

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 01/01, 2009, and ending 12/31, 20 09

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CALIFORNIA ASSOCIATION OF WORKPLACE INVESTIGATORS INC
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
770 L Street Suite 950
City or town, state or country, and ZIP + 4
Sacramento, CA 95814

D Employer identification number
27-0870964
E Telephone number
916-760-2442
F Group Exemption Number ▶

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

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.caowi.org

J Tax-exempt status (check only one) — 501(c) (**6**) ◀ (insert no.) 4947(a)(1) or 527

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

K Check ▶ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **40,300**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	40,300
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming , check here ▶ <input type="checkbox"/>		
	a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	0
b	Less: direct expenses other than fundraising expenses	6b	0	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ▶ _____)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	40,300	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	3,600
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	555
	16	Other expenses (describe ▶ <u>See Statement 1</u>)	16	10,578
17	Total expenses. Add lines 10 through 16 ▶	17	14,733	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25,567
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	25,567

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22	0	25,567
23	0	0
24	0	0
25 Total assets	0	25,567
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	25,567

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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, attach a statement explaining 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 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?		
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 period 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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "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)?		✓
	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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

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 46–49b and complete the tables for lines 50 and 51.

- | | | Yes | No |
|--|------------|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |
- 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 . . . ▶ _____

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

▶ _____ Date _____
 Signature of officer

▶ **Stephen Angelides, Executive Director**
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed ▶ <input type="checkbox"/>	Preparer's identifying number (See instructions) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____	EIN ▶ _____	Phone no. ▶ _____	

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

Statement 1 : Other Expenses Schedule

Statement 2 : Program Service Accomplishments

Statement 3 : Officers, Directors, Trustees and Key Employees Compensation

Statement 1

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

CALIFORNIA ASSOCIATION OF WORKPLACE INVESTIGATORS INC

27-0870964

Other Expenses Schedule

Description	Amount
Advertising	\$2,031
Bank Service Charges	\$198
Business Registration Fees	\$1,132
Credit Card Processing Fees	\$187
Telephone	\$108
Website	\$1,434
Insurance	\$2,233
Conference, Convention and Meeting Expenses	\$2,075
Travel Expenses	\$1,180
Total:	\$10,578

Program Service Accomplishments

Achievement	Grants And Allocations	includes Foreign Grants	Program Service Expenses
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 providing information for the website on member benefits. Investigated and implemented local circle of colleagues program.	\$0		\$2,031
Education. Planned training programs and annual conference, including two regional training programs in June 2010 and annual conference in November 2010. Investigated other forms of training including webinars, intensives on how to do investigations and other topics.	\$0		\$2,000
Communications. Coordinated publicity to public, communicated with members, maintained and updated website, printed advertising materials. Produced announcements about the organization, provided copy for 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.	\$0		\$1,542
Best Practices. Planned a series of regional Best Practices workshops to be conducted in March 2010.	\$0		\$0
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		\$0
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 in first year.	\$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
Total:			\$5,573

Statement 3

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Line Number: Part IV

Officers, Directors, Trustees and Key Employees Compensation

Name and address	Title and Hours	Compensation	Benefits	Expense
Amy Oppenheimer 878 Spruce Street Berkeley, CA 94707	President 20.00	\$0	\$0	\$0
Cynthia Remmers One Kaiser Plaza Suite 470 Oakland, CA 94612	Vice President 10.00	\$0	\$0	\$0
Arthur F Silbergeld 1620 26th St 4th Fl North Tower Santa Monica, CA 90404	Secretary 10.00	\$0	\$0	\$0
John D Weiss 16830 Ventura Blvd Ste 500 Encino, CA 91436	Treasurer 10.00	\$0	\$0	\$0
Sue Ann Van Dermyden 350 University Ave Ste 350 Sacramento, CA 95825	Assistant Secretary 10.00	\$0	\$0	\$0
Walter Cochran-Bond 87 N Raymond Ave Ste 300 Pasadena, CA 91103	Assistant Treasurer 10.00	\$0	\$0	\$0
Suzanne M Ambrose 801 Capitol Mall Sacramento, CA 95814	Director 5.00	\$0	\$0	\$0
Nancy Bornn 1500 Rosecrans Ave Ste 500 Manhattan Beach, CA 90266	Director 5.00	\$0	\$0	\$0
Barry Chersky 6450 Buena Ventura Ave Oakland, CA 94605	Director 5.00	\$0	\$0	\$0
Mary Egan PO Box 561 Wilton, CA 95693	Director 5.00	\$0	\$0	\$0
Paul M French PO Box 5640 Huntington Beach, CA 92615	Director 5.00	\$0	\$0	\$0
Marilou F Mirkovich 12800 Center Court Dr Ste 300 Cerritos, CA 90703	Director 5.00	\$0	\$0	\$0
Debra L Reilly 2240 Encinitas Blvd Ste D104 Encinitas, CA 92024	Director 5.00	\$0	\$0	\$0
Jody Shipper 3720 S Flower St 2nd Fl Los Angeles, CA 90089	Director 5.00	\$0	\$0	\$0
Martha Wood Stanford University Stanford, CA 94305	Director 5.00	\$0	\$0	\$0
Stephen P Angelides 770 L Street Suite 950 Sacramento, CA 95814	Executive Director 30.00	\$3,600	\$0	\$0

Statement 3
Total:

CALIFORNIA ASSOCIATION OF WORKPLACE INVESTIGATORS INC
\$3,600 \$0 \$0