

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)

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

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 organizations 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.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. Please use IRS label or print or type. See Specific Instructions.

C Name of organization: **CASA of Douglas County**
 Number and street (or P.O. box, if mail is not delivered to street address): **1000 SE Stephens Street**
 City or town, state or country, and ZIP + 4: **Roseburg, OR 97470-4818**

D Employer identification number: **93-1220479**

E Telephone number: **(541) 672-7001**

F Group Exemption Number:

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: Cash Accrual Other (specify)

I Website: **N/A** H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

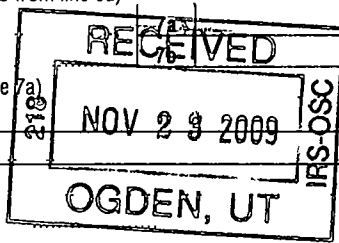
J Organization type (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527

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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 308482.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	Expenses	Net Assets	1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
			Contributions, gifts, grants, and similar amounts received						222930.																				
			Program service revenue including government fees and contracts						50976.																				
			Membership dues and assessments																										
			Investment income						711.																				
			Gross amount from sale of assets other than inventory	Stmnt 2	5a		15258.																						
			Less: cost or other basis and sales expenses		5b		20272.																						
			Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)			5c			-5014.																				
			Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>																										
			Gross revenue (not including \$ 8785. of contributions reported on line 1)		6a		18607.																						
			Less: direct expenses other than fundraising expenses		6b		12224.																						
			Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c			6383.																				
			Gross sales of inventory, less returns and allowances																										
			Less: cost of goods sold																										
			Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c																							
			Other revenue (describe 318)			8																							
			Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9			275986.																				
			Grants and similar amounts paid (attach schedule)			10																							
			Benefits paid to or for members			11																							
			Salaries, other compensation, and employee benefits			12			173144.																				
			Professional fees and other payments to independent contractors			13			25565.																				
			Occupancy, rent, utilities, and maintenance			14		See Statement 3	14059.																				
			Printing, publications, postage, and shipping			15			1462.																				
			Other expenses (describe See Statement 1)			16			50165.																				
			Total expenses. Add lines 10 through 16			17			264395.																				
			Excess or (deficit) for the year (Subtract line 17 from line 9)			18			11591.																				
			Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19			81569.																				
			Other changes in net assets or fund balances (attach explanation)			20																							
			Net assets or fund balances at end of year. Combine lines 18 through 20			21			93160.																				



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	69776.	83916.
23 Land and buildings		
24 Other assets (describe Other Depreciable Assets)	11793.	9244.
25 Total assets	81569.	93160.
26 Total liabilities (describe)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	81569.	93160.

SCANNED DEC 23 2009

16 67

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

		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.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	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
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A		
40a	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	Section 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		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X
41	List the states with which a copy of this return is filed. ▶ OR		
42a	The books are in care of ▶ Ellis Business Services Telephone no. ▶ (541) 440-2127 Located at ▶ PO Box 2256, Roseburg, OR ZIP + 4 ▶ 97470		
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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	Yes	No
		42b	X
c	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: ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		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.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- 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."

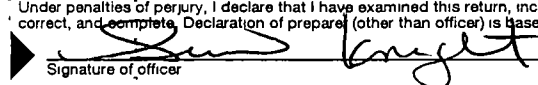
	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
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		
Total number of other independent contractors each receiving over \$100,000		▶ 0

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:  Date: Nov 16, 2009

Signature of officer: Susan Knight, Executive Director

Paid Preparer's Use Only

Preparer's signature: Susie R. Gregory Date: 11/16/09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Susie R. Gregory, EA, LTC 4686C 1352 SE Cobb St. Roseburg, OR 97470

Preparer's Identifying Number (See instr): EIN: Phone no.: (541) 673-1247

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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 **CASA of Douglas County** Employer identification number **93-1220479**

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 a 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 the 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (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?
- h Provide the following information about the organizations the organization supports.

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

(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	
Total									

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	76369.	147840.	143285.	221021.	222930.	811445.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	76369.	147840.	143285.	221021.	222930.	811445.
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)						246922.
6 Public support. Subtract line 5 from line 4						564523.

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	76369.	147840.	143285.	221021.	222930.	811445.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	525.	2153.	3474.	2313.	711.	9176.
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)						
11 Total support. Add lines 7 through 10						820621.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	68.79	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	69.30	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
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 <input type="checkbox"/>			
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 <input type="checkbox"/>			
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 <input type="checkbox"/>			
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 <input type="checkbox"/>			

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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col. (c))	
		Orchard Party (event type)	(event type)	None (total number)		
Revenue	1	Gross receipts	12190.		12190.	
	2	Less: Charitable contributions	8785.		8785.	
	3	Gross revenue (line 1 minus line 2)	3405.		3405.	
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	3405.		3405.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)				3405.
	9	Net income summary. Combine lines 3 and 8 in column (d)				0.

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
		1	Gross revenue	15202.		
Direct Expenses	2	Cash prizes	5000.			5000.
	3	Non-cash prizes				
	4	Rent/facility costs	583.			583.
	5	Other direct expenses	3236.			3236.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" 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)				8819.
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				6383.

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>OR</u>		
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?		X
b If "Yes," Explain.		
11 Does the organization operate gaming activities with nonmembers?	X	
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?		X

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a		%
13b	100.00	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a		Yes	No
			X

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a		Yes	No
			X

- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Form 990-EZ	Other Expenses	Statement	1
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Description	Amount
Payroll Expense	15365.
Advertising	3629.
Office Expense	2740.
Travel	4817.
Supplies	8989.
Insurance	4852.
Staff & Volunteer Training	1201.
Volunteer Recognition	4119.
Dues & Fees	2237.
Printing & Postage	2217.
Rounding	-1.
Total to Form 990-EZ, line 16	50165.

Form 990-EZ	Gain (Loss) From Publicly Traded Securities	Statement	2
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Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
Nike Inc	4830.	4883.	0.	-53.
MEMC Electronic Materials Inc	5430.	10362.	0.	-4932.
Philip Morris Intl Inc	4998.	5027.	0.	-29.
To Form 990-EZ, line 5	15258.	20272.	0.	-5014.

Form 990-EZ	Occupancy, Rent, Utilities and Maintenance	Statement	3
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Description	Amount
Depreciation	2549.
Other Expenses	11510.
Total to Form 990-EZ, line 14	14059.

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 4

- A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [] Yes [X] No
- B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

Provide court advocates for children in the child welfare system. The advocates provide the court with additional information so the judge can make a more informed decision regarding these children and their placement. 247 children served

To provide an advocate for abused and neglected children in the court system.