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Form **990-EZ**

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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 7/1/2009 , and ending 6/30/2010

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

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

C Name of organization
Mahoning County CASA/GAL Program, Inc.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
300 E Scott Street

City, town, or country | State | ZIP + 4
Youngstown | OH | 44505

D Employer identification number
34-1587264

E Telephone number
(330) 740-2239

F Group Exemption Number ▶

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

G Accounting Method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ www mccasa org

J Tax-exempt status (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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 20,004

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	13,186
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	305
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 4,563		
	b	Less direct expenses other than fundraising expenses	6b 1,301		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	3,262
	7a	Gross sales of inventory, less returns and allowances	7a 1,950		
	b	Less cost of goods sold	7b 1,495		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	455
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	17,208
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	4,556
	13	Professional fees and other payments to independent contractors		13	2,475
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	2,661
	16	Other expenses (describe ▶ See Attached Statement)		16	15,706
	17	**Total expenses.** Add lines 10 through 16 ▶		17	25,398
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-8,190
	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	35,050
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	26,860

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

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	32,005	22	24,301
23	Land and buildings	5,069	23	3,148
24	Other assets (describe ▶ See Attached Statement)	300	24	454
25	**Total assets**	37,374	25	27,903
26	**Total liabilities** (describe ▶ See Attached Statement)	2,324	26	1,043
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21).	35,050	27	26,860

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

What is the organization's primary exempt purpose? Training of CASA's for Abused & Neglected 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, and other relevant information for each program title.

			Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28	Training, travel and recruiting of volunteers for abused and neglected children that are going through the court system (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	23,253
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	23,253

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
See Attached Schedule	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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 why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed. ▶			
42 a	The organization's books are in care of ▶ Jeffrey Heintz Telephone no. ▶ (330) 740-2239			
	Located at ▶ Mahoning Cty CASA 300 E Sc City Youngstown ST OH ZIP + 4 ▶ 44505			
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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ?	42c		X
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ 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	44		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	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶

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

▶ Jeffrey D. Heintz — Feb. 10, 2011
Signature of officer — Date

▶ Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's identifying number (See instructions)
▶ Marie Belloto	1/5/2011	▶ ☐	
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Belloto and Associates, Inc 32 State St Suite 200, Struthers, OH 44471			EIN ▶ Phone no ▶ (330) 755-7064

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization	Employer identification number
Mahoning County CASA/GAL Program, Inc.	34-1587264

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
									0
									0
									0
									0
									0
Total									0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar 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
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						0

Section B. Total Support

Calendar 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	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0					0
11 **Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc (see instructions) . . . **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ► ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . .	**14**	0 00%
15	Public support percentage from 2008 Schedule A, Part II, line 14 . . .	**15**	0.00%

16a **33 1/3% support test–2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ► ☐

b **33 1/3% support test–2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ► ☐

17a **10%-facts-and-circumstances test–2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test–2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions ► ☐

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)

Section A. Public Support

Calendar 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 ")	23,494	47,914	37,216	23,294	13,186	145,104
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	8,259	1,080	5,855	7,065	4,563	26,822
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 **Total.** Add lines 1 through 5	31,753	48,994	43,071	30,359	17,749	171,926
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6)						171,926

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	31,753	48,994	43,071	30,359	17,749	171,926
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	179	282	362	355	305	1,483
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	179	282	362	355	305	1,483
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0					0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	31,932	49,276	43,433	30,714	18,054	173,409

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.14%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	99.28%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	0.86%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	0.72%

19a **33 1/3% support tests–2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33 1/3% support tests–2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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

Part I, Line 16 (990-EZ) - Other Expenses

15,706

1	Travel	1	1,355
2	Meals and entertainment	2	234
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	1,709
6	Depreciation	6	1,921
7	Depletion	7	
8	Equipment rental and maintenance	8	862
9	Interest	9	90
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Director/Staff & Volunteer Training	13	1,349
14	Volunteer Support	14	180
15	Advertising/Recruiting Volunteers	15	2,125
16	Payroll Taxes/Ohio Charitable Trust Filing Fees	16	392
17	BCI Criminal Investigation	17	131
18	Office	18	942
19	Bank Charges	19	79
20	Dues and Subscriptions	20	489
21	Insurance	21	1,772
22	Equipment Repairs	22	1,898
23	Miscellaneous	23	178
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

Mahoning County CASA/GAL Program, Inc 34-1587264

Part II, Line 24 (990-EZ) - Other Assets

300 454

	Description	Beginning	End
1	Prepaid Expenses	267	421
2	Deposit W/C	33	33
3			
4			
5			
6			
7			
8			
9			
10			

Mahoning County CASA/GAL Program, Inc 34-1587264

Part II, Line 26 (990-EZ) - Liabilities

2,324 1,043

	Description	Beginning	End
1	Accrued Liabilities & Taxes Withheld	331	528
2	Loans Payable	1,993	515
3			
4			
5			
6			
7			
8			
9			
10			

Assets by Classification - 990EZ

6/30/2010 Mahoning County CASA/GAL Program, Inc. 34-1587264

Item No	Description of Property "***" indicates SOLD	Date Placed In Service	Asset Code	Bus. Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Conv Code	Prior Accum Deprec, 179, Bonus	2009 Deprec	2009 Accum Deprec
5-yr Computers (not listed)															
3	Dell Computer	12/31/2003	F-5	100 00%	1,334	0	0	0	1,334	7	SL/GDS	MM	1,088	191	1,279
11	Dell Computer	10/20/2007	F-5	100.00%	811	0	0	0	811	5	SL/GDS	MM	277	162	439
9	Dell Computer	11/1/2007	F-5	100 00%	1,399	0	0	0	1,399	5	SL/GDS	MM	455	280	735
	Total 5-yr Computers and peripherals (not listed proper				3,544	0	0	0	3,544				1,820	633	2,453
5-yr Office mach (data handling)															
10	Copier	10/23/2006	F-6	100 00%	5,899	0	0	0	5,899	5	SL/GDS	MM	3,196	1,180	4,376
	Total 5-yr Office machinery (data-handling equipment, e				5,899	0	0	0	5,899				3,196	1,180	4,376
7-yr Office furn, fixtures, equip															
1	Cannon Copier	6/27/1997	F-11	100 00%	6,155	0	0	0	6,155	7	SL/GDS	MM	6,155	0	6,155
2	Furniture	6/18/1998	F-11	100 00%	3,310	0	0	0	3,310	7	SL/GDS	MM	3,310	0	3,310
4	Furniture	9/30/1998	F-11	100 00%	376	0	0	0	376	7	SL/GDS	MM	376	0	376
5	Equipmemt/ Computer	6/26/2000	F-11	100 00%	534	0	0	0	534	7	SL/GDS	MM	534	0	534
6	Office Desks	8/17/2001	F-11	100 00%	2,139	0	0	0	2,139	7	SL/GDS	MM	2,139	0	2,139
7	Office Furniture	9/14/2001	F-11	100 00%	617	0	0	0	617	7	SL/GDS	MM	616	0	616
10	LCD Projector	6/4/2008	F-11	100.00%	753	0	0	0	753	7	SL/GDS	MM	112	108	220
	Total 7-yr Office furniture, fixtures and equipment				13,884	0	0	0	13,884				13,242	108	13,350
	SubTotals				23,327	0	0	0	23,327				18,258	1,921	20,179
	Less: Assets Sold				(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
	Ending Totals				23,327	0	0	0	23,327				18,258	1,921	20,179

Mahoning County CASA/GAL Program, Inc.
Form 990
June 30, 2010
34-1587264

Form 990-EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

	Name & Address	Title & Average Hours / Week	Compensation	Benefits	Expenses
1	Bonnie Lohr JJC - Sealing & Expungemen 291 S. Broad Street Canfield, OH 44406	President 2	0	0	0
2	Dennis Zitello Hammer Wines 3350 Oakmont Dr Hubbard, OH 44425	Vice President 2	0	0	0
3	Linda Renfrew 2474 Lyon Blvd Poland, OH 44514	Treasurer 5	0	0	0
4	Jeff Schantz The University of Akron 5603 Anthos Court Boardman, OH 44512	Secretary 2	0	0	0
5	Cathy Gagliardi Supervision Family Services Dept CSB 6211 Gibson Road Canfield, OH 44406	Director 2	0	0	0
6	Christopher Bellas Professor, YSU P.O Box 56 Masury, OH 44438	Director 2	0	0	0
7	Jeff Heintz Atty-Manchester, Bennett, Powers & Ullman 692 Presidential Dr Youngstown, OH 44512	Director 2	0	0	0
8	Joseph Kilgore Accountant Hill Barth & King 210 Union Street Columbiana, OH 44408	Director 2	0	0	0
9	Lisa Knight-Jordan Victim Witness Coordinator-JJC 65 Gladstone St. Campbell, OH 44405	Director 2	0	0	0
10	Brian Laraway Bury Financial Group 6856 Berry Blossom Ave Canfield, OH 44406	Director 2	0	0	0

Mahoning County CASA/GAL Program, Inc.
Form 990
June 30, 2010
34-1587264

Form 990-EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

	Name & Address	Title & Average Hours / Week	Compensation	Benefits	Expenses
11	Susan Paczak 3012 Hamman Drive Youngstown, OH 44511	Director 2	0	0	0
12	Kim McGraw-Wilson Pediatric Occupational Therapist 6608 Covington Cove Canfield, OH 44406	Director 2	0	0	0
13	Tracey Winbush 137 Greeley Lane Youngstown, OH 44505	Director	0	0	0
14	Patricia Wagner Chairman, YSU Dept of Crim Justice 57 Homestead Drive Boardman, OH 44512	Director 2	0	0	0
	Renee Battafarano 7691 Spring Park Dr Boardman, OH 44512	Exec Director 6	2,423	0	0

Form 990, Part V-A - List of Officers, Directors, Trustees and Key Employees (continued)

75b	Bonnie Lohr	President	Sister of Treasurer
	Linda Renfrew	Treasurer	Sister of President

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- 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 File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	Mahoning County CASA/GAL Program, Inc	34-1587264
	Number, street, and room or suite no. If a P.O box, see instructions 300 E Scott Street	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Youngstown OH 44505	

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

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► Jeff Heintz Mahoning Cty CASA 300 E Scott St Youngstown OH 44505

Telephone No. ► (330) 740-2239 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) _____. 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 2/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
► [ ] calendar year _____ or
► [X] tax year beginning 7/1/2009, and ending 6/30/2010.

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

3 a	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	$
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	$
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.