## Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

**Open to Public** Inspection

A	for the	2010 calenda		2010, and ending	-	12/31	, 20 10	
В	Check if ap	oplicable:	C Name of organization		D Empl	oyer ide	entification number	
	Address o	change	CALIFORNIA ASSOCIATION OF WORKPLACE INVESTIGATORS	INC		27	7-0870964	
Н		ne change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telep					ımber	
H	Initial retu		916-760-2442					
H	Terminate Amended		City or town, state or country, and ZIP + 4		F Grou	up Exemption		
П		on pending	Sacramento, CA 95814		Num	ber >	•	
G	Account	ting Method:	✓ Cash	Н	Check I	▶ 🗸 if	the organization is <b>not</b>	
	Websit		.caowi.org				ach Schedule B	
JΊ	ax-exen	npt status (che	eck only one) — ☐ 501(c)(3) 🔽 501(c) ( 6 ) ◀ (insert no.) ☐ 4947(a	a)(1) or 527	(Form 9	90, 990	)-EZ, or 990-PF).	
K	Check ▶	▶ ☐ if the	e organization is not a section 509(a)(3) supporting organization <b>and</b> its		normally	<b>not</b> mo	ore than \$50,000. A	
	Form 99		n 990 return is not required though Form 990-N (e-postcard) may be	•	•			
	to file a	return, be sur	re to file a complete return.					
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if total asset	s (Part II,			
line	25, col	umn (B) below	are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> \$	129,623	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Ba	alances (see the	instruc	ctions	for Part I.)	
			the organization used Schedule O to respond to any ques					
_	1		ons, gifts, grants, and similar amounts received			1	0	
	2		ervice revenue including government fees and contracts .			2	78,123	
	3	•	ip dues and assessments			3	51,500	
	4	Investment	•			4	0	
Revenue	5a	Gross amo	ount from sale of assets other than inventory	5a	0			
	b		or other basis and sales expenses	5b	0			
	С		ss) from sale of assets other than inventory (Subtract line 5b f	rom line 5a)		5c	0	
	6		nd fundraising events	,				
	а	_	ome from gaming (attach Schedule G if greater than					
				6a	0			
	b	Gross inco	ome from fundraising events (not including \$	of contribution				
			raising events reported on line 1) (attach Schedule G if the					
			ch gross income and contributions exceeds \$15,000)	6b	0			
	С	Less: direc	et expenses from gaming and fundraising events	6c	0			
	d		e or (loss) from gaming and fundraising events (add lines 6	a and 6b and su	btract			
		line 6c) .				6d	0	
	7a	Gross sale	s of inventory, less returns and allowances	7a	0			
	b		of goods sold	7b	0			
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7	'a)		7c	0	
	8	Other reve		8	0			
	9	Total reve	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	129,623	
	10	Grants and	d similar amounts paid (list in Schedule O)			10	0	
	11	Benefits pa	aid to or for members			11	0	
Se	12	Salaries, o	ther compensation, and employee benefits		12	32,797		
Expenses	13	Profession	Professional fees and other payments to independent contractors				3,600	
g	14	Occupancy	y, rent, utilities, and maintenance			14	998	
ũ	15	Printing, po	ublications, postage, and shipping			15	9,275	
	16	Other expe	enses (describe in Schedule O)			16	61,878	
	17	Total expe	enses. Add lines 10 through 16		. ▶	17	108,548	
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	21,075	
set	19		or fund balances at beginning of year (from line 27, column					
As		end-of-yea	ar figure reported on prior year's return)			19	25,567	
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O).			20	0	
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 2	0	. ▶	21	46,642	
For	Paper	work Reduct	tion Act Notice, see the separate instructions.	Cat. No. 10642I			Form <b>990-EZ</b> (2010)	

Form 990-EZ (2010) Page **2** 

Check if the organization used Schedule O to respond to any question in this Part II  22 Cash, savings, and investments 25,567 22  23 Land and buildings 2,0 23  24 Other assets (describe in Schedule O) 0 24  25 Total assets (describe in Schedule O) 0 26  27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 25,567 27  28 Total liabilities (describe in Schedule O) 0 26  27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 25,567 27  Part III Statement of Program Service Accomplishments (see the instructions for Part III) (Required for Check if the organization used Schedule O to respond to any question in this Part III) (Required for column (B) must agree with line 21) 25,567 27  Part III Statement of Program Service Accomplishments (see the instructions for Part III) (Required for Check if the organization used Schedule O to respond to any question in this Part III) (Required for column (B) must agree with line 21) (Required for Check if the organization used Schedule O to respond to any question in this Part III) (Required for column (B) must agree with line 21) (Required for Check if the organization used Schedule O to respond to any question in this Part III) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for column (B) must agree with line 21) (Required for	to respond to any question in this Part II	Dar	Balance Sheets. (see the instructions	for Part II \					
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Grants \$ 0   If this amount includes foreign grants, check here   Description   Des	Judes foreign grants, check here Image: State of the instructions		website, printed advertising materials. Produced an	inouncements about the orga	anization, pro	vided (	copy for		
Other program services (describe in Schedule O)  (Grants \$ 0) If this amount includes foreign grants, check here ▶ □ 31a  32 Total program service expenses (add lines 28a through 31a) ▶ 32  Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions Check if the organization used Schedule O to respond to any question in this Part IV	Judes foreign grants, check here Image: State of the instructions		(Continued on Schedule O, Statement 3)						
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Total program service expenses (add lines 28a through 31a)	nployees. List each one even if not compensated. (see the instructions for Part IV.) to respond to any question in this Part IV	31	Other program services (describe in Schedule O)						
Total program service expenses (add lines 28a through 31a)	nployees. List each one even if not compensated. (see the instructions for Part IV.) to respond to any question in this Part IV		(Grants \$ 0) If this amoun	t includes foreign grants, ch	neck here .		. ▶ 🗆	31a	3,988
Part IV  List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions 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, employee benefit plans & deferred compensation)  (d) Contributions to employee benefit plans & deferred compensation  (employee benefit plans & deferred compensation)  (The compensation of the compensation)  (If not paid, employee benefit plans & deferred compensation)  (	holoyees. List each one even if not compensated. (see the instructions for Part IV.) to respond to any question in this Part IV	32	Total program service expenses (add lines 28a	through 31a)			🕨	32	58.523
Check if the organization used Schedule O to respond to any question in this Part IV	(b) Title and average hours per week devoted to position esident, 20  (c) Compensation (If not paid, enter -0)  (d) Contributions to employee benefit plans & deferred compensation of the allowances  (e) Expense account and other allowances  (o) Compensation (If not paid, enter -0)  (o) Compensation employee benefit plans & other allowances  (e) Expense account and other allowances  (o) Compensation employee benefit plans & other allowances  (o) Compensation employee benefit plans & other allowances  (o) Compensation employee benefit plans & other allowances  (e) Expense account and other allowances  (o) Compensation employee benefit plans & other allowances  (e) Expense account and other allowances						ted. (see the i	nstruc	
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devoted to position enter -0) deferred compensation othe  Amy Oppenheimer President, 20 0 0  770 L Street Suite 950, Sacramento, CA 95814  Cynthia Remmers Vice President, 5 0 0  770 L Street Suite 950, Sacramento, CA 95814	devoted to position enter '-0) deferred compensation other allowances of the position of the compensation of the compensatio							ns to	(e) Expense
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Part '	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
	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	33		~
	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)	34		~
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
	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?	35a		~
36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b 36		~
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		\(\frac{1}{2}\)
	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	Joa		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	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 ► ; section 4912 ► ; section 4955 ► 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	40b		
	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			
	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		~
	List the states with which a copy of this return is filed. ► CA			
	<u>-</u>		0-244	2
	Located at ► 770 L Street Suite 950, Sacramento, CA 95814 ZIP + 4 ►	95	814	
	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		Yes	No
	account)?	42b	. 00	<i>'</i>
	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.			
	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:	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	163	140 ~
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	- <del></del>		
	completed instead of Form 990-EZ	44b		~
	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>V</b>
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		

orm 99	0-EZ (2	010)							F	age 4
									Yes	No
45		y related organization a controlled en						45	<u> </u>	~
а		he organization receive any payment								
		ning of section 512(b)(13)? If "Yes," a 990-EZ (see instructions)		and Schedule R may	neea	to be comp	ieted instead of	45a		
46		he organization engage, directly or in		n political campaign acti	ivities	on behalf of	or in opposition	45a		
70		andidates for public office? If "Yes," of						46		~
Part '	VI	Section 501(c)(3) organizations 501(c)(3) organizations and section	and sec	ction 4947(a)(1) none	xemp	ot charitabl	e trusts only.	All sec	tion	h
		and 52, and complete the tables	for lines	50 and 51.	lable	แนรเราแนรเ	. answer questr	0115 4	7-431	U
		Check if the organization used Sch			stion i	n this Part V	1			
		· · · · · · · · · · · · · · · · · · ·							Yes	No
47	Did t	he organization engage in lobbying a	ctivities?	If "Yes," complete Sche	dule C	C, Part II .		47		
48		e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							<u> </u>	
49a		he organization make any transfers to		-	d orga	anization? .		49a	<u> </u>	
b 50		es," was the related organization a se plete this table for the organization's						49b	00.00	d ko
30		oyees) who each received more than								
				(b) Title and average		Compensation	(d) Contributions to	(e	Exper	nse
	( <b>a</b> ) Na	ame and address of each employee paid more than \$100,000		hours per week devoted to position			employee benefit plans deferred compensation		count a	
None				•						
f	Total	number of other employees paid over	er \$100,00	00						
51		plete this table for the organization'				ent contracto	ors who each red	eived	more	tha
	\$100	,000 of compensation from the orga  (a) Name and address of each independent co			one."	(h) Tun	e of service	(a) Co	mpensa	otion
None		(a) Name and address of each independent co	ontractor paid	u more man \$100,000		<b>(b)</b> Typ	e or service	(6) 00	Tiperis	alion
None										
d	Total	number of other independent contra	actors eac	h receiving over \$100.00	00 .	. ▶				
52		he organization complete Schedule A		<del>-</del>		ons and 4947	'(a)(1)			
		xempt charitable trusts must attach a						Yes	<u> </u>	No
Under p	enalties	of perjury, I declare that I have examined this rand complete. Declaration of preparer (other than	eturn, includ	ling accompanying schedules a	and stat	ements, and to t	he best of my knowle	dge an	belief	, it is
rue, cor	rect, an	id complete. Declaration of preparer (other than	officer) is b	ased on all information of which	n prepa	rer nas any knov	vieage. 			
						I				
Sign		Signature of officer					Pate			
Here		Stephen Angelides, Executive Director								
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's	s signature		Date	Check if	PTIN		
Prep	arer						self-employed			
Use (		Firm's name ▶				F	irm's EIN ▶			
		Firm's address	. ob e	haya Car !		Р	hone no.	7		
viav tr	ie iKS	discuss this return with the preparer	snown a	pove? See instructions	_			Ves	1 1 7	Nο

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

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	Employer identification number
CALIFORNIA ASSOCIATION OF WORKPLACE INVESTIGATORS INC	27-0870964
Form 990-EZ, Part I, Line 16 - Business Registration Fees \$10. Insurance \$2991. Accounting Oline Serv	vice \$32. Bank Service Charges \$110.
Credit Card Processing Fees \$4161. Supplies \$2786. Travel \$2540. Advertising \$14060. Annual Conference of the Conference	
Practices Roundtables Expenses \$1988.	

## CALIFORNIA ASSOCIATION OF WORKPLACE INVESTIGATORS INC 27-0870964

Form: 990-EZ Page: 2

Line Number: Part III Line 28

#### 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.

## CALIFORNIA ASSOCIATION OF WORKPLACE INVESTIGATORS INC 27-0870964

Form: 990-EZ Page: 2

Line Number: Part III Line 29

#### **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

## CALIFORNIA ASSOCIATION OF WORKPLACE INVESTIGATORS INC 27-0870964

Form: 990-EZ Page: 2

Line Number: Part III Line 30

#### 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.

CALIFORNIA ASSOCIATION OF WORKPLACE INVESTIGATORS INC 27-0870964

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#### 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

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#### CALIFORNIA ASSOCIATION OF WORKPLACE INVESTIGATORS INC 27-0870964

#### Officers, Directors, Trustees and Key Employees Compensation

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