

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	25,567	22 46,642
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	25,567	25 46,642
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,567	27 46,642

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Promote and enhance workplace investigations in California**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>Membership. Conducted outreach to constituent groups to obtain members, and found ways for members to integrate into and work with the organization. Developed a plan to obtain and maintain members, including</u> (Continued on Schedule O, Statement 1) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	10,000
29 <u>Education. Conducted education and training programs, including two regional training programs in June 2010 and large annual conference in November 2010. Investigated other forms of training including webinars,</u> (Continued on Schedule O, Statement 2) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	33,200
30 <u>Communications. Coordinated publicity to public, communicated with members, maintained and updated website, printed advertising materials. Produced announcements about the organization, provided copy for</u> (Continued on Schedule O, Statement 3) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	11,335
31 Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	3,988
32 Total program service expenses (add lines 28a through 31a)	32	58,523

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(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 & deferred compensation	(e) Expense account and other allowances
Amy Oppenheimer 770 L Street Suite 950, Sacramento, CA 95814	President, 20	0	0	0
Cynthia Remmers 770 L Street Suite 950, Sacramento, CA 95814	Vice President, 5	0	0	0
Sue Ann Van Dermyden 770 L Street Suite 950, Sacramento, CA 95814	Secretary, 5	0	0	0
Walter Cochran-Bond 770 L Street Suite 950, Sacramento, CA 95814	Treasurer, 5	0	0	0
Barry Chersky 770 L Street Suite 950, Sacramento, CA 95814	Assistant Secretary, 3	0	0	0
Marilou F Mirkovich 770 L Street Suite 950, Sacramento, CA 95814	Assistant Treasurer, 3	0	0	0
Vida L Thomas 770 L Street Suite 950, Sacramento, CA 95814	Director, 2	0	0	0
Nancy Bornn 770 L Street Suite 950, Sacramento, CA 95814	Director, 2	0	0	0
John Lohse 770 L Street Suite 950, Sacramento, CA 95814	Director, 2	0	0	0
Mary Egan PO Box 561, Wilton, CA 95693	Director, 2	0	0	0
Pamela L Hemminger 770 L Street Suite 950, Sacramento, CA 95814	Director, 2	0	0	0
James Cawood 770 L Street Suite 950, Sacramento, CA 95814	Director, 2	0	0	0
(Continued on Schedule O, Statement 5)				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
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)		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
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?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	Section 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 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		
c	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e	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.		✓
41	List the states with which a copy of this return is filed. ▶ CA		
42a	The organization's books are in care of ▶ Stephen P Angelides Telephone no. ▶ 916-760-2442 Located at ▶ 770 L Street Suite 950, Sacramento, CA 95814 ZIP + 4 ▶ 95814		
b	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)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		✓
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 ▶ 43		<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
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		✓
c	Did the organization receive any payments for indoor tanning services during the year?		✓
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		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a 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)	<input type="checkbox"/>	<input type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **Yes** **No**

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

Sign Here	Signature of officer	Date
	Stephen Angelides, Executive Director Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**

First Program Service Accomplishments Description

Description

providing information for the website on member benefits. Implemented and operated local circle of colleagues program. Attended two trade shows to promote organization and membership and obtain contact information of potential members. Advertised extensively to potential members.

Second Program Service Accomplishments Description

Description

intensives on how to do investigations and other topics. Planned annual conference and training seminars and webinars for 2011

Third Program Service Accomplishments Description

Description

website, and produced a postcard to be distributed to the public, along with a distribution plan. Worked closely with Membership Committee and Executive Committee to develop communications and respond to inquiries about the organization.

Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Best Practices. Planned and conducted a series of regional Best Practices workshops in February and March 2010.	0		1,988
Publications. Wrote, edited, and prepared to publish the CAOWI Quarterly newsletter in January 2010 related to the work workplace investigators do. Produced electronic updates about the organization's work.	0		2,000
Legislation. Reviewed legislation relevant to workplace investigators. Educated members about the impacts of legislation on the work that workplace investigators do. Determined whether changes in legislation were desirable.	0		0
Certification. Conducted initial research regarding a possible certification program for workplace investigators and made an initial report back to the Board of Directors on the feasibility and desirability of such a program.	0		0
Ethics. Established Ethics Committee to research and analyze ethical issues facing workplace investigators. Developed training program on ethical issues for attorneys performing workplace investigations which was presented at November 2010 annual conference.	0		0
Total:			3,988

Officers, Directors, Trustees and Key Employees Compensation

		Title and Hours	Compensation	Benefits	Expense
Name	Debra L Reilly	Director 2	0	0	0
Address	770 L Street Suite 950 Sacramento, CA 95814				
Name	Jody Shipper	Director 2	0	0	0
Address	770 L Street Suite 950 Sacramento, CA 95814				
Name	Martha Wood	Director 2	0	0	0
Address	770 L Street Suite 950 Sacramento, CA 95814				
Name	Stephen P Angelides	Executive Director 20	36,000	0	0
Address	770 L Street Suite 950 Sacramento, CA 95814				
Total:			36,000	0	0