

**2009 TAX RETURN**

**PREPARER FILE COPY**

**Client:** CASA

**Prepared for:** SUMNER COUNTY CASA, INC.  
393 MAPLE STREET SUITE 400  
GALLATIN, TN 37066  
615-451-1688

**Prepared by:** CARL A. DAVIS  
CARL A. DAVIS & COMPANY, CPAS  
131 MAPLE ROW BLVD. SUITE A100  
HENDERSONVILLE, TN 37075  
(615) 822-0231

**Date:** JULY 28, 2010

**Comments:**

**Route to:** \_\_\_\_\_

**CARL A. DAVIS & COMPANY, CPAS  
131 MAPLE ROW BLVD. SUITE A100  
HENDERSONVILLE, TN 37075  
(615) 822-0231**

July 28, 2010

SUMNER COUNTY CASA, INC.  
393 Maple Street Suite 400  
Gallatin, TN 37066

Dear Carole:

Enclosed for your review and filing are the following:

Form 990-EZ                      2009 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

The return was prepared from information you furnished me. Before signing and filing the return you should review it carefully to be sure there are no omissions or misstatements.

Your return is subject to review by federal and state taxing agencies. Upon examination, requests may be made for supporting documentation. Accordingly, I recommend that you retain your records for a period of at least seven years.

Please contact me immediately if you receive any notification from either the federal or state taxing agencies regarding your return.

I appreciate the opportunity to be of service to you. Please contact me should you have any questions regarding the return or if I can be of any further assistance.

Sincerely,

Carl A. Davis  
Certified Public Accountant

**CARL A. DAVIS & COMPANY, CPAS**

131 MAPLE ROW BLVD. SUITE A100

HENDERSONVILLE, TN 37075

(615) 822-0231

Client CASA

July 28, 2010

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**SUMNER COUNTY CASA, INC.**

393 Maple Street #400

Gallatin, TN 37066

615-451-1688

**FEDERAL FORMS**Form 990-EZ  
Schedule A  
Schedule G2009 Return of Organization Exempt from Income Tax  
Organization Exempt Under Section 501(c)(3)  
Fundraising or Gaming Activities  
Depreciation Schedules**FEE SUMMARY**

Preparation Fee	\$	850.00
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Amount Due	\$	850.00
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**PAYMENT IS DUE UPON RECEIPT OF INVOICE. THANK YOU.**

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**2009****FEDERAL EXEMPT ORGANIZATION TAX SUMMARY (EZ)****PAGE 1****CLIENT CASA****SUMNER COUNTY CASA, INC.****62-1465336**

7/28/10

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	2009	2008	DIFF
<b>FORM 990-EZ REVENUE</b>			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	71,113	153,976	-82,863
MEMBERSHIP DUES AND ASSESSMENTS.....	0	146,016	-146,016
INVESTMENT INCOME.....	820	930	-110
NET INCOME (LOSS) - SPECIAL EVENTS.....	39,907	0	39,907
 TOTAL REVENUE.....	 111,840	 154,906	 -43,066
<b>EXPENSES</b>			
SALARIES AND EMPLOYEE BENEFITS.....	105,182	106,925	-1,743
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	850	1,100	-250
OCCUPANCY/RENT/UTILITIES/MAINTENANCE.....	16,393	14,794	1,599
PRINTING, PUBLICATIONS, AND POSTAGE.....	1,470	1,513	-43
OTHER EXPENSES.....	18,102	34,663	-16,561
 TOTAL EXPENSES.....	 141,997	 158,995	 -16,998
<b>NET ASSETS OR FUND BALANCES</b>			
EXCESS OR (DEFICIT) FOR THE YEAR.....	-30,157	-4,089	-26,068
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	37,851	41,940	-4,089
NET ASSETS/FUND BAL. AT END OF YEAR.....	7,694	37,851	-30,157

**2009**

**DIAGNOSTICS**

**PAGE 1**

**CLIENT CASA**

**SUMNER COUNTY CASA, INC.**

**62-1465336**

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**FEDERAL INFORMATIONAL DIAGNOSTICS**

**MAIN FORM**

- ☐ THE AMOUNTS TRANSFERRED (PROFORMA) TO 2009 FROM THE 2008 PROGRAM MAY BE INCORRECT FOR THE PRIOR YEAR SUMMARY. PLEASE VERIFY AND CORRECT THE AMOUNTS IN SCREEN 62 FOR FORM 990/990-EZ.

**FEDERAL OVERRIDES****SCREEN 3.1**

- ☐ AN OVERRIDE ENTRY OF 850 HAS BEEN MADE IN FEDERAL "PREPARATION FEE (-1=SUPPRESS) [0]" (SCREEN 3.1, CODE 501).

**SCREEN 34**

- ☐ AN OVERRIDE ENTRY OF 839 HAS BEEN MADE IN FEDERAL "BOOK DEPRECIATION [0]" (SCREEN 34, CODE 30).

**2009**

**GENERAL INFORMATION**

**PAGE 1**

**CLIENT CASA**

**SUMNER COUNTY CASA, INC.**

**62-1465336**

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**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990-EZ, SCH A, SCH G

**CARRYOVERS TO 2010**

NONE

6/30/10

## 2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT CASA

SUMNER COUNTY CASA, INC.

62-1465336

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 990/990-PF																	
MACHINERY AND EQUIPMENT																	
1	EQUIPMENT	6/30/96		2,785							2,785	2,785	S/L	5		0	
2	COMPUTER	5/19/97		455							455	455	S/L	5		0	
3	TYPEWRITER	4/03/97		100							100	95	S/L	5		0	
4	COPIER	3/19/98		2,500							2,500	2,500	S/L	5		0	
5	COMPUTER UPGRADE	10/27/98		1,725							1,725	1,725	S/L	5		0	
6	EQUIPMENT	VARIOUS		2,820							2,820		S/L	5		0	
7	2 COMPUTERS	1/25/01		1,998							1,998	1,998	S/L	5		0	
8	COMPUTER	12/14/01		504							504	504	S/L	5		0	
9	LAP TOP COMPUTER	12/26/02		1,363							1,363	1,363	S/L	5		0	
10	DELL COMPUTER	11/18/03		1,068							1,068	1,068	S/L	5		0	
11	GESTETNER COPIER	5/26/05		3,255							3,255	2,658	S/L	5		597	
12	DELL COMPUTER & MONITOR	4/17/06		1,203							1,203	763	S/L	5		241	
13	DELL COMPUTER	6/22/06		895							895	537	S/L	5		179	
TOTAL MACHINERY AND EQUIPME				20,671		0	0	0	0	0	20,671	16,451					1,017
TOTAL DEPRECIATION				20,671		0	0	0	0	0	20,671	16,451					1,017
GRAND TOTAL DEPRECIATION				20,671		0	0	0	0	0	20,671	16,451					1,017



**2009**

**FEDERAL FILING INSTRUCTIONS**

**CLIENT CASA**

**SUMNER COUNTY CASA, INC.**

**62-1465336**

7/28/10

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**FORM TO FILE:**

FORM 990-EZ - 2009 SHORT FORM RETURN OF ORGANIZATION EXEMPT FROM  
INCOME TAX

**SIGNATURE:**

SIGN AND DATE FORM 990-EZ.

**PAYMENT:**

NO PAYMENT IS REQUIRED.

**WHEN TO FILE:**

ON OR BEFORE NOVEMBER 15, 2010.

**WHERE TO FILE:**

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**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 7/01, 2009, and ending 6/30, 2010

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. <b>SUMNER COUNTY CASA, INC.</b> <b>393 MAPLE STREET #400</b> <b>GALLATIN, TN 37066</b>	<b>D</b> Employer identification number <b>62-1465336</b>
		<b>E</b> Telephone number <b>615-451-1688</b>
		<b>F</b> 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: ▶ N/A**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. ▶ \$ 126,284.**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received.....	<b>1</b>	<u>71,113.</u>
	<b>2</b> Program service revenue including government fees and contracts.....	<b>2</b>	
	<b>3</b> Membership dues and assessments.....	<b>3</b>	
	<b>4</b> Investment income.....	<b>4</b>	<u>820.</u>
	<b>5a</b> Gross amount from sale of assets other than inventory.....	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses.....	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).....	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1).....	<b>6a</b>	<u>54,351.</u>
<b>b</b> Less: direct expenses other than fundraising expenses.....	<b>6b</b>	<u>14,444.</u>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....	<b>6c</b>	<u>39,907.</u>	
<b>7a</b> Gross sales of inventory, less returns and allowances.....	<b>7a</b>		
	<b>b</b> Less: cost of goods sold.....	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	<b>7c</b>	
<b>8</b> Other revenue (describe ▶ _____).	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.....	<b>9</b>	<u>111,840.</u>	
<b>EXPENSES</b>	<b>10</b> Grants and similar amounts paid (attach schedule).....	<b>10</b>	
	<b>11</b> Benefits paid to or for members.....	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits.....	<b>12</b>	<u>105,182.</u>
	<b>13</b> Professional fees and other payments to independent contractors.....	<b>13</b>	<u>850.</u>
	<b>14</b> Occupancy, rent, utilities, and maintenance.....	<b>14</b>	<u>16,393.</u>
	<b>15</b> Printing, publications, postage, and shipping.....	<b>15</b>	<u>1,470.</u>
	<b>16</b> Other expenses (describe ▶ <u>SEE STATEMENT 1</u> ).....	<b>16</b>	<u>18,102.</u>
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16.....	<b>17</b>	<u>141,997.</u>	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9).....	<b>18</b>	<u>-30,157.</u>	
<b>ASSETS</b>	<b>19</b> 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).....	<b>19</b>	<u>37,851.</u>
	<b>20</b> Other changes in net assets or fund balances (attach explanation).....	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20.....	<b>21</b>	<u>7,694.</u>

**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
<b>22</b> Cash, savings, and investments.....	<u>37,012.</u>	<b>22</b> <u>7,694.</u>
<b>23</b> Land and buildings.....		<b>23</b>
<b>24</b> Other assets (describe ▶ <u>SEE STATEMENT 2</u> ).....	<u>839.</u>	<b>24</b>
<b>25</b> <b>Total assets.</b> .....	<u>37,851.</u>	<b>25</b> <u>7,694.</u>
<b>26</b> <b>Total liabilities</b> (describe ▶ _____).....	<u>0.</u>	<b>26</b> <u>0.</u>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).....	<u>37,851.</u>	<b>27</b> <u>7,694.</u>

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.Form **990-EZ** (2009)

## Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

organizations and section 4947(a)(1) trusts; optional for others.)

28 a

29 a

30 a

31 a

32

(e) Expense account and other allowances	
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0.

0.

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0.

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0.

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

SEE STATEMENT 4

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	<b>33</b>	X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.	<b>34</b>	X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> 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?	<b>35a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>	
<b>36</b> 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	<b>36</b>	X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0.	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	<b>38a</b>	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38b</b> N/A	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b> N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b> N/A	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</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	<b>40b</b>	X
<b>c</b> 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. ▶ 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
<b>e</b> 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	<b>40e</b>	X
<b>41</b> List the states with which a copy of this return is filed ▶ <u>TN</u>		
<b>42a</b> The organization's books are in care of ▶ <u>CAROLE RITTER</u> Telephone no. ▶ <u>615-451-1688</u> Located at ▶ <u>393 MAPLE STREET, SUITE 400 GALLATIN TN</u> ZIP + 4 ▶ <u>37066</u>		
<b>b</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)?	<b>42b</b>	X
If 'Yes,' enter the name of the foreign country:.. ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<b>42c</b>	X
If 'Yes,' enter the name of the foreign country:.. ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44</b>	X
<b>45</b> 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	<b>45</b>	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
<b>46</b> 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.	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	X
<b>b</b> If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	

**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 and deferred compensation	(e) Expense account and other allowances
NONE				

**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
NONE		

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

<b>Sign Here</b>	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.			
	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> <span>Signature of officer</span> <span>Date</span> </div>		<div style="border-bottom: 1px solid black; width: 100%;"></div> <div>Type or print name and title.</div>	
<b>Paid Preparer's Use Only</b>	Preparer's signature <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>	Date 7/28/10	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) P00535993
	Firm's name (or yours if self-employed), address, and ZIP + 4 CARL A. DAVIS & COMPANY, CPAS 131 MAPLE ROW BLVD. SUITE A100 HENDERSONVILLE, TN 37075		EIN <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> 77-0591291	Phone no. <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> (615) 822-0231
	May the IRS discuss this return with the preparer shown above? See instructions <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

BAA

Form 990-EZ (2009)

**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

SUMNER COUNTY CASA, INC.

Employer identification number

62-1465336

**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 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 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 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?

- (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? .....
- (ii) a family member of a person described in (i) above? .....
- (iii) a 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations.

(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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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

**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 'unusual grants'.)	148,934.	141,374.	140,661.	153,976.	125,464.	710,409.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 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.						0.
4 <b>Total.</b> Add lines 1-through 3.	148,934.	141,374.	140,661.	153,976.	125,464.	710,409.
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).						0.
6 <b>Public support.</b> Subtract line 5 from line 4.						710,409.

**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.	148,934.	141,374.	140,661.	153,976.	125,464.	710,409.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	321.	1,738.	1,085.	930.	820.	4,894.
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.
11 <b>Total support.</b> Add lines 7 through 10.						715,303.
12 Gross receipts from related activities, etc. (see instructions).					12	0.

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	99.3 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	0.0 %

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 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. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

**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 yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17.	<b>18</b>	%

**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. ☐

**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.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public Inspection**

Name of the organization

SUMNER COUNTY CASA, INC.

Employer identification number

62-1465336

## Part I

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.  
Form 990EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |                          |                                  |                          |                                       |
|--------------------------|----------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Mail solicitations               | <input type="checkbox"/> | Solicitation of non-government grants |
| <input type="checkbox"/> | Internet and email solicitations | <input type="checkbox"/> | Solicitation of government grants     |
| <input type="checkbox"/> | Phone solicitations              | <input type="checkbox"/> | Special fundraising events            |
| <input type="checkbox"/> | In-person solicitations          |                          |                                       |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 UNDER THE STAR (event type)	(b) Event #2 GOLF TOURNAMEN (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts .....	28,177.	19,969.		48,146.
	2 Less: Charitable contributions .....				
	3 Gross income (line 1 minus line 2) .....	28,177.	19,969.		48,146.
DIRECT EXPENSES	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....		4,537.		4,537.
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	7,968.			7,968.
	10 Direct expense summary. Add lines 4- through 9 in column (d) .....				12,505.
	11 Net income summary. Combine lines 3, column (d) and line 10 .....				35,641.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue .....				
DIRECT EXPENSES	2 Cash prizes .....				
	3 Non-cash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7 .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? .....

b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers? .....

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

	YES	NO
9a		
10a		
11		
12		

		YES	NO
<b>13</b> Indicate the percentage of gaming activity operated in:			
<b>a</b> The organization's facility.....	<b>13a</b> %		
<b>b</b> An outside facility.....	<b>13b</b> %		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: ▶ .....			
Address: ▶ .....			
<b>15a</b> Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....		<b>15a</b>	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ ..... and the amount of gaming revenue retained by the third party \$ .....			
<b>c</b> If 'Yes,' enter name and address of the third party:			
Name: ▶ .....			
Address: ▶ .....			
<b>16</b> Gaming manager information			
Name: ▶ .....			
Gaming manager compensation ▶ \$ .....			
Description of services provided: ▶ .....			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....		<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ .....			

2009

## FEDERAL STATEMENTS

PAGE 1

CLIENT CASA

SUMNER COUNTY CASA, INC.

62-1465336

7/28/10

04:27PM

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION.....	\$	381.
CRIMINAL CHECKS.....		714.
DEPRECIATION.....		839.
DUES AND SUBSCRIPTIONS.....		120.
INSURANCE.....		679.
LICENSE AND FEES.....		349.
OFFICE EXPENSES.....		7,006.
REPAIRS AND MAINTENANCE.....		1,476.
VOLUNTEER RECOGNITION.....		973.
VOLUNTEER RECOGNITION.....		447.
VOLUNTEER TRAINING.....		1,179.
VOLUNTEERS AND KIDS.....		3,939.
TOTAL	\$	<u>18,102.</u>

**STATEMENT 2**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT.....	\$ 839.	\$ 0.
TOTAL	<u>\$ 839.</u>	<u>\$ 0.</u>

**STATEMENT 3**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

SUMNER COUNTY CASA, INC. TRAINED 8 NEW VOLUNTEERS AND SUPERVISED A TOTAL OF 55 VOLUNTEERS WHO ACTED AS ADVOCATES FOR 241 CHILDREN INVOLVED IN COURT PROCEEDINGS PRIMARILY AS A RESULT OF ABUSE AND/OR NEGLECT. A TOTAL OF 2,852.8 HOURS WERE DONATED, ALONG WITH AN ADDITIONAL 510 HOURS OF TRAINING AND OVER 25,000 MILES DRIVEN ON BEHALF OF THE CHILDREN.

**STATEMENT 4**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO