monitoring, inspecting, and e                  | enforcing conservation easements during      | g the year > \$                                |
| 8      | Does each conservation easement reported on line 2(d) above                   | e satisfy the requirements of section 170    | O(h)(4)(B)(i)                                  |
|        | and section 170(h)(4)(B)(ii)?   |  | Yes No   |
| 9      | In Part XIII, describe how the organization reports conservation              |  |  |
|        | include, if applicable, the text of the footnote to the organizat             | ion's financial statements that describes    | the organization's accounting for              |
|        | conservation easements.   |  |  |
| Pai    | t III Organizations Maintaining Collections of                                |  | other Similar Assets.                          |
|        | Complete if the organization answered "Yes" to Form                           | 990, Part IV, line 8.                        |  |
| 1a     | If the organization elected, as permitted under SFAS 116 (AS                  | SC 958), not to report in its revenue state  | ment and balance sheet works of art,           |
|        | historical treasures, or other similar assets held for public exh             | nibition, education, or research in furthera | ance of public service, provide, in Part XIII, |
|        | the text of the footnote to its financial statements that describ             | bes these items.                             |  |
| b      | If the organization elected, as permitted under SFAS 116 (AS                  | SC 958), to report in its revenue statemen   | t and balance sheet works of art, historical   |
|        | treasures, or other similar assets held for public exhibition, ed             | ducation, or research in furtherance of pu   | ublic service, provide the following amounts   |
|        | relating to these items:  |  |  |
|        | (i) Revenues included in Form 990, Part VIII, line 1                          |  |  |
|        |   |  | <b>&gt;</b> \$                                 |
| 2      | If the organization received or held works of art, historical treat           | asures, or other similar assets for financia | al gain, provide                               |
|        | the following amounts required to be reported under SFAS 11                   |  |  |
| а      | Revenues included in Form 990, Part VIII, line 1                              |  |  |
| b      | Assets included in Form 990, Part X   |  | <b>&gt;</b> \$                                 |

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Schedule D (Form 990) 2013

74-2369123 Page 2

| -     | t III   Organizations Maintaining C               | collections of A              | rt Hiet    | horical Ti     | ASSIITAS (            | or Othe     |                         |            | ts/continu   |            |
|-------|---|-------------------------------|------------|----------------|-----------------------|-------------|-------------------------|------------|--------------|------------|
|       | •   |                               |            |                |                       |             |                         |            |              |            |
| 3     | Using the organization's acquisition, accession   | on, and other record          | is, cneci  | k arry of the  | iollowing tha         | ıı are a s  | ignificant (            | use of its | collection i | tems       |
|       | (check all that apply):                           |                               |            |                |                       |             |                         |            |              |            |
| а     |   |                               |            |                |                       |             |                         |            |              |            |
| b     |   |                               |            |                |                       |             |                         |            |              |            |
| С     | Preservation for future generations               |                               |            |                |                       |             |                         |            |              |            |
| 4     | Provide a description of the organization's co    | ollections and explain        | n how th   | ney further t  | the organizati        | on's exe    | mpt purpo               | se in Par  | t XIII.      |            |
| 5     | During the year, did the organization solicit o   | r receive donations           | of art, hi | storical trea  | asures, or oth        | er similar  | assets                  | _          | _            |            |
|       | to be sold to raise funds rather than to be ma    | <del></del>                   |            |                |                       |             |                         |            | Yes          | No_        |
| Par   | t IV Escrow and Custodial Arrang                  | -                             | ete if the | organization   | on answered '         | "Yes" to    | Form 990,               | Part IV, I | ine 9, or    |            |
|       | reported an amount on Form 990, Par               |                               |            |                |                       |             |                         |            |              |            |
| 1a    | Is the organization an agent, trustee, custodi    | an or other intermed          | liary for  | contributio    | ns or other as        | sets not    | included                |            | _            |            |
|       | on Form 990, Part X?                              |                               |            |                |                       |             |                         | L          | Yes          | L No       |
| b     | If "Yes," explain the arrangement in Part XIII    |                               |            |                |                       |             |                         |            |              |            |
|       |   |                               |            |                |                       |             |                         |            | Amount       |            |
| С     | Beginning balance                                 |                               |            |                |                       |             | 1c                      |            |              |            |
|       | Additions during the year                         |                               |            |                |                       |             |                         |            |              |            |
|       | Distributions during the year                     |                               |            |                |                       |             |                         |            |              |            |
| f     | Ending balance                                    |                               |            |                |                       |             |                         |            |              |            |
| 22    | Did the organization include an amount on Fo      | orm 000 Part Y line           | 212        |                |                       |             |                         |            | Yes          | □ No       |
|       | If "Yes," explain the arrangement in Part XIII.   |                               |            |                |                       |             |                         |            | J 163        |            |
| Par   |   |                               |            |                |                       |             | n                       |            |              |            |
| ı aı  | Endownient i dilds. Complete ii                   |                               |            |                | 1                     |             |                         | aara baali | (-) Four w   | ara baak   |
|       |   | (a) Current year              | (b) P      | rior year      | (c) Two year          | rs dack     | (a) Three ye            | ears back  | (e) Four ye  | ears back  |
|       | Beginning of year balance                         | 0.                            |            |                |                       |             |                         |            |              |            |
|       | Contributions                                     | 24,197.                       |            |                |                       |             |                         |            |              |            |
|       | Net investment earnings, gains, and losses        | 1,947.                        |            |                |                       |             |                         |            |              |            |
| d     | Grants or scholarships                            |                               |            |                |                       |             |                         |            |              |            |
| е     | Other expenditures for facilities                 |                               |            |                |                       |             |                         |            |              |            |
|       | and programs                                      |                               |            |                |                       |             |                         |            |              |            |
| f     | Administrative expenses                           | 243.                          |            |                |                       |             |                         |            |              |            |
|       | End of year balance                               | 25,901.                       |            |                |                       |             |                         |            |              |            |
| 2     | Provide the estimated percentage of the curr      | ent year end balanc           | e (line 1  | g, column (    | a)) held as:          |             |                         |            |              |            |
|       | Board designated or quasi-endowment               | 100.00                        | %          | J, (           | , ,,                  |             |                         |            |              |            |
|       | Permanent endowment • .00                         | %                             |            |                |                       |             |                         |            |              |            |
|       | Temporarily restricted endowment                  | •00 %                         |            |                |                       |             |                         |            |              |            |
| ·     | The percentages in lines 2a, 2b, and 2c shou      |                               |            |                |                       |             |                         |            |              |            |
| 20    | Are there endowment funds not in the posse        | •                             | ation the  | ot are hold (  | and administs         | rad far ti  | aa araaniz              | ation      |              |            |
| Sa    |   | SSION OF THE ORGANIZA         | alion inc  | at are rielu a | and administe         | erea ior ti | ie organiz              | alion      | [v           | es No      |
|       | by:   |                               |            |                |                       |             |                         |            |              | es No<br>K |
|       | (i) unrelated organizations                       |                               |            |                |                       |             |                         |            | 3(.)         | X          |
|       |   |                               |            |                |                       |             |                         |            | 3a(ii)       | <u> </u>   |
| b     | If "Yes" to 3a(ii), are the related organizations |                               |            |                |                       |             |                         |            | 3b           |            |
| 4     | Describe in Part XIII the intended uses of the    |                               | wment      | funds.         |                       |             |                         |            |              |            |
| Par   | t VI Land, Buildings, and Equipm                  |                               |            |                |                       |             |                         |            |              |            |
|       | Complete if the organization answered             | d "Yes" to Form 990           | , Part IV  | , line 11a. S  | See Form 990          | , Part X,   | line 10.                |            |              |            |
|       | Description of property                           | (a) Cost or or basis (investr |            |                | t or other<br>(other) |             | ccumulate<br>preciation | d          | (d) Book v   | ralue      |
| 1a    | Land  |                               |            |                |                       |             |                         |            |              |            |
|       | Buildings   |                               |            |                |                       |             |                         |            |              |            |
| С     | Leasehold improvements                            |                               |            | 1              | 0,295.                |             | 5,73                    | 38.        | 4            | ,557.      |
|       | Equipment   |                               |            |                | 27,236.               |             | 13,91                   |            |              | ,324.      |
|       | Other   |                               |            |                | 5,916.                |             | 15,91                   |            |              | 0.         |
|       | . Add lines 1a through 1e. (Column (d) must e     |                               | X colun    |                |                       |             | ,                       |            | 17           | ,881.      |
| TOTAL | That in to Ta till ough Te. (Oolahiir (a) Mast et | quai i oiiii ooo, i ait       | 7., 00iuii | (D), III IC    |                       |             |                         | Sabadula   | D /Form (    |            |

Schedule D (Form 990) 2013

| COURT APPOI   | NTED SPECIA          | AL ADVOCATES              |  |
|---|----------------------|---------------------------|--|
| Schedule D (Form 990) 2013 OF TRAVIS CO   | YTNUC                |                           | 74-2369123 Page                            |
| Part VII Investments - Other Securities.  |                      |                           | . 4.95                                     |
| Complete if the organization answered "Yes"   | to Form 990, Part IV | , line 11b. See Form 990, | Part X, line 12.                           |
| (a) Description of security or category (including name of security)                    | (b) Book value       |                           | aluation: Cost or end-of-year market value |
| (1) Financial derivatives   |                      |                           | · · · · · · · · · · · · · · · · · · ·      |
| (2) Closely-held equity interests   |                      |                           |  |
| (3) Other   |                      |                           |  |
| (A)   |                      |                           |  |
| (B)   |                      |                           |  |
| (C)   |                      |                           |  |
| (D)   |                      |                           |  |
|   |                      |                           |  |
| (E)   |                      |                           |  |
| (F)   |                      |                           |  |
| (G)   |                      |                           |  |
| (H)   |                      |                           |  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                        |                      |                           |  |
| Part VIII Investments - Program Related.  |                      |                           |  |
| Complete if the organization answered "Yes"   |                      |                           |  |
| (a) Description of investment   | (b) Book value       | (c) ivietnod of v         | aluation: Cost or end-of-year market value |
| (1)   |                      |                           |  |
| (2)   |                      |                           |  |
| (3)   |                      |                           |  |
| (4)   |                      |                           |  |
| (5)   |                      |                           |  |
| (6)   |                      |                           |  |
| (7)   |                      |                           |  |
| (8)   |                      |                           |  |
| (9)   |                      |                           |  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)                        |                      |                           |  |
| Part IX Other Assets.   |                      |                           |  |
| Complete if the organization answered "Yes"   | to Form 990, Part IV | , line 11d. See Form 990, | Part X, line 15.                           |
|   | Description          | ·                         | (b) Book value                             |
| (1)   |                      |                           |  |
| (2)   |                      |                           |  |
| (3)   |                      |                           |  |
| (4)   |                      |                           |  |
| (5)   |                      |                           |  |
| (6)   |                      |                           |  |
| (7)   |                      |                           | +  |
|   |                      |                           |  |
| (8)   |                      |                           | +  |
| (9)   | 15)                  |                           |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | 9 15.)               |                           | <b>&gt;</b>                                |
|   |                      | "                         | 000 B . W II . 05                          |
| Complete if the organization answered "Yes" to  | to Form 990, Part IV |                           | 1 990, Part X, line 25.                    |
| 1. (a) Description of liability   |                      | (b) Book value            |  |
| (1) Federal income taxes  | DIT                  | 20 762                    |  |
| (2) COMPENSATED ABSENCES PAYA   | ртр                  | 32,763.                   |  |
| (3)   |                      |                           |  |

(4) (5) (6)(7) (8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

32,763.

| 0 - 1 | edule D (Form 990) 2013 OF TRAVIS COUNTY  | 71-     | 2369123 Page <b>4</b> |  |  |  |  |  |
|-------|---|---------|-----------------------|--|--|--|--|--|
|       | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F   |         |                       |  |  |  |  |  |
| Га    | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.   | eturi   | ı <b>.</b>            |  |  |  |  |  |
| 1     | T. I  | 1       | 3,325,347.            |  |  |  |  |  |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | -       | 0,020,0171            |  |  |  |  |  |
|       | Net unrealized gains on investments   |         |                       |  |  |  |  |  |
| b     | Donated services and use of facilities 2b   | -       |                       |  |  |  |  |  |
| C     | Recoveries of prior year grants 2c  | -       |                       |  |  |  |  |  |
| d     |   | -       |                       |  |  |  |  |  |
| e     |   | 2e      | 1,246.                |  |  |  |  |  |
| 3     | Add lines 2a through 2d Subtract line 2e from line 1  | 3       | 3,324,101.            |  |  |  |  |  |
| 4     | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | ۲       | 0,021,101             |  |  |  |  |  |
| -     | Investment expenses not included on Form 990, Part VIII, line 7b  4a  |         |                       |  |  |  |  |  |
| b     | Other (Describe in Part XIII.)  4b  | -       |                       |  |  |  |  |  |
|       |   | 4c      | 0.                    |  |  |  |  |  |
| 5     | Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line 12.</i> ) | 5       | 3,324,101.            |  |  |  |  |  |
|       | rt XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per  |         |                       |  |  |  |  |  |
| ı u   | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.   | 11010   | ••••                  |  |  |  |  |  |
| 1     | Total expenses and losses per audited financial statements  | 1       | 2,697,893.            |  |  |  |  |  |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |         |                       |  |  |  |  |  |
| а     |   |         |                       |  |  |  |  |  |
| b     | Prior year adjustments 2b   |         |                       |  |  |  |  |  |
| С     | Other losses 2c   |         |                       |  |  |  |  |  |
| d     |   |         |                       |  |  |  |  |  |
| е     | Add lines 2a through 2d   | 2e      | 0.                    |  |  |  |  |  |
| 3     | Subtract line <b>2e</b> from line <b>1</b>  | 3       | 2,697,893.            |  |  |  |  |  |
| 4     | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |         |                       |  |  |  |  |  |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b  |         |                       |  |  |  |  |  |
|       | Other (Describe in Part XIII.) 4b   |         |                       |  |  |  |  |  |
|       | Add lines 4a and 4b   | 4c      | 0.                    |  |  |  |  |  |
| 5     | Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)  | 5       | 2,697,893.            |  |  |  |  |  |
| Pa    | rt XIII Supplemental Information.   |         |                       |  |  |  |  |  |
| Prov  | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line                  | 4; Part | X, line 2; Part XI,   |  |  |  |  |  |
|       | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  |         |                       |  |  |  |  |  |
|       |   |         |                       |  |  |  |  |  |
| PAI   | RT X, LINE 2:   |         |                       |  |  |  |  |  |
| EX.   | PLANATION: CASA HAS ADOPTED FINANCIAL ACCOUNTING STANDARDS  | во      | ARD OF                |  |  |  |  |  |
| COI   | DIFICATION (FASB ASC) 740-10, ACCOUNTING FOR UNCERTAINTY I  | N I     | NCOME                 |  |  |  |  |  |
|       | SOUTH TOTAL (TABLE ADC) / TO TO, ACCOUNTING FOR UNCERTAINTED IN INCOME  |         |                       |  |  |  |  |  |

TAXES. THAT STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DE-RECOGNITION, CLASSIFICATION, INTEREST, AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURES, AND TRANSITION.

# COURT APPOINTED SPECIAL ADVOCATES OF TRAVIS COUNTY

| Schedule D (Form 990) 2013 OF TRAVIS COUNTY  | 74-2369123 Page 5 |
|--|-------------------|
| Schedule D (Form 990) 2013   OF TRAVIS COUNTY     Part XIII   Supplemental Information (continued) |                   |
| Carpeter and the factor (Section 2005)   |                   |
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# **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** Complete if the organization answered "Yes" to 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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. COURT APPOINTED SPECIAL ADVOCATES

Employer identification number

| OF TRAV  | IS COUNTY  |     |    |  | 74-2369               | 123         |  |
|--|--|-----|----|--|-----------------------|-------------|--|
| Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. |  |     |    |  |                       |             |  |
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a   |  |     |    |  |                       |             |  |
| (i) Name and address of individual or entity (fundraiser)  | (iii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity  (v) Amount paid to (or retained by) fundraiser listed in col. (i) |     |    |  |                       |             |  |
|  |  | Yes | No |  |                       |             |  |
|  |  |     |    |  |                       |             |  |
|  |  |     |    |  |                       |             |  |
|  |  |     |    |  |                       |             |  |
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|  |  |     |    |  |                       |             |  |
|  |  |     |    |  |                       |             |  |
|  |  |     |    |  |                       |             |  |
|  | n is registered or licensed to solicit   |     |    |  | d it is exempt from r | egistration |  |
| 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.     |  |     |    |  |                       |             |  |
|  |  |     |    |  |                       |             |  |
|  |  |     |    |  |                       |             |  |
|  |  |     |    |  |                       |             |  |
|  |  |     |    |  |                       |             |  |
|  |  |     |    |  |                       |             |  |
|  |  |     |    |  |                       |             |  |
|  |  |     |    |  |                       |             |  |

332081 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

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

Schedule G (Form 990 or 990-EZ) 2013 OF TRAVIS COUNTY Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

|                 |            | of fundraising event contributions and gre                       | oss income on Form 990  | O-EZ, lines 1 and 6b. List   | events with gross receip | ots greater than \$5,000.  |
|-----------------|------------|--|-------------------------|------------------------------|--------------------------|----------------------------|
|                 |            |  | (a) Event #1            | <b>(b)</b> Event #2          | (c) Other events         | (d) Total events           |
|                 |            |  | a. a. p                 | F                            | 0                        | (add col. (a) through      |
|                 |            |  |                         | 5K                           | 2                        | col. <b>(c)</b> )          |
| ne              |            |  | (event type)            | (event type)                 | (total number)           |                            |
| Revenue         | 1          | Gross receipts   | 496,640.                | 157,174.                     | 124,799.                 | 778,613.                   |
|                 | 2          | Less: Contributions  | 222,000.                | 62,032.                      | 30,355.                  | 314,387.                   |
|                 | 3          | Gross income (line 1 minus line 2)                               | 274,640.                | 95,142.                      | 94,444.                  | 464,226.                   |
|                 | 4          | Cash prizes  |                         |                              |                          |                            |
|                 | 5          | Noncash prizes   |                         |                              |                          |                            |
| Direct Expenses | 6          | Rent/facility costs  | 57,159.                 | 1,885.                       | 13,932.                  | 72,976.                    |
| Direct E        | 7          | Food and beverages   |                         |                              |                          |                            |
| _               | 8          | Entertainment  |                         |                              |                          |                            |
|                 | 9          | Other direct expenses  | 28,658.                 | 49,797.                      | 16,922.                  | 95,377.                    |
|                 | 10         | , , ,  |                         |                              |                          | 168,353.                   |
| D               | 11<br>  rt |  |                         | 000 Dort IV line 10 or r     |                          | 295,873.                   |
| 1 6             |            | \$15,000 on Form 990-EZ, line 6a.                                | answered res to form    | 1990, Part IV, line 19, or i | eported more than        |                            |
| _               | Π          | ψ10,000 0111 01111 000 L2, III10 0α.                             |                         | (b) Pull tabs/instant        |                          | (d) Total gaming (add      |
| Revenue         |            |  | (a) Bingo               | bingo/progressive bingo      | (c) Other gaming         | col. (a) through col. (c)) |
| eve             |            |  |                         |                              |                          |                            |
| <br>            | 1          | Gross revenue  |                         |                              |                          |                            |
| ses             | 2          | Cash prizes  |                         |                              |                          |                            |
| Direct Expenses | 3          | Noncash prizes   |                         |                              |                          |                            |
| Direct          | 4          | Rent/facility costs  |                         |                              |                          |                            |
|                 | 5          | Other direct expenses  |                         |                              |                          |                            |
|                 |            |  | Yes %                   | Yes %                        | Yes %                    |                            |
|                 | 6          | Volunteer labor  | No No                   | No No                        | No No                    |                            |
|                 | 7          | Direct expense summary. Add lines 2 through                      | n 5 in column (d)       |                              | <b>&gt;</b>              |                            |
|                 | 8          | Net gaming income summary. Subtract line 7                       | from line 1, column (d) |                              | <b>&gt;</b>              |                            |
|                 |            |  |                         |                              |                          |                            |
| 9               |            | ter the state(s) in which the organization opera                 |                         | -+-+0                        |                          | V N-                       |
|                 |            | the organization licensed to operate gaming ac<br>'No," explain: |                         | states?                      |                          | Yes No                     |
| L               | ' ''       | No," explain:  |                         |                              |                          |                            |
|                 | _          |  |                         |                              |                          |                            |
| 10a             | We         | ere any of the organization's gaming licenses re                 | evoked, suspended or te | erminated during the tax y   | year?                    | Yes No                     |
|                 |            | Yes," explain:   |                         |                              |                          |                            |
|                 | _          |  |                         |                              |                          |                            |
|                 | _          |  |                         |                              |                          |                            |
| 3320            | 82 09      | 9-12-13  |                         |                              | Schedule G (For          | rm 990 or 990-EZ) 2013     |

# COURT APPOINTED SPECIAL ADVOCATES

| Sch | edule G (Form 990 or 990-EZ) 2013 OF TRAVIS COUNTY  | 4-23       | <u>69.</u> | L 2 3       | Page 3      |
|-----|---|------------|------------|-------------|-------------|
| 11  | Does the organization operate gaming activities with nonmembers?  | L          | \          | <b>′</b> es | No          |
|     | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed  |            |            |             |             |
|     | to administer charitable gaming?  |            | <u> </u>   | ⁄es         | ☐ No        |
| 13  | Indicate the percentage of gaming activity operated in:   | ·····      |            |             |             |
|     | The organization's facility   | ₁          | 3a         |             | %           |
|     | An outside facility   |            | 3b         |             | <del></del> |
|     | Enter the name and address of the person who prepares the organization's gaming/special events books and records  |            | 0.0        |             | 70          |
|     | Name  |            |            |             |             |
|     | Address ►   |            |            |             |             |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue?  |            |            | ⁄es         | ☐ No        |
| b   | If "Yes," enter the amount of gaming revenue received by the organization > and the amount of gaming revenue retained by the third party >  | 1          |            |             |             |
| С   | If "Yes," enter name and address of the third party:  |            |            |             |             |
|     | Name  |            |            |             |             |
|     | Address >   |            |            |             |             |
| 16  | Gaming manager information:   |            |            |             |             |
|     | Name  |            |            |             |             |
|     | Gaming manager compensation ▶ \$  |            |            |             |             |
|     | Description of condens woulded by   |            |            |             |             |
|     | Description of services provided  |            |            |             |             |
|     |   |            |            |             |             |
|     |   |            |            |             |             |
|     | ☐ Director/officer ☐ Employee ☐ Independent contractor  |            |            |             |             |
| 17  | Mandatory distributions:  |            |            |             |             |
|     | Is the organization required under state law to make charitable distributions from the gaming proceeds to   |            |            |             |             |
| a   | retain the state gaming license?  | Г          | $\neg$     | ⁄es         | ☐ No        |
| h   | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in  |            |            | 103         |             |
|     |   | .110       |            |             |             |
| Da  | organization's own exempt activities during the tax year ▶ \$  rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Par | + III lino | <u> </u>   | )h 10       | h 15h       |
| ı u | 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction   |            | S 9, 3     | 9D, TC      |             |
|     |   |            |            |             |             |
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# COURT APPOINTED SPECIAL ADVOCATES

| Schedule G (Form 990 or 990-EZ) OF TRAVIS COUNTY   | 74-2369123 | Page 4 |
|--|------------|--------|
| Schedule G (Form 990 or 990-EZ) OF TRAVIS COUNTY  Part IV Supplemental Information (continued) |            |        |
| Tarry Supplemental mornation (continued)   |            |        |
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. COURT APPOINTED SPECIAL ADVOCATES ▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public

Inspection

| Name of the organization COURT APPOINTED  OF TRAVIS COUNTY   | COUNTY                   | SPECIAL ADVOCATES                | ATES                      |   |  |   | Employer identification number $74-2369123 \\$ |
|--|--------------------------|----------------------------------|---------------------------|---|--|---|--|
| Part I General Information on Grants and Assistance  | d Assistance             |                                  |                           |   |  |   |  |
| Does the organization maintain records to substantiate the amount of   | substantiate th          |                                  | s or assistance, the      | grantees' eligibilit                    | y for the grants or ass  | the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | :<br>E   |
| criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | ance?<br>edures for moni | toring the use of grant          | funds in the Unite        | d States.                               |  |   | A Yes No                                       |
| l <u>≅</u> l   | overnments an            | d Organizations in th            | e United States.          | Complete if the orga                    | anization answered "\  | res" to 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.  | i,000. Part II car       | ı be duplicated if addit         | ional space is nee        | ded.                                    |  |   |  |
| 1 (a) Name and address of organization or government   | ( <b>b)</b> EIN          | (c) IRC section<br>if applicable | (d) Amount of cash grant  | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of non-cash assistance  | (h) Purpose of grant<br>or assistance          |
|  |                          |                                  |                           |   |  |   |  |
|  |                          |                                  |                           |   |  |   |  |
|  |                          |                                  |                           |   |  |   |  |
|  |                          |                                  |                           |   |  |   |  |
|  |                          |                                  |                           |   |  |   |  |
|  |                          |                                  |                           |   |  |   |  |
| 2 Enter total number of section 501(c)(3) and government organizations I   | d government or          |                                  | isted in the line 1 table |   |  |   | <b>A</b>                                       |
| 3 Enter total number of other organizations listed in the line 1 table   | isted in the line        | 1 table                          |                           |   |  |   | <b>.</b>                                       |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.   | see the Instruct         | ions for Form 990.               |                           |   |  |   | Schedule I (Form 990) (2013)                   |

332101 10-29-13

74-2369123

Page 2

OF TRAVIS COUNTY

Schedule I (Form 990) (2013)

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

Part III

| (a) Type of grant or assistance   | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| YOUTH ACTIVITIES  | 148                      | •0                       | 14,788.FMV                            | ΔМЯ   | YOUTH ACTIVITIES                       |
| LIVING/HOUSEHOLD  | 143                      | 0.0                      | 6,434.FMV                             | FMV   | LIVING/HOUSEHOLD                       |
| CLOTHING  | 212                      | • 0                      | . 262,2                               | FMV   | CLOTHING                               |
| FOOD  | 92                       | 0.                       | 2,746.FMV                             | ΔМ  | FOOD                                   |
| TOYS  | 26                       | .0                       | 639. FMV                              |   | TOYS                                   |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | uired in Part I, line    | e 2, Part III, column    | (b), and any other a                  | dditional information.                                |  |

ADDITIONAL INFORMATION PART IV THE TO MEET STAFF ΒY EXPLANATION: ASSISTANCE IS BASED ON REQUESTS MADE

THE PROGRAM ΒY CURRENT CLIENTS. ALL PURCHASES ARE APPROVED NEEDS OF ОF DIRECTOR. RECEIPTS ARE OBTAINED FOR EACH PURCHASE, AND DOCUMENTATION

OPTIONS THAT WERE RESEARCHED BUT UNSUCCESSFUL ARE MAINTAINED OTHER

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Open to Public Inspection

OMB No. 1545-0047

COURT APPOINTED SPECIAL ADVOCATES Name of the organization OF TRAVIS COUNTY

**Employer identification number** 74-2369123

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VOLUNTEERS TO ADVOCATE FOR THEM IN COURTS, IN SCHOOLS, AND IN OUR

COMMUNITY TO HELP THEM FIND A SAFE, PERMANENT, AND LOVING HOME.

FORM 990, PART I, LINE 6:

EXPLANATION: ADVOCATES PROVIDING SERVICES FOR THOSE IN NEED OF

COUNSELING AND SUPPORT PROVIDED BY ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 4:

EXPLANATION: THE ORGANIZATION'S BYLAWS WERE CHANGED TO INCLUDE THE

FOLLOWING: BOARD MEMBERS ARE EXPECTED AND REQUIRED TO ALLOW CASA TO CONDUCT

A THOROUGH CHECK OF EACH BOARD MEMBER'S CRIMINAL HISTORY THAT COMPLIES WITH

CURRENT STANDARDS OF TEXAS CASA AND NATIONAL CASA, AS WELL AS REGULATIONS

OF THE OFFICE OF THE ATTORNEY GENERAL OF TEXAS AND ANY OTHER APPLICABLE

LAWS, REGULATIONS OR STANDARDS.

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

EXPLANATION: FORM 990 IS SUBMITTED TO BOARD AT A REGULAR BOARD MEETING

PRIOR TO SUBMISSION AND IT IS REVIEWED BY THE AUDITOR.

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

EXPLANATION: THE BOARD PERIODICALLY REVIEWS CONFLICT OF INTEREST STATEMENTS

AND REVIEWS VARIOUS SITUATIONS WHERE CONFLICTS CAN ARISE.

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

EXPLANATION: THE EXECUTIVE COMMITTEE DETERMINES THE EXECUTIVE DIRECTOR'S

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

Schedule O (Form 990 or 990-EZ) (2013)

| Name of the organization COURT APPOINTED SPECIAL ADVOCATES OF TRAVIS COUNTY | Employer identification number 74-2369123 |
|---|---|
| COMPENSATION BASED ON RESEARCH FROM COMPARABLE POSITIONS                    | IN THE COMMUNITY,                         |
| INDUSTRY DATA AND ON JOB PERFORMANCE. THE EXECUTIVE DIRE                    | CTOR REVIEWS OTHER                        |
| EMPLOYEE COMPENSATION ON AN ANNUAL BASIS AS REQUIRED BY S                   | TANDARDS.                                 |
|   |   |
| FORM 990, PART VI, SECTION C, LINE 19:                                      |   |
| EXPLANATION: ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE O                   | N THE                                     |
| ORGANIZATION'S WEBSITE OR UPON REQUEST.                                     |   |
| FORM 990, PART XII, LINE 2C   |   |
| EXPLANATION: THE OVERSIGHT POLICIES AND SELECTION OF AN I                   | NDEPENDENT                                |
| ACCOUNTANT BY THE AUDIT COMMITTEE HAS NOT CHANGED SINCE P                   | RIOR YEAR.                                |
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