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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

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 \$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.

A For the 2008 calendar year, or tax year beginning JULY 1, 2008, and ending JUNE 30, 2009

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

I Website: ▶ **WWW.CASAKIDS.ORG**

J Organization type (check only one) - 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.

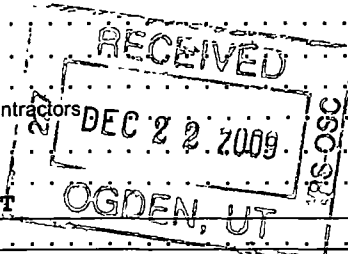
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 817,103

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

	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
Revenue	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 ▶ 9		817,103
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 ▶ 17		743,765
Net Assets	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 ▶ 21		202,200

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	



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

		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		X
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		X
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		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a N/A		
37b	b Did the organization file Form 1120-POL for this year?	N	A
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?	N	A
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		N/A
39b	b Gross receipts, included on line 9, for public use of club facilities		N/A
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		
40b	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		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ N/A		
40e	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	N	A
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		
42b	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)?		X
	If "Yes," enter the name of the foreign county: ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	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 <input type="checkbox"/> 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		X
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	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 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

49a		X
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- b If "Yes," was the related organization(s) a section 527 organization?

49b	N	A
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- 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


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: 12-14-09

Type or print name and title: **CARRIE LEIGH CLOUTIER, EXECUTIVE DIRECTOR** Date: 12/8/09

Paid Preparer's Use Only

Preparer's signature:  Date: 12/8/09 Check if self-employed: Preparer's Identifying Number (See instructions): 85-0472580

Firm's name (or yours if self-employed), address, and ZIP + 4: **JOHN JERGE CPA PC** EIN: P00091314

101 SOUTH UNION, ROSWELL, NM 88203 Phone no: 575-627-7595

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

Chaves County CASA Program Board Roster

Name	Affiliation	BDay	Term	Anniv.	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	627-6265 626-2031 cell	623-3940		cindy@pecosflavorswinery.com
Salazar, Mary <i>Vice-President</i>	School administrator	2-19	2009	5/06	2201 West Mescalero	627-2781 910-2020 cell	622-3407	623-7737	marysalazar5@yahoo.com
Visser, Stephanie <i>Secretary</i>	Dairy	2-12	2011	5/08	3892 E. Hobson	626-5104 cell	627-7827	627-6247	wemikum@swwmail.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	420-2793cell 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 call first	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@nmml.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	637-2324cell	622-1897	625-6661	2126dfm@gmail.com
Hinkle, Rosemary	Oil & Gas	9-22	2009	4/04	1213 W. 3 rd	626-1379	623-1366		rhinke@cableone.net
Leach, Brett	Stockbroker, Merrill Lynch	11-21	2009	4/00	P.O. Box 2128	627-4448 800-727-5157 626-2319 cell	622-8937	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@na.cokecece.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@dfn.com
Jones, Bill <i>Volunteer Rep</i>		7/7		3/05	274 Adobe Mesa	317-3793 cell	627-2090		bndjones@plateautel.net
Cloutier, Carrie-Leigh <i>Executive Director</i>		11-1		11/87	P.O. Box 2131	625-0112	622-7407	625-0213	casakids@dfn.com cloutier@dfn.com

**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	10,791
Total Other Expenses	<u>132,094</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

Department of the Treasury
Internal Revenue Service

▶ 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
	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	
	File by the due date for filing your return. See instructions	

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	\$/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	\$/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.