Form **990-EZ**

Short Form 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. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

AI	or the	2018 calend	ar year, or tax year beginning July 1 , 2018, and ending	June 3	30 , 20 19			
		pplicable:	O.N. C.		dentification number			
	Address o	change	Nevada CASA Association Inc		37-1904847			
	Name cha	, -	Number and start (DO I W III and III	Telephone r				
	Initial retu		2850 W Horizon Ridge Pkwy 200	7	25-244-9939			
	Amended	rn/terminated	City or town state or province country and ZID as familiary	Group Exe				
		on pending		Number				
G /	Account	ting Method:			if the organization is not			
IV	Vebsite	e: ► www.			tach Schedule B			
JT	ax-exen	npt status (che			00-EZ, or 990-PF).			
			✓ Corporation ☐ Trust ☐ Association ☐ Other		, 0. 000 11 /.			
LA	dd line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets				
(Pai	rt II, col	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	. • •	91,957			
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	truction	s for Part I)			
		Check if	the organization used Schedule O to respond to any question in this Part I .					
	1	Contributio	ns, gifts, grants, and similar amounts received	. 1	91,637			
	2		ervice revenue including government fees and contracts	. 2	31,037			
	3	Membersh	ip dues and assessments	. 3				
	4	Investment		. 4				
	5a	Gross amo	unt from sale of assets other than inventory 5a					
	b		or other basis and sales expenses					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c						
	6	Gaming and fundraising events:						
ne	а	Gross income from gaming (attach Schedule G if greater than						
Revenue	b	Gross income from fundraising events (not including \$ 320 of contributions						
3e		from fundr						
		sum of suc	h gross income and contributions exceeds \$15,000) 6b					
	С		t expenses from gaming and fundraising events 6c	0				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ct				
		line 6c) .		. 6d	320			
	7a	Gross sales	s of inventory, less returns and allowances		320			
	b		of goods sold					
	C	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c				
	8		nue (describe in Schedule O)	. 8				
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	91,957			
	10	Grants and	similar amounts paid (list in Schedule O)	. 10				
	11	Benefits pa	id to or for members	. 11				
es	12		her compensation, and employee benefits	. 12	57,245			
ns	13	Professiona	al fees and other payments to independent contractors	. 13	1,086			
Expense	14		r, rent, utilities, and maintenance		9,179			
ш	15		blications, postage, and shipping		1,985			
	16			16,133				
	17	Total expe	nses (describe in Schedule O)	17	85,628			
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	6,329			
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with	th				
As		end-of-yea	r figure reported on prior year's return)	. 19	0			
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		0			
_	21		or fund balances at end of year. Combine lines 18 through 20		6,329			

Pa	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule		ny question in this	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[0	22	6,329
23	Land and buildings		[23	0,020
24	Other assets (describe in Schedule O)			0	-	0
25	Total assets				25	6,329
26	Total liabilities (describe in Schedule O)				26	0,020
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21)		27	6,329
Par	t III Statement of Program Service Accom	plishments (see the	ne instructions for	Part III)		0,020
	Check if the organization used Schedule					Expenses
What	t is the organization's primary exempt purpose?	Assists and support	s state network of pr	ograms.		quired for section
Desc as m	eribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	shments for each on anner, describe the	of its three largest r	rogram services.		(c)(3) and 501(c)(4) anizations; optional for ers.)
28	Technical Assistance & Program Support - The re-es	tablishment of the st	ate office provided a	coordinated		
	in statewide communications, resource development	t, program enhancen	nent, & networking. T	his allowed the		
	local programs to provide better trainings, communication	cations, & advocacy	for their volunteers &	donors.		
	(Grants \$ 43,383) If this amount	includes foreign gra	ants, check here .	▶ 🗆	28a	43,382
29	Board Development & Capacity Building - The ED Se	arch Committee stay	ed on as the interim	Board. The		
	recruitment of a new Board yielded more applicants					
	highly committed & engaged new group of leaders for	cusing on the growt	h of the state office.			1
	(Grants \$ 23,402) If this amount	includes foreign gra	ants, check here .	▶ 🗌	29a	23,402
30	Awareness/PR/Branding - Efforts to promote the stat	e office and increase	overall awareness of	of CASA were		1
	done through the creation of new marketing material statewide networking by the ED through site visits & (Grants \$ 11,347) If this amount	s, community outrea serving on various s	ch, website developr statewide committees	nent, & increased & commissions.	30a	11,347
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	31a	
	Total program service expenses (add lines 28a t				32	78,157
Part					struc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	C	Estimated amount of ther compensation
Jane	Jensen Saint					
Exec	utive Director	50	51,660		0	0
Micha	ael Nizankiewicz				No.	
Presi	dent	4			0	0
Betty	Weiser					
Treas	urer	4	(0	0
	Weiser					
Secre	etary	4	(0	0
Willi I	Baer					
Direc	tor	2	(0	0
Mary	Herzik		27 E - 18 " E 1 2"			
Direc	tor	2	(0	0
Sheli	a Parks				3	
Direc	tor	2	(0	0
					2	
		Barrier and				<u> </u>
		Language Contract		The state of the s		T
		3-12				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s in th	ne	age C
-	instructions for Fart v.) Check if the organization used Schedule O to respond to any question in thi	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34 35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	1-12		
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ None	406		
42a	The organization's books are in care of land longer Saint	725-24	4 002	0
	Located at ► 2850 W Horizon Ridge Pkwy, Suite 200, Henderson, NV ZIP + 4 ►		2-4695	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	162	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	110	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
		44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		E388	15 C. S. P.
	explanation in Schedule O	44d		-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		1

46	Did the organization engage,	directly or in	ndirectly, in political	campaign activities o	n behalf of o	or in opposi	tion	Yes	No
	to candidates for public offic	e? If "Yes," o	complete Schedule C	C, Part I			. 40	3	1
Part V		ganization	s Only						
	All section 501(c)(3) o	organization	s must answer que	estions 47-49b and	52, and c	omplete th	e tables	for lin	nes
	50 and 51.								
	Check if the organizat	ion used Scl	hedule O to respond	d to any question in	this Part VI				. 🗆
47	Did II							Yes	No
47	Did the organization engage year? If "Yes," complete Sch	in lobbying edule C. Par		section 501(h) election					,
	ls the organization a school as						-		1
	Did the organization make ar						. 48		1
b	If "Yes," was the related orga	ny transiers t	o an exempt non-cha	antable related organ	zation?.		. 49		V
50	Complete this table for the o	raanization'e	five highest compor		· · ·		. 49	b	l l
	employees) who each receive	ed more than	\$100,000 of compe	neation from the orac	nization If	there is non	ors, trusi	ees, ar	na key
	ompreyeds, wile each receive	od more trial				h benefits,	e, enter	None.	
	(a) Name and title of each employ	yee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plans	s to employee s, and deferred ensation	(e) Estima	ated amo ompensa	
None									
							3		
			Barry M. T. S.						
							M. ed		
					7 77 19				
f	Total number of other employ	yees paid ov	er \$100,000	• 0					
51 (Complete this table for the	organization'	s five highest comp	ensated independent	contractor	s who eacl	n receive	d more	e than
	\$100,000 of compensation f	rom the orga	nization. If there is n	one, enter "None."					
	(a) Name and business address of	of each independ	lent contractor	(b) Type of ser	vice	lo) Compens	ation	
161				(b) Type of our	V100	,,	Company	20011	
None									
									May 1
				46,000					
ď	Total number of other indepe	endent contra	actors each receiving	over \$100,000			0		
	Did the organization comp	lete Schedu	ile A? Note: All se	ection 501(c)(3) orga	anizations i	must attacl	h a		
	completed Schedule A .	,					.▶ ☐ Ye	es 🗌	No
Under per	nalties of perjury, I declare that I have	examined this r	eturn, including accompar	nying schedules and statem	ents, and to th	e best of my k	nowledge a	nd belief	, it is
true, corre	ect, and complete. Declaration of pre	parer (other than	rottleer) is based on all inf	ormation of which preparer	has any knowl	edge.			
0:	1	15/	1		3	3/6/202	20		
Sign	Signature of officer	2	1	Date					
Here	Richard J. Goeglein,		he Board	1 19 11 6					
	Type or print name and tit	tle							
Paid	Print/Type preparer's name		Preparer's signature	D	ate	Check	if PTIN		N I S
Prepa	rer					self-emplo	oyed		
Use O					Fir	m's EIN ▶			
	Firm's address ▶				Ph	one no.			
May the	e IRS discuss this return with	the preparer	shown above? See	instructions			► □ V	20	No



Nevada CASA Association EIN: 37-1904847

Tax Year 2018 Schedule B

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Nevada CASA Association Inc 37-1904847 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Name of organization

Employer identification number

Nevada CASA Association Inc

37-1904847

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	National Court Appointed Special Advocate Association 100 W Harrison, North Tower, Suite 500 Seattle, WA 98119-4123	\$ 91,600	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional space	ce is needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

			once. See instructions.) > \$
	Use duplicate copies of Part III if add	litional space is needed.	
n) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or



Nevada CASA Association

EIN: 37-1904847

Tax Year 2018 Schedule O

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Nevada CASA Association Inc

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

OMB No. 1545-0047

2018

Employer identification number

Open to Public Inspection

Nevada CASA Association Inc	37-1904847
Form 990EZ, Part 1, Line 16, Other Expenses: Travel \$4,770, Office \$9,059, Insurance \$2,304	
Form 990EZ, Part 3, Organization's exempt purpose: The Association supports Nevada local CASA pro	ograms which recruit, train and deploy
volunteers to advocate for abused or neglected children.	

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization Employe	Page 2