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# SCANNED DEC 0 6 2010

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

, 2009, and ending

OMB No 1545-0047

Open to Public Inspection

A F	or the	e 200	9 cale	ndar	year	, or ta	ax ye	ar be	ginnin	ng				, 20	09, a	nd e	ending					, 2	20	
Вс	heck if ap	plicable		C Na	me of	organiz	zation	CASE	EY'S	CHZ	ARIT	IES,	, IN	ic.					D Em	ployer i	dentifica	tton nu	mber	
	Addre		use IRS label or	Do	ing Bu	siness ,	As												20	5-233	32243	}		
	7	change	print or	Nu	ımber	and str	reet (or	rPO b	ox if ma	all is no	ot delive	ered to s	street a	ddress)			Room/su	ıte	E Tel	ephone	number			
	Initial	return	type See	1 3	SE (	CONV	ENIF	ENCE	BLV	JD									(51	5) 9	65-61	151		
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_	Applic	ation	F Na					ncipal (			LIE	JACE	OWS	ΚI				┪			oup return	n for	Yes	X No
_	pendir	ng						BLVD							72					ffiliates? .re all affil	liates inclu	ıded?	Yes	No
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وة در	3	Numb	er of v	oting i	memt	ers of	the g	joverni	ing boo	ty (Pa	ırt VI, I	ine 1a)	·	<i>.</i>							. 3			<u>5</u>
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ξį	5	Total i	numbe	r of er	mploy	ees (P	art V, I	line 2a	ν												. 5			0
Ä								e if nec	essary	n.											6			25
	7 a	Total (	gross ı	ınrela	ted bu	usines	s rever	nue fro	om Par	t VIII,	colum	ın (C),	line 12	2							7a			
	b	Net ur	relate	d busi	iness	taxabl	e inco	me fro	m Fon	m 990	)-T, lin	e 34 .									. 7b			
																			Pric	r Year		Cu	rrent Y	'ear
	8	Contri	bution	s and	grant	s (Parl	VIII, I	ine 1h	)								[				0.			0.
Ē	9	Progra	am ser	vice re	evenu	e (Part	VIII, le	ine 2a)	)						• •				- 4	58,7	86.		450	,129.
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	11	Other	reveni	ie (Pa	art VII	l colu	mn (A	(. y, .) lines	6d	8c 9	ic 10c	 and 1	1e)	• • • •							0.			0.
	12	Total	revenu	n - ad	ld line	e 8 th	rough	.,, iii.cs . 11 /m	uet ea	, oo, o ual Da	rt VIII	colum	n (Δ)	 line 12			<u>.</u>			58,7	1_		450	,129
_																				98,5				,258.
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		14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)																						
98	15	Calarics, stror compensation, employee periodic (rare ix, column (ry, inter or roy)											0.											
Expenses	16a	Protes	ssional	fundr	raising	tees (	(Part IX	X, colu	ımn (A	) line	11e)	,		<del></del>					<u>, , , , , , , , , , , , , , , , , , , </u>		0.		t. Epsi	0.
×	b	Total	fundra	ising 6	expens	ses, Pa	art IX,	colum	ın (D), l	line 2	5) 🤘 🗓	<u>-Ci</u>	=  \\	$\equiv D$		<u> </u>		1.						
_	117	Other	expen	ses (F	Part IX	(, colur	mn (A)	), lines	11a-1	1d, 11	1f=24f)	· · ·		<del></del>	¬()	ļ.,				.02,6				,826.
	18	Total o	expens	es A	dd lin	es 13-	·17 (m	iust eq	jual Pai	ή IX,	columi	ין (A), ו <sup>ו</sup>	nę_25)	) (19 ·	180	١.,	[			301,2				,084.
	19	Rever	ue les	s expe	enses	Subt	ract lin	ne 18 f	rom lın	e 12	! ! !	, v . r		<u> </u>	ان	<u> </u>			1	57,5	56.		-29	, 955.
Net Assets or Fund Balances															_]∝		Ĺ	В	•	ing of Y		Er	d of Y	
seta	20	Total :	assets	(Part )	X, lıne	16)				l	. 0.0	171	ZA!	.1.1.7		į.,	<b>.</b> L		1	57,5	56.		127	,601.
A B	21	Total	liabilitie	es (Pa	ırt X, li	ne 26)	)					الاز	_ I V ,	01		ַ וַ	[				i			
ž.	22	Net as	sets o	r fund	d bala	nces	Subtra	act line	21 fro	m line	e 20.						[		1	.5 <b>7</b> ,5	56.		127	,601.
Pa	ırt II	Sig	gnatui	e Blo	ock																			
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Part	V- Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			İ
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		,,
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			х
40	complete Schedule D, Part IV	9		_^
10	quasi-endowments? If" Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		<del></del>
• •	VII, VIII, IX, or X as applicable	11		l x
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			}
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	-		
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12				
	complete Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	40		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		_^
D	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140	<b></b>	ļ
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	<del></del>		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19_		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	Х

Form **990** (2009)

Form 9	90 (2009) 26-2332243		1	Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			1
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
		-		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			x
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
_	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	•	24u		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	05-		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			ŀ
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	5.	6,	1 2
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		150	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	7,50	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
b	·	28b		Х
	Schedule L, Part IV	200		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L			.,
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
• .	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	-		$\vdash$
39		35		X
2.0	Schedule R, Part V, line 2	35		<del>  ^</del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			•
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			l
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			1
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
			990	(2009)

Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		4
_	gaming (gambling) winnings to prize winners?	1 c	^	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	700		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		33.22
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
2-	Instructions)			1
зa	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	ASSESSED.	X
h	this return?	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 35		-
→a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
h	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	100		1
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			X
	organization solicit any contributions that were not tax deductible?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			12.0
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	13	- AL	3, 1
Ī	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		10.70	
_	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		^
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
"	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		F 45	
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		5	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			***
	Initiation fees and capital contributions included on Part VIII, line 12	\$7 42		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders 11a			
	Gross income from members or shareholders			
D	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	र <b>ेड्-</b>		

Statements Regarding Other IRS Filings and Tax Compliance

Part V: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management			
	1 . 1		Yes	No
1a	Enter the number of voting members of the governing body	<u> </u>		
b	Enter the number of voting members that are independent	4 !		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			,,
	supervision of officers, directors or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1		.,
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following			
а	The governing body?	8a		Х
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	Х	
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal	1		
Reve	enue Code.)		···	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	ļ
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ļ		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
•		120		
С	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
	Does the organization have a written document retention and destruction policy?	14		X
14 15	Did the process for determining compensation of the following persons include a review and approval by			_
19		!		
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a		
a		15b		<u> </u>
b	Other officers or key employees of the organization	130		
160				
16a	with a taxable entity during the year?	16a		X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16h		
Sect	tion C. Disclosure	1100		
17	Last the state of the Form 2000 to account to be fled by IA.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3			
	available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. X Upon request.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the second control of the conflict of	erest		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of to organization PATTY RICHARDSON 1 SE CONVENIENCE BLVD ANKENY, IA 50021-9672	the		

Form **990** (2009)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - · List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per						oly)	Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ROBERT J. MYERS										
DIRECTOR	<del></del> .	Х			_		ļ	0.	0.	0.
WILLIAM J. WALLJASPER		١,,					ļ			0
DIRECTOR		Х					_	0.	0.	0.
JULIA L. JACKOWSKI DIRECTOR		X	j					0.	o.	0.
MICHAEL R. RICHARDSON										
DIRECTOR		Х						0.	0.	0.
PATRICIA M. RICHARDSON DIRECTOR		Х						0.	0.	0.
DIRECTOR		^				<u> </u>	-	0.	0.	
									·	
		-								
								-		· · · · · · · · · · · · · · · · · · ·
						:				-

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es,	and I	Higl	hest Compensat	ed Employees	(continued	)
(A) Name and title	(B) Average hours per	Posit			k all	that app		(D)  Reportable compensation	(E) Reportable compensation	Esti	(F) mated ount of
	week	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	ot compe ) from organ and	ther ensation in the nization related izations
	-										
											·
1b Total								0.	(	) -	0
2 Total number of individuals (including but not reportable compensation from the organization			liste	d a	bov	e) wh	o re	eceived more than	\$100,000 in		
											Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede										3	Х
4 For any individual listed on line 1a, is the the organization and related organizations	greater th	nan \$	150	0,00	0?	If "Y	'es,'	" complete Sched	ule J for such		
individual	e or accr	ue c	omp	ens	satio	on fro	om	any unrelated of	organization for	4	X
services rendered to the organization? If "Yes,"  Section B. Independent Contractors	complete	Scheo	ule	J fo	r su	cn pe	rsor	<u> </u>	<u> </u>	5	X
Complete this table for your five highest compensation from the organization	compensa	ted ır	ndep	en	den	con	trac	ctors that received	d more than \$	100,000	of
(A) Name and business add	ress						Τ	(B) Description of se	04000	(C) Compensa	etion
Hame and business add	1633		-					Description of se	TVICES	Compense	
							+				
								·			
								<del></del>			
2 Total number of independent contractors (if more than \$100,000 in compensation from the more than \$100,00				nite ——	d to	0 0	se I	isted above) who	received		

Par	t VIII	Statement of Revenue	···		26-2332243		
	.,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns					
	g h	Total. Add lines 1a-1f		0			
en.			Business Code				
Program Service Revenue	2a b c	ANNUAL GOLF OUTING  VARIOUS FUNDRAISING IN CASEY'S STORES		151,815. 298,314	151,815 298,314		
Program	e f g	All other program service revenue		450,129			
	3 4 5	Investment income (including dividends, interest other similar amounts)	st, and  coceeds	0 0			
	6a b c	Gross Rents					
	d 7a	Ret rental income or (loss)	(II) Other	0			
	b	Less cost or other basis and sales expenses  Gain or (loss)					
	d	Net gain or (loss)	<u> ▶</u>	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18					
ije He	b	Less direct expenses b					
Ō	9a	Net income or (loss) from fundraising events		0.			
	ь	Less direct expenses b					
	102	Net income or (loss) from gaming activities Gross sales of inventory, less		0.			]
		returns and allowances					
		Net income or (loss) from sales of inventory.		0			
			Business Code				
	11a						
	ь						
	С			<del></del>		<del></del> .	
	d	All other revenue		0			
	1 2	Total. Add lines 11a-11d		450,129	450,129	·	
		- Carl Revenue. Occ mandendid		/			l

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	ete column (A) but are	e not required to con	ipiete columns (B), (C	), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	415,258.	415,258.		
2	Grants and other assistance to individuals in				
_	the US See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
٠	organizations, and individuals outside the				
	US See Part IV, lines 15 and 16	0.			
		0.			· • · · · ·
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	0.			
	trustees, and key employees	· · · · · · · · · · · · · · · · · · ·			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salanes and wages	0.			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			_
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees)				
а	Management	0.			
	Legal	0.		•	
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.			
	Investment management fees	0.			
	Other	0.			
12	Advertising and promotion	0.			
	Office expenses	64,826.	64,826.		
13	·	0.	, , ,		
14	Information technology	0.	-		
15	Royalties	0.			
16	Occupancy	0.			
17	Travel				
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings			w	
20	Interest				
21	Payments to affiliates	0.	-		
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а					
b					
С					
d					
A					
f	All other expenses		-		
	Total functional expenses Add lines 1 through 24f	480,084.	480,084.		
26	Joint Costs. Check here ▶ If following			· ·	
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part	Χs	Balance Sheet			
•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	157,556.	1	127,601.
	2	Savings and temporary cash investments		2	
		Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
1		Land, buildings, and equipment cost or 10a			
'		other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation		10c	
1	1	Investments - publicly traded securities		11	
- 1	2	Investments - other securities See Part IV, line 11		12	
I -	3	Investments - program-related See Part IV, line 11		13	
- 1	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	157,556.		127,601.
	17	Accounts payable and accrued expenses		17	•
	18	Grants payable		18	
_	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
<b>a</b>	22	Payables to current and former officers, directors, trustees, key		<del>   </del>	
≣		employees, highest compensated employees, and disqualified			
벁		persons Complete Part II of Schedule L		22	
,	23	Secured mortgages and notes payable to unrelated third parties		23	······································
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
ဥ၂့	27			27	
<u> </u>		Unrestricted net assets		28	
m 4	28	Temporarily restricted net assets		29	
<u> </u>	29	Permanently restricted net assets	<u> </u>	29	
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ X and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<b>₹</b>  3	32	Retained earnings, endowment, accumulated income, or other funds	157 <b>,</b> 556.		127,601.
Net	33	Total net assets or fund balances	157,556.		127,601.
	34	Total liabilities and net assets/fund balances	157,556.	34	127,601.

Form **990** (2009)

	rt XI Financial Statements and Reporting		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		<i>~</i> .	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		
		Form	990	(2009)

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

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CASEY'S CHARITIES, INC.

Employer identification number
26-2332243

JASE	ıı,	S CHARIT.	LES, INC.							20-23	32243		
Part	i	Reason fo	r Public Chari	ty Status (All organi	zations m	ust compl	ete this p	oart ) Se	e instruc	tions			
he o	rga	nization is no	t a private found	lation because it is (F	or lines 1 t	hrough 11,	check on	ly one box	<b>(</b> )				
1		A church, co	nvention of chur	rches, or association o	of churches	described	ın sectio	n 170(b)(	1)(A)(i).				
2		A school des	scribed in <mark>sectio</mark>	n 170(b)(1)(A)(ii). (Att	ach Sched	ule E)							
3		A hospital or	r a cooperative h	hospital service organi	zation desc	cribed in sec	ction 170	(b)(1)(A)	(iii).				
4		A medical r	esearch organiz	ation operated in co	njunction v	with a hosp	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the		
		hospital's na	ime, city, and sta	ate									
5		An organiza	tion operated fo	or the benefit of a col	lege or un	versity ow	ned or o	perated b	y a gove	rnmental	unit described in		
-		section 170	(b)(1)(A)(iv). (Co	omplete Part II )									
6		A federal, st	ate, or local gov	vernment or governme	ntal unit de	scribed in s	section 1	70(b)(1)( <i>i</i>	4)(v).				
7	Х	An organiza	tion that normal	lly receives a substant	tial part of	its support	from a g	governme	ental unit	or from t	he general public		
_		described in	section 170(b)(	1)(A)(vi). (Complete P	art II)								
8		A communit	y trust described	d in section 170(b)(1)(	A)(vi). (Co	mplete Part	tII)						
9				lly receives (1) more				m contrib	utions, m	nembersh	ip fees, and gross		
_	_			ted to its exempt fun									
				ment income and uni									
		• •	•	after June 30, 1975				•		·			
10 F	$\neg$		-	nd operated exclusive									
11	ヿ	•	-	and operated exclusi	-					ns of, or	to carry out the		
_	_			ublicly supported orga									
				at describes the type o									
		a Typ	_	Type II c		e III - Fund					pe III - Other		
e	X		_	ertify that the organiz			•	-	rectly by	one or	more disqualified		
		•		ion managers and oth				-					
		•	section 509(a)(					• •	•				
f				, I a written determina	tion from t	he IRS tha	atıtıs a	Type I, T	ype II, o	r Type III	supporting		
		_	, check this box					•	••	•	··		
g		•	•	the organization acce	pted any q	ift or contri	bution fro	m any of	the				
•		following pe		Ü	. , ,			•					
		• .		or indirectly controls	, either ald	one or tog	ether wit	h person	s descrit	ped in (ii)	Yes No		
		and (III)	below, the gove	erning body of the supp	ported orga	anization?					11g(i) X		
		(iii) A family member of a person described in (i) above?											
				of a person described		above?					11g(III) X		
h			•	ation about the suppo		•				• • • • •	,		
(i) N	ame	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify	(vi) l	s the	(vii) Amount of		
	orga	anization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col zed in the	support		
				(see instructions))	governing	document,		port?		S? """			
					Yes	No	Yes	No	Yes	No			
				-							<del></del>		
							1						
			-										
							<u></u>			<u>                                      </u>			
		<del></del>											
									1				
									1				
							ļ <u> </u>						
Total				ĺ				1		i			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you chec	kea the box or	line 5, 7, or 8	of Part I)			
Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")	0	0.	0	458,786	583,110	1,041,896
	morado any anasaargranio , i i i i i i i						
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf	0	0	0	0		0
	RS Defiail						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	0	0	0.	0.		0.
4	Total. Add lines 1 through 3	0	0.	0.	458,786.	583,110	1,041,896
-	•		36290			X 250 345 3	
5	The portion of total contributions by each		\$37,54	e se i un di	Jacob 1827		
	person (other than a governmental unit or	THE TRANSPORT OF THE PARTY OF THE PARTY.					
	publicly supported organization) included on line 1 that exceeds 2% of the amount	CONTRACTOR CONTRACTOR		2.5		**	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						1,041,896
	tion B. Total Support	The said services and the said	:2000 cm 2. 10.000 2. 1000 7			Commence of the Commence of th	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0	0	0	458,786	583,110	1,041,896
8	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties and income from similar	0.	0.	0.	0.		^
	sources	, ·		· ·	<u> </u>		
9	Net income from unrelated business						
	activities, whether or not the business is	0	0	0	0		٥
	regularly carried on	-	0		0		
10	Other income Do not include gain or						
	loss from the sale of capital assets			•			•
	(Explain in Part IV)	5 12 19 19 19 19 19 19 19 19 19 19 19 19 19		arian dan kacamatan dan	E. Johnson State Committee	The Carte of the State of the S	1 011 006
11							1,041,896.
12	Gross receipts from related activities, etc. (					12	
13	First five years. If the Form 990 is						
500	organization, check this box and stop here tion C. Computation of Public Sur			<del></del>	<u> </u>	<u> </u>	· · · · • • • • • • • • • • • • • • • •
	Public support percentage for 2009 (I			11 solumn (6)	<del></del>	14	%
14	Public support percentage from 2008	Schodulo A. Bo	ort II. lino 14	i i, columni (i))			
15	331/3% support test - 2009. If the	osannization did	not obsolv the		and line 14 is	334/2 <sup>9</sup> / or more	
IDa	this box and <b>stop here</b> . The organizat	•			•		
<b>.</b>	331/3% support test - 2008. If the						
U	check this box and <b>stop here</b> . The org						
170	10%-facts-and-circumstances test - 2	•					
1 / a	or more, and if the organization m						
	Part IV how the organization meets						
	_			_			
	organization						
D		· · · · · · · · · · · · · · · · · · ·					
	15 is 10% or more, and if the org						-
	Explain in Part IV how the organzat				-	•	• -
4.5	supported organization				47- 47'		▶ 🔲
18	Private foundation. If the organization		•				
	instructions	<u> </u>		· · · · · · · · · ·			
					9	chedule A (Form 99	n or 990-F71 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III-	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I.)

Sect	tion A. Public Support		_				
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")					1	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3					<b> </b>	
, α	received from disgualified persons						
b	Amounts included on lines 2 and 3		·	1	-		
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13	İ					
	\$5,000 or 1% of the amount on line 13 for the year	ļ					
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
J	line 6)				, '		
Sec	tion B. Total Support		1		<u>.                                    </u>	1	
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		. ,	\ <u>.</u>	· · ·	<u> </u>	
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources		ļ				
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses			Ì			
	acquired after June 30, 1975						
_			<del></del>	<del> </del>	<del></del>		
	Add lines 10a and 10b		-				
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on		1	+			<del>-</del>
12	Other income Do not include gain or						
	loss from the sale of capital assets		ļ				
4.0	(Explain in Part IV)			+			
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	46	alo first - · · ·	About English	f.f4h 4	<u> </u>	E04(a)(2)
14	First five years. If the Form 990 is for	=			=		
<del></del>	organization, check this box and stop here				<u></u>	· · · · · · · ·	· · · · · · •
	tion C. Computation of Public Sup	<del></del>		(0)		T T	
15	Public support percentage for 2009 (line 8					15	<u>%</u>
16	Public support percentage from 2008 Sche			· · · · · · · · · · · · · · · · · · ·		16	%
	tion D. Computation of Investmer					T T	
17	Investment income percentage for 2009 (In						<u>%</u>
18	Investment income percentage from 2008						%_
19a	33 1/3% support tests - 2009. If the or						. —
	17 is not more than 33 1/3 %, check the						
b	33 1/3% support tests - 2008. If the org						
	line 18 is not more than 331/3 %, check		=	-			_
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b			
JSA						Schedule A (Fo	rm 990 or 990-EZ) 2009

Part IV: Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information. See instructions

# SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection å

Commission		
	Altaci (O o o o o o o o o o o o o o o o o o o	
	Attach to Earn 990	
	Complete it the organization answered less to Form 330, Fait iv, mic 21 of 22.	
	CALL AND AND MAINT OF THE STREET STREET STREET STREET	

Employer identification number Yes 26-2332243 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part I General Information on Grants and Assistance CASEY'S CHARITIES, INC. Department of the Treasury Name of the organization Internal Revenue Service

1 (a) Name and address of organization (b) EIN (c) IRC s	Part IV and Schedule I-1 (Form 990) if additional space is needed	eeded	Pormisso, Part IV, fine 2 I, 101 any recipient that received findle than \$5,000 check this box in the capeta from 990) if additional space is needed			
	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIERTY-THE CHILDREN'S CHARITY 505 5TH AVE DES MOINE, IA 50309		000'08				LOCAL CHARITABLE CON
CENTRAL IOWA HONOR FLIGHT PO BOX 125 COUNCIL BLUFFS, IA \$1502-0125		334,258				LOCAL CHARITABLE DON
			t.			
2 Enter total number of section 501(c)(3) and government organizations	rganizations					
3 Enter total number of other organizations	ne Instruction	Instructions for Form 990.			Sche	Schedule I (Form 990) 2009

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26-2332243

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

# SCHEDULE O (Form 990)

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CASEY'S CHARITIES, INC.

Employer identification number

26-2332243

ATTACHMENT 1

GOLF OUTING

THE PRIMARY FUNDRAISING ACTIVITY FOR THE ORGANIZATION IS A GOLF
TOURNAMENT OPEN TO MEMBERS OF THE PUBLIC. PARTICIPANTS IN THE GOLF
TOURNAMENT WILL MAKE A CONTRIBUTIONS TO THE CORPORATION AS PART OF THE
FUNDRAISING ACTIVITIES. THE CORPORATION WILL INCUR EXPENSES ASSOCIATED
WITH THE OPERATION OF THE GOLF TOURNAMENT. THOSE EXPENSES WILL BE FUNDED
THROUGH DONATIONS OF THE PARTICIPANTS IN THE GOLF TOURNAMENT.

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE PRIMARY PURPOSE OF THE CORPORATION IS TO RAISE FUNDS FROM MEMBERS OF THE GENERAL PUBLIC IN ORDER TO MAKE GRANTS TO OTHER ORGANIZATIONS THAT HAVE BEEN GRANTED TAX-EXEMPT STATUS PURSUANT TO SECTION 501

(C) (3) OF THE INTERNAL REVENUE CODE AND THAT AS CLASSIFIED AS PUBLIC CHARITIES UNDER INTERNAL REVENUE CODE SECTION 509.