

**Return of Organization Exempt from Income Tax**

**2004**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2004 calendar year, or tax year beginning Jul 1, 2004, and ending Jun 30, 2005**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instructions.

**C** Name of organization

**Court Appointed Special Advocates of Travis County**

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite

6330 Hwy 290 East 350

City, town or country

Austin

State ZIP code + 4

TX 78723

**D** Employer Identification Number

74-2369123

**E** Telephone number

(512) 459-2272

**F** Accounting method:

Cash  Accrual

Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**H and I are not applicable to section 527 organizations.**

**H (a)** Is this a group return for affiliates? ...  Yes  No

**H (b)** If 'Yes,' enter number of affiliates ▶

**H (c)** Are all affiliates included? ...  Yes  No

(If 'No,' attach a list. See instructions.)

**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ... ▶

**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**G** Web site: ▶ [www.casatrasvis.org](http://www.casatrasvis.org)

**J** Organization type

(check only one) ...  501(c) 3 (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,879,028.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	963,798.		
	<b>b</b> Indirect public support	<b>1b</b>	106,643.		
	<b>c</b> Government contributions (grants)	<b>1c</b>	428,119.		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 1,311,355. noncash \$ 187,205.)	<b>1d</b>		1,498,560.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		4,190.	
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ... )	<b>7</b>				
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
			<b>8a</b>		
			<b>8b</b>		
			<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here ... <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ 0. of contributions reported on line 1a)	<b>9a</b>	360,266.		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	85,749.		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		274,517.	
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		16,012.		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		1,793,279.		
EXPENSES	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		1,243,945.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		123,510.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		129,864.	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		1,497,319.	
NET ASSETS	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		295,960.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		565,725.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		861,685.	

**COPY**

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc.	25	58,000.	36,540.	6,380.
26	Other salaries and wages	26	726,746.	611,398.	79,697.
27	Pension plan contributions	27	28,982.	23,910.	3,188.
28	Other employee benefits	28	98,818.	81,525.	10,870.
29	Payroll taxes	29	61,536.	50,767.	6,769.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	10,512.	9,460.	526.
34	Telephone	34	13,283.	10,959.	1,461.
35	Postage and shipping	35	6,771.	5,078.	339.
36	Occupancy	36	110,442.	102,711.	3,313.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	9,768.	4,884.	0.
39	Travel	39	30,344.	26,441.	303.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	12,541.	12,541.	0.
43	Other expenses not covered above (itemize):				
a	Direct services	43a	84,901.	84,901.	0.
b	Donating advertising	43b	58,260.	58,260.	0.
c	Donated mileage	43c	59,952.	57,302.	550.
d	Professional Fees	43d	29,814.	26,832.	1,491.
e	See Other Expenses Stmt	43e	96,649.	40,436.	8,623.
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,497,319.	1,243,945.	123,510.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <input type="checkbox"/> Advocates for abused children.	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a Provides trained volunteers who advise the courts about the best interests of abused or neglected children whose home placement is being decided by the court. (Grants and allocations \$ 0.)	1,243,945.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,243,945.

**Part IV Balance Sheets** (See Instructions)

				(A)		(B)
				Beginning of year		End of year
ASSETS	<b>45</b> Cash — non-interest-bearing .....			97,687.	<b>45</b>	159,952.
	<b>46</b> Savings and temporary cash investments .....			265,228.	<b>46</b>	412,673.
	<b>47a</b> Accounts receivable .....	<b>47a</b>	40,244.			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b>	1,580.	61,531.	<b>47c</b>	38,664.
	<b>48a</b> Pledges receivable .....	<b>48a</b>	131,877.			
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48b</b>			<b>48c</b>	131,877.
	<b>49</b> Grants receivable .....			166,905.	<b>49</b>	139,288.
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....				<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch) .....	<b>51a</b>				
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51b</b>			<b>51c</b>	
	<b>52</b> Inventories for sale or use .....				<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....				<b>53</b>	7,840.
	<b>54</b> Investments — securities (attach schedule) .....				<b>54</b>	
	<input type="checkbox"/> Cost <input type="checkbox"/> FMV					
	<b>55a</b> Investments — land, buildings, & equipment: basis .....	<b>55a</b>				
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55b</b>			<b>55c</b>		
<b>56</b> Investments — other (attach schedule) .....				<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis .....	<b>57a</b>	118,272.				
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57b</b>	108,603.	19,707.	<b>57c</b>	9,669.	
<b>58</b> Other assets (describe ► See Line 58 Stmt .....			4,489.	<b>58</b>	8,485.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....			615,547.	<b>59</b>	908,448.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses .....			13,475.	<b>60</b>	29,924.
	<b>61</b> Grants payable .....				<b>61</b>	
	<b>62</b> Deferred revenue .....			27,719.	<b>62</b>	10,575.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....				<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....				<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....				<b>64b</b>	
	<b>65</b> Other liabilities (describe ► See Line 65 Stmt .....			8,628.	<b>65</b>	6,264.
<b>66 Total liabilities</b> (add lines 60 through 65) .....			49,822.	<b>66</b>	46,763.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	<b>67</b> Unrestricted .....			360,974.	<b>67</b>	529,971.
	<b>68</b> Temporarily restricted .....			204,751.	<b>68</b>	331,714.
	<b>69</b> Permanently restricted .....				<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.					
	<b>70</b> Capital stock, trust principal, or current funds .....				<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....				<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....				<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....			565,725.	<b>73</b>	861,685.
	<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....			615,547.	<b>74</b>	908,448.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

COPY

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	2,158,610.
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		365,331.
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	<b>b</b>	365,331.
<b>c</b>	Line a minus line b	<b>c</b>	1,793,279.
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	1,793,279.

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,862,650.
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		365,331.
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	<b>b</b>	365,331.
<b>c</b>	Line a minus line b	<b>c</b>	1,497,319.
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	1,497,319.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Darrell W. Nichols 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	President .75	0.	0.	0.
Barry Senterfitt 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Past President .75	0.	0.	0.
Danielle M. Niolet 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	First Vice President .75	0.	0.	0.
Ann Benolken 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Vice President .75	0.	0.	0.
David Chasis 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	VP/Volunteer Rep. .75	0.	0.	0.
See List of Officers, Etc. Statement		58,000.	11,063.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If 'Yes,' attach schedule - see instructions.



Part VI Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80a	If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	Dues, assessments, and similar amounts from members	85c	
85d	Section 162(e) lobbying and political expenditures	85d	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	
86b	Gross receipts, included on line 12, for public use of club facilities	86b	
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a	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		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90a	List the states with which a copy of this return is filed		None
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	28
91	The books are in care of Karen Cox Telephone number (512) 459-2272 Located at 6330 Hwy 290 E. #350, Austin, TX ZIP + 4 78723		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	



**Part VII Analysis of Income-Producing Activities** (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			514	4,190.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			512	274,517.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b <u>Miscellaneous</u>					16,012.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				278,707.	16,012.
105 Total (add line 104, columns (B), (D), and (E))					294,719.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103	Miscellaneous operating revenue used to further program activities.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

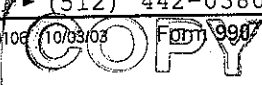
- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here:   
 Signature of officer: Joyce Lindsey Date: 11/10/05  
 Type or print name and title: Joyce Lindsey Secretary

Paid Preparer's Use Only:   
 Preparer's signature: [Signature] Date: 11/10/05 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: Montemayor & Associates, P.C.  
3001 South Lamer Boulevard, Suite 320  
Austin TX 78704 Preparer's SSN or PTIN (See General Instruction W): 74-2902112  
 Phone no.: (512) 442-0380



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

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
Supplementary Information — (See separate instructions.)

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

Court Appointed Special Advocates of Travis County

Employer identification number

74-2369123

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
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Total number of other employees paid over \$50,000	None			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
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Total number of others receiving over \$50,000 for professional services	None	



**Part III Statements About Activities** (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . . ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	X	
e Transfer of any part of its income or assets? . . . . .		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .		X
b Do you have a section 403(b) annuity plan for your employees? . . . . .	X	
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

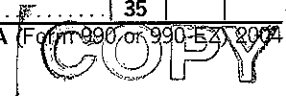
- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)





**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
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-----			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
-----			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.....		



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked 'a' and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table –		
	<b>If the amount on line 40 is –</b> <b>The lobbying nontaxable amount is –</b>		
	Not over \$500,000 .....	20% of the amount on line 40 .....	
	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>
	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
	Over \$17,000,000 .....	\$1,000,000 .....	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.





**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

**2004**

Name of organization

Court Appointed Special Advocates of Travis County

Employer identification number

74-2369123

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 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 organizations 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 –**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate 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.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

**COPY**

Name of organization

Employer identification number

Court Appointed Special Advocates of Travis County

74-2369123

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Texas Casa 1145 W. 5th Street Austin TX 78703	\$ 165,053.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Michael & Susan Dell Foundation PO Box 163867 Austin TX 78716	\$ 156,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Topfer Family Foundation 5000 Plaza on the Lake, Suite 170 Austin TX 78746	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Melissa Jones/Houston Endowment 2513 McCallum Drive Austin TX 78703	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CJD/VOCA 1145 W. 5th Street Austin TX 78703	\$ 96,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	United Way Capital Area 2000 E. Martin Luther King Jr. Blvd. Austin TX 78702	\$ 91,317.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Court Appointed Special Advocates of Travis County

74-2369123

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Long Foundation 40 N. IH 35, Ste. 7C2 Austin TX 78767	\$ 7,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	OVAG PO Box 12548 Austin TX 78711	\$ 55,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Meadows Foundation 6116 Swiss Avenue Dallas TX 75204-6049	\$ 52,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	National CASA 100 West Harrison, North Tower Ste. 500 Seattle WA 98119	\$ 52,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	Denise Conway 2605 Westlake Austin TX 78746	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	Travis County Health & Human Services PO Box 1088 Austin TX 78701	\$ 38,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Court Appointed Special Advocates of Travis County	Employer identification number 74-2369123
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**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	RGK Foundation 1301 W. 25th Street, Suite 300 Austin TX 78705	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	Swalm Foundation 14800 St. Mary's Lane STE 107 Houston TX 77079	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	Jim Kruger 4000 Firstview Austin TX 78731	\$ 29,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	Dell Foundation One Dell Way, MS8022 Round Rock TX 78682	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	Bryan R. Holley 2909 Sparkling Brooke Austin TX 78746	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	Lowe Foundation 1005 Congress Avenue, Ste. 895 Austin TX 78701	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

COPY

Name of organization

Employer identification number

Court Appointed Special Advocates of Travis County

74-2369123

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	Glimmer of Hope 4407 Bee Caves Road Austin TX 78746	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	Travis County Crime Victim Fund 4920 N. IH 35 Austin TX 78751	\$ 12,373.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	Ingrid & Don Fowler 4715 Palisade Drive Austin TX 78731	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	Joyce & David Lindsey 1102 Kennan Road Austin TX 78746	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	Houston Endowment 600 Travis, Ste. 6400 Houston TX 77002	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	Lola Wright Foundation 612 Toledo Trail Georgetown TX 78628	\$ 9,145.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

COPY

Name of organization

Employer identification number

Court Appointed Special Advocates of Travis County

74-2369123

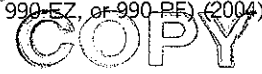
**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	Texas Department of Human Services 701 West 51st Street Austin TX 78714	\$ 8,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	Fentress Foundation Sierra Grante, L.C., 4830 Lakewood Ste. 4 Waco TX 76710	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	3M 6801 River Place Blvd. Austin TX 78726	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	Austin Junior Forum, Inc. 1404 West Avenue Austin TX 78704	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	New Belgium Brewing Company, LTD 500 Linden Street Ft. Collins CO 80542	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	Barry & Sarah Senterfitt 300 W. 6th St. Ste. 2100 Austin TX 78749	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Court Appointed Special Advocates of Travis County	Employer identification number 74-2369123
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**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	Darrell Nichols 6308 Street Trail Austin TX 78749	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	Karen Quintos 4511 Whitehall Cove Austin TX 78730	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	Austin Coca-Cola Bottling Company PO Box 10568 Austin TX 78766	\$ 13,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	KTBC-Fox 7 119 E. 10th Street Austin TX 78701	\$ 49,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	Jeri Cobb 841 E. 25th Street Houston TX 77009	\$ 7,130.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	KVET-AM 3601 Congress Avenue Austin TX 78704	\$ 8,675.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

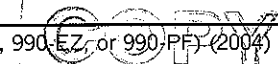
Employer identification number

Court Appointed Special Advocates of Travis County

74-2369123

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	Halex International, Inc. ----- 16901 Dallas Pkwy ----- Addison TX 75001 -----	\$ ----- 6,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	Kruger's Diamond jewelers ----- 2901 Capital of Texas Hwy ----- Austin TX 78746 -----	\$ ----- 5,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

Court Appointed Special Advocates of Travis County

74-2369123

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
33	Use of Executive Sybox for Kinko's Classic 6 Coca Cola golf bags, 6 golf travel bags and 168 Kinko's day passes	\$ 13,000.	various
34	Fox 7 Evening & morning air time 2x/daily from 3/3/05 through 4/10/05. Produce 15 sec. PSA and include campaign on web site	\$ 49,350.	02/15/05
35	30 x 40 oil paintings (2) "Faces of Hope"	\$ 7,130.	04/29/05
36	Air time, website, e-mail blast and on-site exposure for Kid's Golf Classic 2005	\$ 8,675.	04/06/05
37	18kt gold/diamond earrings	\$ 6,500.	01/26/05
38	10 - \$500 discount coupons applied to purchases of \$1,900 or greater	\$ 5,000.	04/07/05

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

COPY

Form 990, Page 1, Part I, Line 9  
**Special Events and Activities Statement**

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
CASA Blanca	158,938.	0.	158,938.	45,603.	113,335.
Kids Golf Classic	79,337.	0.	79,337.	19,266.	60,071.
Casas for CASA	56,459.	0.	56,459.	10,437.	46,022.
Jackson Ruiz	26,321.	0.	26,321.	3,062.	23,259.
Miscellaneous	39,211.	0.	39,211.	7,381.	31,830.
<b>Total</b>	<b>360,266.</b>	<b>0.</b>	<b>360,266.</b>	<b>85,749.</b>	<b>274,517.</b>

Form 990, Page 2, Part II, Line 43  
**Other Expenses Stmt**

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Computer supplies & support	28,639.	25,775.	1,432.	1,432.
Training	7,086.	7,086.	0.	0.
Insurance	9,182.	7,575.	1,010.	597.
Other expenses	51,742.	0.	6,181.	45,561.
<b>Total</b>	<b>96,649.</b>	<b>40,436.</b>	<b>8,623.</b>	<b>47,590.</b>

Form 990, Page 3, Part IV, Lines 57a & 57b  
**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Furniture & equipment	105,568.	0.	105,568.
Leasehold improvements	12,704.	0.	12,704.
Accumulated depreciation	0.	108,603.	-108,603.
<b>Total</b>	<b>118,272.</b>	<b>108,603.</b>	<b>9,669.</b>

Form 990, Page 3, Part IV, Line 58  
**Other Assets Statement**

Line 58 - Other Assets:	Beginning of Year	End of Year
Deposit	4,489.	8,485.
<b>Total</b>	<b>4,489.</b>	<b>8,485.</b>

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Form 990, Page 3, Part IV, Line 65

**Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Accrued vacation	8,628.	6,264.
<b>Total</b>	<u>8,628.</u>	<u>6,264.</u>

Form 990, Page 4, Part V

**List of Officers, Etc. Statement**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Ron H. Moss 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Vice President .75	0.	0.	0.
Ann Harutunian 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Vice President .75	0.	0.	0.
Joyce Lindsey 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Secretary/Treasurer .75	0.	0.	0.
David Ball 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .75	0.	0.	0.
Shawn Ball 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .75	0.	0.	0.
Jim Kruger 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.
David Laibovitz 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.
Ingrid Fowler 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.
Linette Harris 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.
Bryan Holley 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.
Ann Peterson-Hahn 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.
Beverly B. Harlan 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.

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Form 990, Page 4, Part V  
List of Officers, Etc. Statement

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Michael D. Marin 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .5	0.	0.	0.
Joyce McLaughlin 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .5	0.	0.	0.
Jack Murray 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.
Karen Hughes Quintos 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.
Dennis Randolph 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.
Jennifer King 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.
Denise Conway 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.
Yolanda Conyers 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.
Norma Maldonado 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Director .50	0.	0.	0.
Karen Cox 6330 Hwy 290 East, Ste. 350 Austin, TX 78723	Executive Director 45	58,000.	11,063.	0.

Total

58,000.11,063.0.

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