

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## **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)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

_			-									<del></del>
		For t	he 2009 calen	dar year,	or tax year beginni	ng Jul 1	, 200	09, and endin	<b>g</b> Jun	30	,	, 2010
E	<b>1</b>	Check	ıf applicable		C Name of organization	on				D Employ	yer Identi	fication Number
			ddress change	Please use	West Virgin	in CASA Acu	rogistion	Tna		55	07549	0.4.2
		H	•	IRS label or print		(or PO box if mail is r				E Teleph		
		∐ <sup>N</sup>	lame change	or type. See				t addr)  Room/s	uite	i .		
		∐ Ir	nitial return	specific	2442 Kanawh	a Blvd., Ea	ast			(30	4) 3	43-4306
		Пт	ermination	Instruc- tions.	City, town or countr	ry	Sta	ite ZIP code + 4				
			mended return	1	Charleston		W	V 25311		G Gross	receints \$	115,899.
		Ħ		F Name	and address of principal of	officer		. 20011	H(a) Is this			
		∟^	pplication pending		•			05700	H(b) Are all			<b>≓ ≒</b>
_					Asbury 401 Tent			WV 25720		attach a list		
<u> </u>			k-exempt statu	ıs  X   501	ı(c) (3 ) <b>√</b> (ı	insert no )	4947(a)(1) or	527				
<u>J</u>		We	bsite: ► N/	<u>'A</u>					H(c) Group	exemption n	umber 🏲	
K		Forr	n of organization	X Corpora	ation Trust	Association Other	▶	L Year of Format	ion 1991	7 <b>M</b> s	State of le	egal domicile WV
П	<sub>a</sub>	rt I	Summ	arv								
- Line	Ť	1			ganization's mission	or most significa	nt activities:	Child Ab	use Pr	eventi	on	
			,		,	· · · · · · · · · · · · · · · · · · ·	_					
	ဋ္ဌ											
	<u> </u>					. – – – – – –						
	ē	•	Check this bo							·		
Č	3	3			if the organization obers of the governing			posea or mor	e than 25%	% or its as	1 1	1 1
•	d	4			t voting members o			o 16)				<u>11</u>
	<u>e</u>	-			yees (Part V, line 2		ouy (Fait VI, III i	e 10)			<del></del>	<del></del>
1	Ĭ	2			eers (estimate if ne	•						2
3	Activities & Governance	7-					(C) 10				<del></del>	<u> </u>
	`				ousiness revenue fro						7a	
2010			ivet unrelated	Dusiness	taxable income fro	III FOITH 990-1, III	le 34		·		7 b	<del></del>
						استت.			Р	rior Year		Current Year
ව	b	8			ts (Part VIII, line )					151,5	28.	115,899.
0 \ 2	2	9	Program serv	ice reven	ue (Pati VIII, line 2	<del>9}</del> (↑}						
NOV	2	10			art VIII, column (A),							
$\geq$	-	11	Other revenue	el@a¦rt Vi	II, column (A)ရ lines	s 5, Gd, 8c, 9c, 10	c, and 11e)					
_		12	Total revenue	= - add Iii	field through 11 (m	nustredual Part VI	II, column (A), I	ine 12)		151,5	28.	115,899.
$\bigcirc$		13	Grants and si	ımılar amo	ounts paid (Part IX.	-column (A), lines	1-3)		-			
₩		14	Benefits paid	to or for	LEUDE Hait M	olumn (A), line 4	)					<del></del>
\$	- 1	15	Salaries other	er compa	isation, employee b	enefits (Part IX c	olumn (A) lines	s 5.10)		45,6	573	57,538.
₹	8				g fees (Part IX, col			3 3 1 0)	-	10/0	,,,,,	37,330.
SCANNED	ا <u>چ</u>						)		7. 1	<i>4</i> 7	20.000 D.N	. 2005/00/2005 4 4 3 5 4
<i>y</i>	Expenses	b	Total fundrais	sing exper	nses (Part IX, colum	ın (D), line 25) 🕨		11,460.		alto St. J.		
	"	17	Other expens	es (Part I	X, column (A), lines	s 11a-11d, 11f-24f	)			95,4	102.	60,119.
		18	Total expense	es Add Iır	nes 13-17 (must equ	ual Part IX, colum	n (A), line 25)			141,0	75.	117,657.
		19	•		s Subtract line 18 f	•	,			10,4		-1,758.
_	9				<u> </u>				<del> </del>			
	Fund Balancos		T-1-1	(D	10				Begin	ining of Y		End of Year
	Bai	20	Total assets	• .	,				<u> </u>	21,5	_	27,337.
4	2	21	Total liabilitie	s (Part X,	line 26)				<u> </u>		0.	7,554.
		22	Net assets or	fund bala	inces Subtract line	21 from line 20				21,5	42.	19,783.
F	a	rt II	Signati	ure Bloc	:k							
			Under penaltie	s of perjuly;	declare that I have exar Declaration of preparer	mined this return, include	ling accompanying s	chedules and sta	tements, and	to the best	of my kno	wledge and belief, it is
			true, correct, a	and complete	Declaration of preparer	(other than officer) is be	ased on all informati	on of which prepa	rer has any l	knowledge		and policity it to
S	ig	n	<b>→</b> //						1	1/07	1	
	ler		Signature	of officer		_	-		Dat	te / UZ		
-		•	► M:			1 No. 2	Nicari					
			_ 1 1/	rint name and	e Dush L	executive	Director			- ·		
_			Турс ог рг	THE HOME OF				15.			l Des	
_				. 1				Date	Ch se	eck if If	(se	parer's identifying number e instructions)
	ai		Preparer's	910	· •		۸۸۸	1, 1, 1	en	nployed ►	Ш.	م
_	re		signature	- Ael	len 1 Co	ureen	( HA	10/61	10		/	001036745
• •	_	er's	Firm's name (	or HEL	EN MARCUM CE	PA AC	_					
_	SE	-	yours if self- employed),	▶ Rt.	1 Box 362-E				EI	N5	5 D	7471117
·	)nl	У	address, and ZIP + 4	Ham	<del></del>		WV 255	523		ione no	(304	) 524-7012
-	le:	the !	<del></del>			own above? (ac-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[Pn	ione no	1504	
	_				vith the preparer sh	<del></del>		<del></del>				X Yes No

_	n <b>990</b> (2009) West Virginia CASA Association, Inc.	<u>55-0</u>	<u> 75494</u>	3		Page 2
Rai	Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission:				-	
	Child Abuse Prevention					
	0.113.113.113.113.113.113.113.113.113.11					
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior				
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O		_		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	as?		Yes	X	No
•	If 'Yes,' describe these changes on Schedule O				41	
	·		_		1 / 1 / 2	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	/ expense locations	to othe	ion bu	total	9)
	expenses, and revenue, if any, for each program service reported	1000110113	10 00110	., .,	· total	
48	a (Code) (Expenses \$ 87,310. including grants of \$ 83,244.) (Re					
	To share ideas, express viewpoints, and attract					
	visibility for child abuse prevention in the state					
	and to gain greater knowledge of the problem.					
		<del>-</del> -				
41	(Code) (Expenses \$ including grants of \$) (Re	evenue	s			)
			·			
4.	: (Code) (Expenses \$ including grants of \$) (Re		ć			
40	(Code) (Expenses \$ including grants of \$) (Re	evenue	۹			)
		<b>_</b>				
		. – – –		<del>-</del>		
						. <b></b> .
Δ,	Other program services (Describe in Schedule O )					
71	·				`	
46	e Total program service expenses ► 87,310.					

	m 990 (2009) West Virginia CASA Association, Inc.	55-0754943	3	F	age
2a	Checklist of Required Schedules				
		Г		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' of Schedule A	complete	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 for public office? If 'Yes,' complete Schedule C, Part I	candidates	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		4		х
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i>	notice and	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete S Part I	the right to chedule D,	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	e, the	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Ye complete Schedule D, Part III	s,'	8		х
9	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' comple Schedule D, Part IV	te	9		х
	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-en 'Yes,' complete Schedule D, Part V	-	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, X as applicable	/II, VIII, IX, or	11	X	Belle in
	<ul> <li>Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' comple D, Part VI</li> </ul>				
	<ul> <li>Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII</li> </ul>				
	<ul> <li>Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or mo assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII</li> </ul>				
	<ul> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total asset Part X, line 16? If 'Yes,' complete Schedule D, Part IX</li> </ul>				
•	• Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D,	Part X			
•	<ul> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X</li> </ul>	addresses			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' con Schedule D, Parts XI, XII, and XIII		12		X
12/	A Was the organization included in consolidated, independent audited financial statement for the tax	Yes No			THE REAL PROPERTY.
10		2 A   X		4055-0	i
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  a Did the organization maintain an office, employees, or agents outside of the United States?	-	13 14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundra	isina.			
	business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	-	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 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 assistar individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	nce to	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services o column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	n Part IX,	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	Part VIII,	18		x

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

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

19

20

Х

Х

Page 4

No

X

Х

Х

Х

Yes

21

22

23

24a

24b

24c

55-0754943 Form 990 (2009) . West Virginia CASA Association, Inc. Part V ... Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 29 If 'Yes,' complete Schedule I, Parts I and III 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 24a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I

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

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

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV

c 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

29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32

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

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V,

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O 38

24d		
25a		X
25b		x
26		X
27		X
28a		Х
28b		X
28c		<u> </u>
29		Х
30		Х
31		Х
32		х
33		X
34		X
35		<u> </u>
36_		X
37		Х
38	х	

BAA

Form 990 (2009)

amounts due or received from them )

Form 990 (2009) West Virginia CASA Association, Inc. 55-0754943 Page 5 Part V . Statements Regarding Other IRS Filings and Tax Compliance Yes No 1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S 0 1 a Information Returns Enter -0- if not applicable 0 1 b b 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 gaming (gambling) winnings to prize winners? Х 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a Х this return? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a 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) 4a Х **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? **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 7 c Х 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f Х 7 q Х q For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Х Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Я Х 9 Sponsoring organizations maintaining donor advised funds. Х a Did the organization make any taxable distributions under section 4966? 9 a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9 b Х 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against

BAA Form 990 (2009)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

11b

12b

12a

Part VI 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.

Sec	tion A.	Governing Body and Man	agement								
										Yes	No
1 a	a Enter the	number of voting members of the	governing body	/		1 a	11				
ı	<b>b</b> Enter the	number of voting members that a	re independent			1ь	11				
2	Did any o	fficer, director, trustee, or key em ector, trustee or key employee?	ployee have a fa	amıly relatıonsh	ip or a business rela	ationsh	ip with any	other	2		<b>X</b>
3	Did the o	ganization delegate control over i , directors or trustees, or key em	management du plovees to a ma	ities customarily	performed by or un	nder the	e direct supe	ervision	3		x
4		ganization make any significant o	-	-					4		X
		prior Form 990 was filed?	•								
5	Did the o	ganization become aware during	the year of a ma	aterial diversion	of the organization	's asse	ts?		5		Х
6	Does the	organization have members or sto	ockholders?						6		Х
7	a Does the	organization have members, stoc body?	kholders, or othe	er persons who	may elect one or m	ore me	embers of the	е	7a		Х
ı	<b>b</b> Are any	ecisions of the governing body su	bject to approva	al by members,	stockholders, or oth	er pers	sons?		7b		X
8	Did the o	ganızatıon contemporaneously do	ocument the mee	etings held or w	ritten actions undert	taken d	luring the ye	ar by		,	
		ning body?							8a	Х	
1	<b>b</b> Each cor	mittee with authority to act on be	half of the gover	rning body?					8ь	Х	
9	Is there a	ny officer, director or trustee, or k on's mailing address? <i>If 'Yes,' pr</i>	ey employee lis	ited in Part VII, s and addresses	Section A, who canr in Schedule O	not be	reached at t	he	9		х
Sec		Policies (This Section B				requi	red by the	Internal		<u>-</u>	<u> </u>
	enue Code	•	·		•	•					
										Yes	No
10	a Does the	organization have local chapters,	branches, or af	filiates?			•		10a		X
١	b If 'Yes,' o and bran	oes the organization have written hes to ensure their operations are	policies and pro e consistent with	ocedures govern h those of the o	ing the activities of ganization?	such c	hapters, affi	lıates,	10ь		
11	Has the	rganization provided a copy of thi	s Form 990 to a	all members of r	s governing body be	efore fi	ling the form	17	11	_X_	
11,	A Describe	n Schedule O the process, if any	, used by the or	ganization to re	view this Form 990						
12	a Does the	organization have a written confli	ct of interest pol	licy? If 'No,' go	to line 13				12a	Х	
	to conflic				_		-		12b	х	
(	<b>c</b> Does the <i>Schedule</i>	organization regularly and consist O how this is done	tently monitor ai	nd enforce com	pliance with the poli	cy? If '	'Yes,' descrii	be ın	12c	х	
13	Does the	organization have a written whistl	eblower policy?						13		X
14	Does the	organization have a written docur	nent retention a	nd destruction p	olicy?				14		<u>X</u>
15	Did the persons,	ocess for determining compensat comparability data, and contempo	on of the follow traneous substa	ring persons inc intiation of the d	lude a review and a eliberation and deci	pprova sion?	l by indeper	ndent		÷,	
	a The orga	ization's CEO, Executive Director	r, or top manage	ement official					15a	Х	
1	<b>b</b> Other off	cers of key employees of the orga	inization						15b		<u>X</u>
	If 'Yes' to	line 15a or 15b, describe the pro-	cess in Schedule	e O (See instru	ctions)						
16		ganization invest in, contribute as ng the year?	ssets to, or parti	icipate in a joint	venture or similar a	arrange	ement with a	taxable	16a		X
ı	in joint v	as the organization adopted a wri nture arrangements under applica n respect to such arrangements?	tten policy or pro able federal tax	ocedure requirir law, and taken	ig the organization t steps to safeguard t	to evalu the orga	uate its parti anization's e	cipation exempt	16b		
Sec		Disclosures									
17	List the s	ates with which a copy of this For	rm 990 is require	ed to be filed ►	West Virgin	nia					
18	Section 6	104 requires an organization to m	iake its Forms 1 vailable Check	023 (or 1024 if all that apply	applicable), 990, an	d 990-	T (501(c)(3)	s only) ava	ılable	for pu	blic
	Own	website Another's w	ebsite	X Upon req	uest						
19	statemer	n Schedule O whether (and if so, savailable to the public			-						ıal
20		name, physical address, and tele						-			
	► <u>Helen</u>	Marcum, CPA, AC Rt.	_1_Box_362	<u> 2-BHam</u>	LinW	<u> </u>	25523	(3	04)_5	24-7	7012

Page 7

### 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 organizations'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 employees'
- 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

Check this box if the organization did not compensate any current officer, director, or trustee											
(A)	(B)	(c) Position (check all that apply)						(D)	(E)	<b>(F)</b>	
Name and Title	Average hours		,—					Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	adividi el frustee or director	institutional trustee	Offine	Key emphyee	Higł est מותרביושלופל employee	<u> そ</u> のいのでき	the organization (W 2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations	
Michele Bush										•••	
Director	40.00	X		Х		Х		46,543.	0.	0.	
David Asbury											
President	0.00	Х						0.	0.	0.	
Ruth Sheff											
Secretary/Treasurer	0.00	X						0.	0.	0.	
Margaret Burdette Program Director Co-Chair	0.00	х						0.	0.	0.	
Susan Harrison											
Program Director Co-Chair	0.00	Х						0.	0.	0.	
Krista Conway										· _ ·	
Board Member	0.00	Х						0.	0.	0.	
Andrea Darr											
Board Member	0.00	Х						0.	0.	0.	
Joyce Floyd											
Board Member	0.00	X						0.	0.	0.	
Jo Anne McNemar	1										
Board Member	0.00	Х						0.	0.	0.	
Teresa Miller											
Board Member	0.00	Х						0.	0.	0.	
									j		
	-		_		l				<del>-</del>		
										·	

Partivil Section A. Officers, Directors, Trus	tees, k	(еу	Em	ıplo	ye	es,	and	d Highest Con	npensated Emp	oloyees (cont.)
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours	Posi	Position (check all that apply			pply)	Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week			Officer	ξ ey	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		ndıvıdual trustee or director	nstitutional trustee	ğ	employee	lest o	ner	(***21033********************************	(M-21033-MIGC)	organization and related
		or to	nai		οğ	e com				organizations
		stee	trust		l iš	pens				
		"	ee			atec				
					<u> </u>					
					L					
					<u> </u>					
	1			ŀ						
	}			ŀ						
	1									
			-							
1 b Total							•	46,543.	0.	0.
2 Total number of individuals (including but not limited	to those	e list	ed a	abov	e) v	vho :	rece	eived more than \$	100,000 in reportab	
from the organization										
										Yes No
3 Did the organization list any former officer, director	ar truste	ما م	2V A	mnl	ove.	- Or	hial	hest compensated	employee	
on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual	O, III	. <b>,</b> .	····p	0,00	, 0,	····g	nest compensated	cinployee	3 X
4 For any individual listed on line 1a, is the sum of rep	ortable	com	pen	satio	on a	nd o	ther	compensation fro	om	
the organization and related organizations greater th	an \$150	,000	)? <i>If</i>	'Ye	s'c	отр	lete	Schedule J for su	ch	4 X
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete School	mpensa	ition for s	fror	n ar	าง น	nrela	ated	organization for s	ervices	5 X
Section B. Independent Contractors	Julie 5	0, 3	ucn	pci.	3011			····		J   A
Complete this table for your five highest compensate	d indep	ende	ent c	contr	acto	ors t	hat i	received more tha	n \$100,000 of	
compensation from the organization	,									
(A)								(B	)	(C)
Name and business addres	s							Description of	of Services	Compensation
2 Total number of independent contractors (including b	out not li	mite	d to	tho	se I	stec	i ab	ove) who received	more than	
\$100,000 in compensation from the organization										4

Page 9

Pai	t VIII   Statement of Revenue	(4)	(P)	(6)	(D)
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
2.0	1a Federated campaigns 1a			- <u> </u>	
AN	<b>b</b> Membership dues 1b 700.				
200	c Fundraising events 1c 16,205.	1			
R A	d Related organizations 1d				
S, G	e Government grants (contributions) 1e 98,865.				
S S		-			
늞	f All other contributions, gifts, grants, and similar amounts not included above 1f 129.				
EO	Noncash contribus included in los 1a-1f	-			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	115,899.			
	Business Code				
PROGRAM SERVICE REVENUE	2a				
Ä	b				
)CE	С				
8	d				
¥	e				
8	f All other program service revenue				
8	q Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and				
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds	•			
	5 Royalties				
	(ı) Real (ıı) Personal				
	6a Gross Rents	· e	ν,	,,,,,	**
	<b>b</b> Less rental expenses	_[^			
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other		**** ,	,e,	,
- 1	assets other than inventory	_		٥	
- 1	<b>b</b> Less cost or other basis				
	and sales expenses	_	^		
	c Gain or (loss)				
	d Net gain or (loss)	·			
	8a Gross income from fundraising events				. ,
N	(not including \$ 16,205.				¥.,
Ĕ.	of contributions reported on line 1c)				
8	See Part IV, line 18	_			
OTHER REVEN	<b>b</b> Less direct expenses <b>b</b>	_			
_	c Net income or (loss) from fundraising events	·			
	9a Gross income from gaming activities See Part IV, line 19 a				
		-			
	b Less direct expenses b				
	C Net income or (loss) from garring activities				
	10a Gross sales of inventory, less returns and allowances				
		-			
	2 2000 000t 0. gooda 00.0				
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code	<del> </del>			
	11a	1			
				-	
				-	
	d All other revenue	<del> </del>		<u> </u>	<del> </del>
	e Total. Add lines 11a-11d			3	
	12 Total revenue. See instructions	115,899.			

Pai	t IX   Statement of Functional Exper			<u>,                                     </u>	
		(3) and 501(c)(4) organiza	•		
	All other organizations must con	nplete column (A) but are	not required to comple	ete columns (B), (C), ar	nd (D).
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	46,543.	43,401.	3,142.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,668.	0.	6,668.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,327.	3,658.	669.	0.
11	Fees for services (non-employees)				
a	Management				
Ŀ	Legal				
c	: Accounting	2,350.	0.	2,350.	0.
c	Lobbying				
e	Prof fundraising svcs See Part IV, In 17		, A TORK TORK		
f	Investment management fees				
ç	Other	4,148.	1,569.	34.	2,545.
12	Advertising and promotion	82.	0.	82.	0.
13	Office expenses	7,172.	5,113.	1,317.	742.
14	Information technology	600.	0.	600.	0.
15	Royalties				
16	Occupancy	4,800.	4,800.	0.	0.
17	Travel	8,720.	7,268.	412.	1,040.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,200.	923.	408.	6,869.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	584.	0.	584.	0.
23	Insurance				
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)		- , , ,		**

21	Payments to affiliates				
22	Depreciation, depletion, and amortization	584.	0.	584.	0.
23 24	Insurance 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 )		, = 1,	in the second	*** -
	Program Contract Services	20,531.	20,531.	0.	0.
ı	Miscellaneous	80.	0.	80.	0.
•	Loss on Disposal of Assets	2.	0.	2.	0.
(	d Insurance	2,586.	0.	2,586.	0.
(	Contributions	264.	0.	0.	264.
1	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	117,657.	87,263.	18,934.	11,460.
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				

BAA

Part X Balance Sheet

(A) Beginning of year End of year 19,029 1 23,679. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 1,615. Pledges and grants receivable, net Accounts receivable, net 284 4 275. Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule I 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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a 5,911. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 2,229. 10b 4,143. 10c 1,768. b Less accumulated depreciation 11 11 Investments - publicly-traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 21,542. 27,337. Total assets Add lines 1 through 15 (must equal line 34) 16 16 0. 17 6,554. Accounts payable and accrued expenses 17 18 18 Grants payable 19 1,000. 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 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 0. 26 7,554 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets 21,542. 27 19,783. 27 28 Temporarily restricted net assets 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 21,542. 33 19,783. 33 Total net assets or fund balances Total liabilities and net assets/fund balances 21,542. 34 27,337. 34 BAA

Form 990 (2009)

Form <b>990</b> (2009) West Virginia CASA Association, Inc.	55-0754943	Pa	ige 12
Part 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 oversig review, or compilation of its financial statements and selection of an independent accountant?	ht of the audit,		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1		
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both	e issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	in the Single		х

**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

BAA

Form 990 (2009)

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

Department of the Treasury Internal Revenue Service

Total

**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.

Open to Public

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization West Virginia CASA Association, Inc. 55-0754943 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 ) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) 7 Х A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 9 June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 J Type Ⅱ c ☐ Type III — Functionally integrated Type III - Other a | Type I 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1.9 above or IRC section (v) Did you notify the organization in col (i) of (ii) EIN (IV) Is the (vi) Is the organization in col (VII) Amount of Support organization in col (i) listed in your Organization (i) organized in the (see instructions)) governing document? your support? Yes No Yes No Yes No

BAA 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

Schedule A (Form 990 or 990-EZ) 2009 West Virginia CASA Association, Inc. 55-0754943 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 1) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 144,483. 136,241 112,683. 151,528 115,899 660,834. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 136,241 112,683 151,528 Total. Add lines 1-through 3 144,483 115,899 660,834. 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) Public support. Subtract line 5 660,834. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 144,483 136,241 151,528. 112,683. 115,899 660,834. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 660,834. Gross receipts from related activities, etc. (see instructions) 12 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) 14 100.00% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 100.00% 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box **►** X 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

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

••	<del> </del>										
7c from line 6)	N. N. S.	· 54-4	*5 2 %	~ _^	-3-4"						
Section B. Total Support			-								
Calendar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	(d) 2008	<b>(e)</b> 2009	(f) Total					
9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources											
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975											
c Add lines 10a and 10b											
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on											
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)											
13 Total support. (add Ins 9, 10c, 11, and 12)					~,						
14 First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	d, third, fourth, or	r fifth tax year as	a section 501(c)(3)	<b>•</b>					
Section C. Computation of Pu	ection C. Computation of Public Support Percentage										

Public support percentage from 2008 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

18 %

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))

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 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

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

15

%

Schedule A	4 (Form 990 or	r 990-EZ)	2009	Wes	st `	Viro	ginia	CASA	Assoc	ciation,	Inc.	55-0754943	Page 4
Part IV	Suppleme	ental Inf	ormat	ion.	Con	nplet	e this	part t	o provid	e the expl	anation	s required by Part II, information. See ins	, line 10;
	Part II, Iin	e 1/a o	or 1/b;	and	Par	τ III,	line	12. Pro	vide any	y otner ad	ditional	information. See ins	structions.
				<b>-</b>									
		. – – –											
	<del>_</del>	. – – –						<b></b>					
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		. <b></b>									_ <b></b> _		
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								- <b>-</b>					
	<b>_</b>									<del>-</del>			
		. <del>-</del>											

# SCHEDUĽE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Employer Identification number

vies	st Virginia CASA Associati <u>o</u> n,	Inc.		55-0754943	
Rãi	Organizations Maintaining Done the organization answered 'Yes'	or Advised Funds or Other	er Similar Funds or	Accounts Complete	e ıf
		(a) Donor advised		(b) Funds and other acc	counts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3					
4	Aggregate value at end of year				
_	33 3				
5	Did the organization inform all donors and do funds are the organization's property, subject	to the organization's exclusive	legal control?	Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or dono	g that grant funds may be r advisor or for any other	Yes	☐ No
Pai	Conservation Easements Comp	lete if the organization ar	swered 'Yes' to For	m 990, Part IV, line	7.
			•		
	Preservation of land for public use (e.g.,		$\overline{}$	torically important land	area
	Protection of natural habitat	•	Preservation of certific		
	Preservation of open space		<del>_</del>		
2	Complete lines 2a through 2d if the organizations day of the tax year	on held a qualified conservation			nent on the
			235	다 Held at the End o	f the Year 🕝
á	a Total number of conservation easements		_ 2	a	
ŧ	b Total acreage restricted by conservation ease	ments	_ 2	b	
•	Number of conservation easements on a certi	fied historic structure included i	n (a)	с	
(	d Number of conservation easements included	n (c) acquired after 8/17/06	2	d	
3	Number of conservation easements modified,	transferred, released, extinguis	hed, or terminated by the	organization during the	tax
	year ►				
4	Number of states where property subject to co	onservation easement is located	·		
5	Does the organization have a written policy reand enforcement of the conservation easeme	garding the periodic monitoring	, inspection, handling of	violations, Yes	No
6	Staff and volunteer hours devoted to monitoring the year •	ng, inspecting, and enforcing co	nservation easements		
7	Amount of expenses incurred in monitoring, in during the year ▶	nspecting, and enforcing conser	vation easements	\$	
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the req	uirements of section	Yes	☐ No
9	In Part XIV, describe how the organization rejunclude, if applicable, the text of the footnote conservation easements	ports conservation easements in to the organization's financial st	n its revenue and expense atements that describes	e statement, and balance the organization's accou	e sheet, and nting for
Pai	Organizations Maintaining Coll Complete if the organization and	ections of Art, Historical swered 'Yes' to Form 990	Treasures, or Other, Part IV, line 8.	r Similar Assets	
1 8	If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statemen	lic exhibition, education, or rese	revenue statement and be earch in furtherance of pu	alance sheet works of ar iblic service, provide, in	t, historical Part XIV,
ŀ	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	r SFAS 116, to report in its reve lic exhibition, education, or rese	enue statement and balan earch in furtherance of pu	iblic service, provide the	following
	(i) Revenues included in Form 990, Part VIII	, line 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS		sımılar assets for financı	al gain, provide the follo	wing
á	a Revenues included in Form 990, Part VIII, line	e 1 ·		<b>-</b> \$	
ı	<b>b</b> Assets included in Form 990, Part X			<b>►</b> \$	

Schedule D (Form 990) 2009 West				55-075	
Part III Organizations Mainta	ining Collecti	ons of Art, Histo	oricai i reasures, o	r Other Similar Ass	ets (continuea)
<ol> <li>Using the organization's acquisition items (check all that apply)</li> </ol>	on accession and	other records, check	k any of the following ti	nat are a significant use	of its collection
a Public exhibition		<b>d</b> Loan	or exchange programs		
<b>b</b> Scholarly research		e 🔲 Other			
c Preservation for future genera	ations				
4 Provide a description of the organ Part XIV		·			ın
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or rece ather than to be n	ive donations of art, naintained as part of	historical treasures, or the organization's coll	other similar ection?	Yes No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangemen unt on Form 9	<b>ts</b> Complete if o	organization answe 21.	red 'Yes' to Form 9	90, Part IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary f	for contributions or othe	er assets not	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and c	omplete the followin	g table <sup>.</sup>		
					Amount
c Beginning balance				1c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1f	
2a Did the organization include an ai		90, Part X, line 21?			∐ Yes ☐ No
<b>b</b> If 'Yes,' explain the arrangement		<del> </del>		00 D + 11/4 + 10	
Part V Endowment Funds Co					T
	(a) Current year	(b) Prior yea	r (c) Two years bad	ck (d) Three years back	(e) Four years back
1 a Beginning of year balance			χ, , ,	4 3	1 4 -
<b>b</b> Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					(
<ul> <li>Other expenditures for facilities and programs</li> </ul>					
f Administrative expenses			. *** *		
<b>g</b> End of year balance				v	
2 Provide the estimated percentage	of the year end l	palance held as:			
a Board designated or quasi-endow	ment >	<b>%</b>			
<b>b</b> Permanent endowment	<b>8</b>				
c Term endowment ►	%				
3a Are there endowment funds not in	the possession	of the organization th	nat are held and admin	stered for the	
organization by					Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' to 3a(II), are the related of	-	•			3b
4 Describe in Part XIV the intended				. line 10	
Part VI Investments-Land, B					(A) D
Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land	<u> </u>				<del></del>
<b>b</b> Buildings					<del></del>
c Leasehold improvements	<b></b>	E 011		4 142	1 260
<b>d</b> Equipment	}	5,911.		4,143.	1,768.
e Other	(d) much acust 5	Form 000 Port V	lump (D) lung 10(a) )		1 7.00
Total. Add lines 1a through 1e (Column	i (a) must equal F	orm 990, Part X, co	iumn (B), line TU(C) )	<u>&gt;</u>	1,768.
BAA				Sched	lule <b>D</b> (Form 990) 2009

Schedule D (Form 990) 2009 West Virginia CAS.	A Association,	Inc. 55-075	4943 Page <b>3</b>
Part VII   Investments—Other Securities See Fo			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial derivatives			
Closely-held equity interests			<del></del>
Other			
			<del> </del>
			· · · · · · · · · · · · · · · · · · ·
		-	
		<del></del>	
Total. (Column (b) must equal Form 990 Part X, col (B) line 12) ►			
Part VIII Investments—Program Related (See	orm 990, Part X, li	ne 13)	
(a) Description of investment type	(b) Book value	(c) Method of valua	tion
	```	Cost or end-of-year mar	ket value
		-	
			<del>.</del>
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)			
Part IX Other Assets (See Form 990, Part X,	line 15)		
	scription		(b) Book value
	- 15)		
Total. (Column (b) must equal Form 990, Part X, col (B), lin  Part X Other Liabilities (See Form 990, Part		<u> </u>	<u> </u>
(a) Description of Liability	<b>(b)</b> Amount		
Federal Income Taxes	(b) Amount		
1 ederal income raxes	-		!
		<u> </u>	
			1
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ►			

Schedule <b>D</b> (Form 990) 2009 West Virginia CASA Association	on, inc.	55-0754943	Page 4
Part XI Reconciliation of Change in Net Assets from Form 9	90 to Financial Statem	nents	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments		_	
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			<u>.</u>
8 Other (Describe in Part XIV)			
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine			
Part XII Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	e per Return	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	í í		
a Net unrealized gains on investments	2a		
<b>b</b> Donated services and use of facilities	2b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIV)	4b	*5	
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part XIII Reconciliation of Expenses per Audited Financial St	tatements With Expen	ses per Return	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	*	
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d		2e	·
3 Subtract line 2e from line 1	1 1	3	<u>.</u>
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, lin	e 18)	5	
Part XIV Supplemental Information		·- <u></u> -	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line information	d 9, Part III, lines 1a and 4, es 2d and 4b Also complete	Part IV, lines 1b and 2b; Path this part to provide any ad	art V, ditional
			<del>-</del>
			<b>-</b>

Schedule <b>D</b>	(Form 990) 2009 Supplementa	West	Virginia	CASA	Associatio	on, Inc.		55-0754943	Page 5
Part XIV	Supplementa	al Inforn	nation (con	tinued)		<del></del> -			<del> </del>
								<del></del>	. – – – – –
	<b>_</b>		- <b></b> -						
									. – – – – –
	•								
					<del>_</del>		<b>-</b>		
<del>-</del>	<del></del>							· <b></b>	· <b></b>

# SCHEDULE O (Form 990) ,

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

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

► Attach to Form 990.

Open to Public Inspection

Name of the organization  West Virginia CASA Association, Inc.	55-0754943
Pt XI, Line 1 Corporation changed from cash basis of account	ing_to_accrual
basis to more accurately reflect income and ex	
to its funders and other interested parties fo	r the
presentation of financial statements	·
Pt VI-B, Line 11A The Board of Directors was e-mailed the Form 9	90 for review
and commit prior to mailing form 990 to the IR	
Pt VI-B, Line 15 The organization is a member of the National C	
with salaries of other state program directors	
in decisions regarding the salary of the direct	
Pt VI-B, Line 12c When new issues arise or votes are taken on an	
that has a potential for a conflict of interes	
member will abstain from voting or participati	ng in the
discussion.	
Pt VI-C, Line 19 The organizations governing documents, its con	
policy, and financial statements are available	to the public,
upon_request_at_its_office.	
	·