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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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 \$1,000,000 and total assets less than \$2,500,000 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

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning JULY 1

, 2008, and ending JUNE 30, 2009

B Check if applicable		C Name of organization		D Employer identification number	
Address change	Please use IRS label or print or type.	CHAVES COUNTY CASA INC		85-0375943	
Name change	Initial return	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number
Termination	See Specific Instructions.	500 NORTH MAIN		310	575-625-0112
Amended return		City or town, state or country, and ZIP + 4			F Group Exemption Number ► N/A
Application pending		ROSWELL, NM 88201			

- 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 X Accrual
Other (specify) ► N/A

I Website: ► WWW.CASAKIDS.ORG

J Organization type (check only one) X 501(c) (3) ◀ (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$ 817,103

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	1 368,980
	2 Program service revenue including government fees and contracts	2 448,185
	3 Membership dues and assessments	3
	4 Investment income	4 -62
	5 a Gross amount from sale of assets other than inventory	5a
	b Less, cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c
	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 \$ _____ of contributions reported on line 1)	6a
b Less, direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7 a Gross sales of inventory, less returns and allowances	7a	
b Less, cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ► _____)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► \$ 817,103	9	
Expenses	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 541,317
	13 Professional fees and other payments to independent contractors	13 10,325
	14 Occupancy, rent, utilities, and maintenance	14 45,595
	15 Printing, publications, postage, and shipping	15 14,434
	16 Other expenses (describe ► SEE ATTACHED LIST)	16 132,094
	17 Total expenses. Add lines 10 through 16 ► \$ 743,765	17
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 73,338
	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)	19 148,441
	20 Other changes in net assets or fund balances (attach explanation)	20 -19,579
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► \$ 202,200	21

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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 Cash, savings, and investments	128,488	22	114,394
	23 Land and buildings	18,164	23	62,329
	24 Other assets (describe ► ACCT REC & CUSTODIAL FUNDS)	53,881	24	81,853
	25 Total assets	200,533	25	258,576
	26 Total liabilities (describe ► ACCOUNTS, PAYROLL, CUSTODIAL)	52,092	26	56,376
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	148,441	27	202,200

858

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

What is the organization's primary exempt purpose? **ADVOCATES FOR CHILDREN**

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, or other relevant information for each program title

Expenses

28 CASA (COURT APPOINTED SPECIAL ADVOCATES) RECRUITS, TRAINS, AND
SUPERVISES VOLUNTEERS APPOINTED BY A JUDGE TO SPEAK IN JUVENILE
DEPENDENCY PROCEEDINGS ON BEHALF OF ABUSED, NEGLECTED AND SEXUALLY
(Grant \$) If this amount includes foreign grants, check here

28a

29 ASSAULTED CHILDREN. CASA ALSO PROVIDES A SUPERVISED VISITATION AND
ACCESS PROGRAM AND MENTOR PROGRAMS. FOR THE YEAR ENDED JUNE 30, 2009
59 VOLUNTEERS SERVED 952 CHILDREN IN CHAVES COUNTY NEW MEXICO

29a

586,496

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (attach schedule)

31a

32 Total program service expenses (add lines 28a through 31a)

32

586.496

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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
CARRIE LEIGH CLOUTIER	EXEC. DIR.	68,655	1,500	6,000
905 NORTH LEA, ROSWELL, NM 88201	45 HOURS WEEK			
SEE ATTACHED LISTING OF OFFICERS AND				
DIRECTORS - OTHER THAN THE EXECUTIVE				
DIRECTOR ABOVE, THERE ARE NO OTHER PAID				
OFFICERS, DIRECTORS OR KEY EMPLOYEES				

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

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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or 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 Was there a liquidation, dissolution, termination, or substantial contraction 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** **N/A**

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 unpaid at the start of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► **N/A** , section 4912 ► **N/A** ; section 4955 ► **N/A**

b Section 501(c)(3) and (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," complete Schedule L, Part I

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► **N/A**

d Enter amount of tax on line 40c reimbursed by the organization ► **N/A**

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. ► **NEW MEXICO**

42a The books are in care of ► **CARRIE LEIGH CLOUTIER** Telephone no ► **575-625-0112**
Located at ► **500 NORTH MAIN STREET, ROSWELL, NM** ZIP + 4 ► **88203**

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: ► **N/A**

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. ► **N/A**

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** **N/A**

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

	Yes	No
33		✗
34		✗
35a		✗
35b	N	A
36		✗
37b	N	A
38a	N	A
38b	N/A	
39a	N/A	
39b	N/A	
40b		✗
40e	N	A

	Yes	No
42b		✗
42c		✗

	Yes	No
44		✗
45	N	A

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

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. Yes No
 46 X
 47 X
 48 X
 49a X
 49b A

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization(s) a section 527 organization?

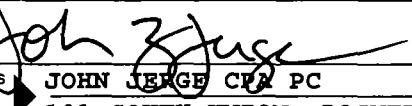
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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
NOT APPLICABLE				
Total number of other employees paid over \$100,000 ► 0				

51 Complete this table for the 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
NOT APPLICABLE		
Total number of other independent contractors receiving over \$100,000 ► 0		

Sign Here	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	
		12/14/09 Date
	► CARRIE LEIGH CLOUTIER, EXECUTIVE DIRECTOR Type or print name and title	12/8/09

Paid Preparer's Use Only	Preparer's signature ► 	Date 12/8/09	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) 85-0472580
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► JOHN GEORGE CPA PC 101 SOUTH UNION, ROSWELL, NM 88203	EIN ► P00091314	Phone no ► 575-627-7595	

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

Form 990-EZ (2008)

Chaves County CASA Program Board Roster

Name	Affiliation	BDay	Term	Annv.	Address	Work/Cell Phone	Home Phone	Fax	e-mail
Ragsdale, Cindy <i>President</i>	Owner, Pecos Flavors Winery	11-30	2009	12/06	3727 Whitehead Road 626-2031 cell	627-6265 623-3940			cindy@pecosflavorswinery.com
Salazar, Mary <i>Vice-President</i>	School Administrator	2-19	2009	5/06	2201 West Mescalero 910-2020 cell	627-2781 622-3407	623-7737		marysalazar5@yahoo.com
Visser, Stephanie <i>Secretary</i>	Dairy	2-12	2011	5/08	3882 E. Hobson	626-5104 cell	627-7827	627-6247	wemilkum@swwwmail.net
Hicks, Anne <i>Treasurer</i>	Accountant, HEYCO Energy Group	10-1	2011	10/96	407 Harris	623-6601 840-9931 cell		627-2439	ahicks@heycoenergy.com
Armijo, Danny <i>Past-President</i>	New Mexico M.E.P.	11-1	2009	2/01	400 N. Penn Suite 670B	420-2793 cell 624-3219	624-2647	625-6736	dannyarmijo2@yahoo.com dannya@newmexicomep.org
Armstrong, Judy	President ENMU-R, Retired	12-12	2009	5/98	P.O. Box 178	626-4729 cell	622-9218	622-9218	armtel@cableone.net
Bell, Mary	ENMU-R, Special Services Adjunct Instructor	9-14	2012	3/09	3601 La Joya Road	626-3995	622-6534		maryabell@cableone.net
Coggins, Frank	Attorney, NMMI	11-8	2011	4/95	2701 Gaye Drive	624-8014	623-3973	624-8025	coggins@nmmi.edu
Donnell, Bob	Economic Development	11-8	2011	4/08	P.O. Box 849 519 Mission Arch	622-1975 317-2089 cell	623-3530	624-6870	rdonnell1@chavescounty.net
Faubus-McCarty, Dorrie	Marketing Consultant	2-2	2011	1/94	3982 S. Springs Loop	637-2324 cell	622-1897	625-6661	2128dfm@gmail.com
Hinkle, Rosemary	Oil & Gas	9-22	2009	4/04	1213 W. 3 rd	626-1379	623-1366		rhinkle@cableone.net
Leach, Brett	Stockbroker, Merrill Lynch	11-21	2009	4/00	P.O. Box 2128	627-4448 800-727-5157	622-8937 626-2319 cell	866-522-3760	brett_leach@ml.com
Picon, Mario	Manager, Coca-Cola	12-4	2011	10/99	3104 S. Main	624-7626 420-9280 cell		622-8403	mapicon@nacokecce.com
Smith, Andi	Accountant	11-25	2009	4/91	P.O. Drawer 1517	622-5200	622-8937	622-5206	asmith@ggas.com
Stiles, Larry	Funeral Home Director	1-1	2009	5/98	411 North Missouri	622-1121	623-1281	622-9003	ballard@dfm.com
Jones, Bill	Volunteer Rep	7/7	3/05		274 Adobe Mesa	317-3793 cell	627-2090		bndjones@plateauel.net
Cloutier, Carrie-Leigh <i>Executive Director</i>		11-1	11/87		P.O. Box 2131	625-0112	622-7407	625-0213	casakids@dfm.com cloutier@dfm.com

Revised 5/1/09

FORM 990-EZ ATTACHMENT**CHAVES COUNTY CASA, INC.**

Part I Revenue, Expenses, and Changes in Net Assets

Line 16 - Other Expenses

Year ended June 30, 2009

Auto Expense	8,157
Bank, credit card and other charges	3,458
Depreciation expense	15,574
Direct Services	16,632
Dues and subscriptions	275
Education	11,016
Equipment not capitalized	1,915
Fundraising	10,484
Insurance - liability, workers comp	15,731
Meals	3,736
Miscellaneous expense	1,951
Office expense	21,523
Staff Appreciation	5,696
Training, meals and travel	5,155
Volunteer recruitment/appreciation	<u>10,791</u>
Total Other Expenses	<u><u>132,094</u></u>

FORM 990-EZ ATTACHMENT

CHAVES COUNTY CASA, INC.

Part I Revenue, Expenses, and Changes in Net Assets

Line 20- Other Changes in Net Assets

Year ended June 30, 2009

Audit had not been completed at time the Form 990 for the year ended June 30, 2008 was completed. Audit adjustments proposed to capitalize assets, record accounts receivable and accounts payable.....

Prior Period Adjustments (19,579)

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization CHAVES COUNTY CASA INC	Employer Identification number 85-0375943
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 500 NORTH MAIN - SUITE B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROSWELL, NM 88201	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **CARRIE LEIGH CLOUTIER, EXECUTIVE DIRECTOR**

Telephone No. ► **575-625-0112**

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **N/A** . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year _____ or
► tax year beginning **JULY 1, 2008** , and ending **JUNE 30, 2009** .

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$N/A
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$N/A
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)