

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)

2008

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org-anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection

Form 990-EZ header section A through L, including organization name (NEW YORK STATE CASA ASSOC., INC.), EIN (14-1782329), and revenue total (\$241,514).

Table for Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances. Rows include contributions (234,200), expenses (261,911), and net assets (34,369).

Table for Part II: Balance Sheets. Rows include cash/savings (11,912), total assets (26,118), and net assets (13,972).

SCANNED JUN 15 2009

RECEIVED JUN 15 2009 OGDEN UT

Handwritten initials/signature

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

What is the organization's primary exempt purpose? **SUPPORT CASA PROGRAMS IN NY STATE**  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

<b>28 PROVIDE SUPPORT TO NYS CASA PROGRAMS BY FACILITATING COMMUNICATION AMONG PROGRAMS, COLLECTING AND DISSEMINATING DATA AND STATISTICS, AND CONSULTING IN PROGRAM DEVELOPMENT AND CASE MANAGEMENT.</b>	28a	234,761.
(Grants \$ <b>80,915.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>29</b> _____ _____ _____	29a	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>30</b> _____ _____ _____	30a	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>31</b> Other program services (attach schedule) _____	31a	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>32</b> Total program service expenses (add lines 28a through 31a) _____	32	234,761.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<b>SEE ATTACHED LIST OF UNPAID DIRECTORS</b> <b>Albany NY 12207</b>	<b>AS NEEDED</b> <b>0.00</b>	<b>0.</b>	<b>0.</b>	
<b>ROBIN ROBINSON</b> <b>102 BLEEKER ROAD</b> <b>GUILDERLAND NY 12084</b>	<b>EXEC DIRECTOR</b> <b>35.00</b>	<b>50,000.</b>	<b>0.</b>	
_____ _____				
_____ _____				
_____ _____				
_____ _____				
_____ _____				
_____ _____				
_____ _____				
_____ _____				
_____ _____				
_____ _____				
_____				

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35 a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35 b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
37 b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38 b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	
39	501(c)(7) organizations. Enter:		
39 a	Initiation fees and capital contributions included on line 9.	39 a	
39 b	Gross receipts, included on line 9, for public use of club facilities.	39 b	
40 a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
40 b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.	40 b	X
40 c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40 d	Enter amount of tax on line 40c reimbursed by the organization		
40 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40 e	X
41	List the states with which a copy of this return is filed		New York

42 a The books are in care of ROBIN ROBINSON Telephone no. (518) 426-5354  
 Located at 32 ESSEX STREET ALBANY NY ZIP + 4 12206

		Yes	No
42 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)? If 'Yes,' enter the name of the foreign country:		X
42 c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42 c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here  and enter the amount of tax-exempt interest received or accrued during the tax year 43

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 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>X</b>
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II..		<b>X</b>
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? .....		<b>X</b>
<b>b</b> If 'Yes,' was the related organization(s) a section 527 organization?.....		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributors to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
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Total number of other employees paid over \$100,000 .....				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
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Total number of other independent contractors receiving over \$100,000 .....		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  
 Signature of officer: *Kathleen Crowley*  
 Date: 5/4/09  
 Type or print name and title: Kathleen Crowley

**Paid Preparer's Use Only**  
 Preparer's signature: Kenneth B. Claflin, CPA  
 Date: 7/1/09  
 Check if self-employed:   
 Preparer's Identifying Number (See instructions): 900301582  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Cusack & Company, CPAs LLC  
 7 Airport Park Blvd  
 Latham NY 12110  
 EIN: 14-1800427  
 Phone no: (518) 786-3550

May the IRS discuss this return with the preparer shown above? See instructions.....  Yes  No  
**BAA** Form 990-EZ (2008)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization <b>NEW YORK STATE CASA ASSOC., INC.</b>	Employer identification number <b>14-1782329</b>
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**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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 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?

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

**h Provide the following information about the organizations the organization supports.**

(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>									

**Part III 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	454,907.	737,937.	307,433.	262,957.	225,897.	1,989,131.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
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.						
4 Total. Add lines 1-3	454,907.	737,937.	307,433.	262,957.	225,897.	1,989,131.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,989,131.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	454,907.	737,937.	307,433.	262,957.	225,897.	1,989,131.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.	15,537.	4,309.	1,253.	414.	21,513.
11 Total support. Add lines 7 through 10						2,010,644.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.93 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	99.05 %

16a 33-1/3 support test – 2008. 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 – 2007. 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 – 2008. 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 – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')...						
2 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 .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1-5 .....						
7a Amounts included on lines 1, 2, 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 ..						
c Add lines 7a and 7b .....						
8 Public support (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 ..						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support. (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**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	16	%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	18	%

19a 33-1/3 support tests - 2008. 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 - 2007. 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.

**Form 990-EZ  
Part II**

**Other Assets and Liabilities**

**2008**

Name as Shown on Return  
**NEW YORK STATE CASA ASSOC., INC.**

Employer Identification No.  
**14-1782329**

	Beginning of Year	End of Year
<b>Line 24 - Other Assets:</b>		
<b>Grants Receivable - Net</b>	16,190.	13,121.
<b>Prepays</b>	800.	1,085.
<b>Totals to Form 990-EZ, Part II, line 24</b> .....	<b>16,990.</b>	<b>14,206.</b>
<b>Line 26 - Total Liabilities:</b>		
<b>Accounts Payable &amp; Accrued Expenses</b>	6,633.	9,457.
<b>Deferred Revenue</b>	10,992.	2,689.
<b>Totals to Form 990-EZ, Part II, line 26</b> .....	<b>17,625.</b>	<b>12,146.</b>

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)	
PROFESSIONAL DEVELOPMENT	191.
DUES & SUBSCRIPTIONS	793.
INSURANCE	2,402.
CONSULTING	200.
ADVERTISING	85.
BANK CHARGES	423.
MISCELLANEOUS	2,096.
TRAVEL	2,657.
EQUIPMENT RENTAL/MAINTENANCE	820.
TELEPHONE	4,318.
SUPPLIES	3,040.
CONFERENCES & MEETINGS	3,259.
TRAINING SEMINAR	62.
Total	<u>20,346.</u>