

AGENDA
MORGAN COUNTY COMMISSION
77 Fairfax Street, Room 101
Berkeley Springs, WV 25411

June 7, 2012 - 9:30 AM Open Meeting

9:30 AM- ADMINISTRATION & APPROVE MINUTES

AGENDA ITEMS

- 10:00 AM- Vicki Barnard, CASA (Court Appointed Special Advocate)- Introduction & Request for Funds- \$3000
- 10:15 AM- John Kronyak- Animal Control
- 10:30 AM- Jim Michael- Decision regarding Funds request for Cacapon State Park
- 10:45 AM- Brenda Stotler- Noise at current Animal Control Facility
- 11:00 AM- Dan James, Asst. Prosecutor & Vince Shambaugh, Sheriff- Overtime compensation for Police Officers
- 11:15 AM- Commissioner Brad Close- move location of proposed Animal Control Facility
- 11:30 AM- Gene Watkins, RAJ- Saving money on bills
- 11:45 AM- Decision on 911 Board member
- 12:00 PM- Bill Clark- Discussion/Decision on Paw Paw Rail Trail
- 12:15 PM- Carol York- Grants Administrator- Overview of grants

ADMINISTRATORS ITEMS

- Approval of animal control policies and procedures.
- Ad for new procedures from the DMV regarding registration renewals.

MORGAN COUNTY COMMISSION
77 Fairfax Street, Room 101 Berkeley Springs, WV 25411 * 304.258.8540

REQUEST FOR FUNDS APPLICATION

Request #: _____
(to be completed by Commission)

Organization Name & Mailing Address CASA of the Eastern Panhandle, Inc. 229 E. Martin St. Ste 100 Martinsburg, WV. 25401	Amount Requested 3,000.00	Date of Request
Requestor Name Vicki Barnard. Executive Director vicki@casaep.org	Requestor Telephone # and e-mail address: 304 263 5100	Check should be made payable to: CASAEP

Describe in detail what funds will be used for and include a cost breakdown: (use back of form if necessary)

please refer to packet.

List other sources of funding that have been pursued		
Name of organization or grant	Date of activity	Result of efforts/Status
VOCA	FY 7.1.12 - 6.30.13	AWARD \$11,990.00
CDBG (City of Martinsburg)	FY 2011	AWARD 5,000.00
City of Hanson (Mini-grant)	FY 2012	AWARD \$1,000.00

- Required Attachments:**
- A recent estimate or quote for equipment, services or work to be performed
 - Copy of 501 c(3) non-profit status certification, form 990
 - Prior year income statement
 - Current year income statement (year-to-date)
 - Prior year balance sheet
 - Current year balance sheet (year-to-date)
 - Current year budget

For Commission Use Only:

Amount Approved	Date Approved	Name/Account # of Fund	Date To Be Allocated

Approved by:	Approved by:	Approved by:
Stacy A. Dugan President Morgan County Commission	Brenda J. Hutchinson Commissioner Morgan County Commission	Bradley J. Close Commissioner Morgan County Commission

REQUEST FOR FUNDS FROM MORGAN COUNTY COMMISSION

FISCAL YEAR: FY—2013

AGENCY: CASA of the Eastern Panhandle, Inc.

SUBMITTED BY: Vicki L. Barnard, Executive Director

ADDRESS: 229 East Martin Street, Suite 100
Martinsburg, WV 25401

PHONE NUMBER: 304.263.5100

AMOUNT REQUESTED: \$3,000.00

PROGRAM MISSION

The mission of CASA-EP is to advocate for abused and neglected children of Berkeley, Jefferson and Morgan Counties within the court system, and to ensure that these children find safe and permanent homes as quickly as possible. To this end we recruit, screen, train and manage community volunteers who serve as Court Appointed Special Advocates (CASA Volunteers).

Secondarily, the volunteers assist and strengthen the children's families by helping them identify drug rehabilitation, domestic violence, GED and other support programs and resources.

ORGANIZATIONAL HISTORY

CASA of the Eastern Panhandle (CASA-EP) incorporated as a 501(c)3 program in May, 2003, and immediately convened a Board of Directors, launched a community awareness and outreach campaign, and began volunteer recruitment and fundraising efforts.

Upon completion of a 40-hour training program required by the National CASA Association in October 2003, CASA-EP's first 14 volunteers were sworn in by Judges Gray Silver III and David Sanders in December 2003, and were then assigned their first cases.

Since that time, CASA-EP has experienced significant growth. The CASA-EP Board of Directors presently consists of 21 deeply committed and effective members, and 3 full time devoted employees. More important, we are currently managing 38 active volunteers who continue to provide excellent advocacy to children. Still, there is more to be done with respect to reaching the organization's primary goal of recruiting and training enough volunteers so that

every child removed from his/her home in our tri-community will have the benefit of working, and forging a relationship with a CASA-EP Volunteer, and the advantage of an advocate to voice his/her concerns in court.

PROGRAM SUMMARY

CASA-EP was formed to address the problem of hundreds of neglected and abused children who are too often lost in the court and foster care systems. Moreover, many children were and are being returned to abusive homes or left to languish in the system for years.

During the year 2011 reports indicate there are only 22 caseworkers and 5 supervisors at the Department of Health and Human Resources (DHHR) who must address the cases of abused and neglected children in Jefferson, Morgan and Berkeley Counties. DHHR reports that more than 2945 child abuse and neglect cases were reported in the three counties CASA-EP serves. Subsequently, following DHHR/Child Protective Service's investigation, 1195 of those cases were accepted resulting in well over 200 children being removed from their homes through a Circuit Court order and placed in the foster care system where other problems may ensue.

The end result of the work done by CASA-EP is that we are addressing the needs of neglected and abused children, in many instances, in ways the courts and caseworkers simply don't have the resources to achieve. However, our efforts too are limited by a lack of resources. Funding from the Morgan County Commission is paramount in allowing us to continue our work with respect to raising community awareness, volunteer recruitment and sustaining a complete and diverse volunteer pool in an effort to assign and manage more cases.

Specifically, CASA-EP volunteers act as the eyes and ears for the courts, providing judges with vital information about the children that the attorneys and case workers are simply too busy to acquire. Without duplicating the efforts of DHHR, CASA-EP volunteers engage in a holistic approach to gathering information about the children, their environment and their needs. This is done through:

- ✓ Meeting with the children regularly.
- ✓ An extensive review of records.
- ✓ Speaking with the children, parents, teachers, family members and anyone else who can provide information regarding the child/ren.
- ✓ Monitoring court orders and Improvement Period Plans and informing the Judge whether parents/caregivers are in compliance.
- ✓ Facilitating services for the children to help with their recovery.
- ✓ Preparing and presenting a written report to the Judge regarding the CASA volunteer's findings and recommendations.

PROGRAM NEED

CASA-EP is meeting an increasing need in the Eastern Panhandle as DHHR continues to inform us that child abuse is on the rise—in terms of both severity and in the number of cases. We understand that child abuse and neglect have a negative impact on the whole of society—particularly with regard to the economic effect—for example, increased medical cost and the cost of providing health and human services. Consequently, every dollar spent to reduce and eventually eradicate child abuse and neglect helps the community at-large because fewer children are likely to get “lost in the system” and fewer tax dollars will be spent on housing these children in foster care or, as these children get older, in correctional facilities.

The needs of the children we serve often go beyond our immediate objectives of advocating for the children within the court system and ensuring that these children are placed in safe and permanent homes. As noted above, sometimes it is in the best interest of the children that the CASA-EP volunteer makes every effort to keep a safe family intact.

This might lead the volunteer to have to search out and secure certain resources for the parents and caregivers. These resources include, but are not limited to:

- ✓ Drug counseling and treatment programs.
- ✓ Assistance with finding and securing housing and employment.
- ✓ Help with medical and utility bills.
- ✓ Assisting parents in accessing parenting and anger management classes.
- ✓ Help with locating job placement, GED and vocational training services.

CASA-EP's 32 assigned volunteers are currently able to serve 81 children. This means that well over 100 children are presently not served due to lack of trained volunteers. And as the metro area continues to expand, with the influx of new residents to Jefferson, Morgan and Berkeley Counties, displacement, lack of affordable housing and increased drug abuse among many parents and caregivers, the number of children removed from environments too dangerous for them to live in will increase.

PURPOSE OF REQUEST

CASA-EP is requesting funds to increase our volunteer recruitment by screening and training 30 additional volunteers in order to take on at least 30 new child abuse and neglect cases within the FY2013 request period. The added cases will represent approximately 75 children as the average number of children removed from the family home is 2.5.

Consequently, a grant award from the Morgan County Commission will be used to:

- ✓ Increase recruitment by enhancing outreach efforts through the continued production and dissemination of collateral materials (i.e., the CASA-EP brochure and quarterly news letter, and supplemental materials as needed).
- ✓ Update and maintain the CASA-EP web site.
- ✓ Expand and sustain the marketing and public relations campaign to alert potential volunteers about child abuse and neglect and training programs.
- ✓ Launch a grassroots public relations program that will allow CASA-EP increased visibility and enhanced education to potential volunteers concerning the issues of child abuse and neglect, and the importance of their roles as volunteers.
- ✓ Improve monitoring and administrative/technical support for each case (including, but not limited to: screening and background check processes, and the development, revision and distribution of training materials).

PROGRAM SUCCESS

Research by the National Court Appointed Special Advocates Association has shown that having a CASA volunteer:

- ✓ Increases the likelihood of finding a safe and permanent home.
- ✓ Reduces the average length of time spent in foster care by one year.
- ✓ Reduces the rates of delinquency in children removed from the home.
- ✓ Reduces the amount of time spent in the court system.
- ✓ Reduces the likelihood of reentry into the court system.
- ✓ Reduces the likelihood of entry into the juvenile and adult penal system.

In addition to working toward enhancing maintaining the positive outcomes listed above, CASA-EP engages in, and works to nurture relationships/partnerships with other local help agencies such as: United Way-EP, Children's Home Society, and Partners in Prevention in an effort to ensure that the neglected and abused children we serve, and their families and other caregivers receive any assistance that might lead to an improvement in the quality of life they experience, as well as the positive progression of the whole of our community.

In sum, we remain intensely focused on raising public awareness around the issues of child abuse and neglect; and the CASA-EP mission—we believe that a higher level of public awareness will increase our ability to recruit volunteers and raise funds; and will thereby, move us closer to fulfilling our mission.

REVENUE REQUESTED	2013
Morgan County Commission FY2013 Request	\$3,000.00
EXPENSES COVERED UNDER REQUEST	
Volunteer Support (<i>Detail Below</i>)	\$3,000.00
Recruiting/Advertising	\$700.00
Training Materials & Supplies	\$1,200.00
Volunteer Travel-Reimbursement	\$500.00
Professional Fees (Specialized Trainers)	\$250.00
Background Checks	\$350.00

CASA of the Eastern Panhandle - 2012 DRAFT BUDGET

Approved
1/17/12

INCOME	2011 APPROVED BUDGET	2011 ACTUALS	2012 PROPOSED BUDGET	Notes
Circle of Hope Campaign				
Individual	\$8,000.00	\$5,833.06	\$8,000.00	
Corporate	\$1,250.00	\$1,639.85	\$2,000.00	(2011, \$500 designated for C.O.H. postage) proj incr
NIP Donations	\$3,000.00	\$0.00	\$8,200.00	We were awarded \$5,900 in credit vouchers
Board Member Donations		\$1,600.00	\$4,000.00	
United Way				
United Way-CFC	\$4,332.00	\$3,679.24	\$3,600.00	
United We, - Donor Designated	\$2,497.00	\$2,872.15	\$2,800.00	
Chio Groups	\$700.00		\$1,100.00	
Sons & Daughters of Italy		\$100.00		
Summit Rotary		\$1,000.00		
Churches	\$3,000.00		\$3,200.00	
Trinity Episcopal		\$1,850.00		
Shepherdstown Lutheran Parish		\$280.00		
Shepherdstown Presbyterian		\$793.03		
St. Agnes Catholic Church		\$823.34		
Burke H. - United Methodist Church		\$200.00		
Consumer Share	\$0.00	\$1,000.00	\$0.00	unreliable
Foundations				
John Vos Family Foundation	\$2,500.00	\$2,600.00	\$2,500.00	
Fund Raising Events				
CASA River Century	\$35,000.00	\$26,493.21	\$30,000.00	
Holiday Tea/Purse Party	\$10,000.00	\$14,626.00		
Raffles	\$0.00	\$825.00	\$500.00	currently have 1 quilt avail. for raffle
February Event 1 - Outback			\$1,000.00	
September Event 2 - Walk			\$1,500.00	
November Event 3 -			\$3,000.00	
Event 4 (in lieu of Holiday Tea)			\$18,000.00	
Unrestricted Grants				
ADDITIONAL GRANTS			\$15,000.00	NEEDED
County Government	\$8,000.00	\$7,000.00	\$7,000.00	Jay & Bink projected - will approach Morgan
City Government	\$2,500.00	\$3,000.00	\$3,000.00	
CDBG (City of Martinsburg)	\$5,000.00	\$6,242.05	\$5,000.00	additional 2011 revenue crossed FY
ICLTA	\$500.00	\$742.18	\$500.00	not reliable
VOCA	\$11,980.00	\$12,748.00	\$12,500.00	projection
EWVCF (Youth grant & Randy Smith)	\$1,500.00	\$2,785.00	\$4,500.00	projection - youth grant crosses fiscal years
National CASA	\$15,000.00		\$0.00	
United Way Grant	\$15,000.00	\$11,250.00	\$15,000.00	
Other Grants	\$8,000.00			
Escab Grant		\$1,000.00	\$1,000.00	
Booby Grant		\$1,500.00	\$1,500.00	
Restricted Grants				
"Senator Snyder" computer upgrades			\$10,000.00	
Other - Brick/Stone Premiums Reim.	\$0.00	\$585.00	\$0.00	unknown
Bank - Fund Transfer (to keep govt)		\$547.01	\$0.00	
TOTAL INCOME	\$138,705.00	\$112,745.19	\$154,460.00	

Senator Snyder's \$10,000 is designated for upcoming computer expenses

EXPENSES	2011 APPROVED BUDGET	2011 ACTUALS	2012 PROPOSED BUDGET	Notes
Salaries				based on current salaries & 261 work days
Executive Director	\$42,000.00	\$41,595.38	\$42,000.00	
Sr. Volunteer Coordinator	\$29,000.00	\$28,318.23	\$29,232.00	received increase during year
Volunteer Coordinator	\$24,818.40	\$20,685.13	\$22,061.00	2012 budget based on current employee's pay formula driven
Payroll Taxes	\$7,207.16	\$6,927.84	\$7,206.36	
Workers Compensation	\$2,940.00	\$2,104.75	\$2,240.00	allowing for possible increase
Bank	\$5,900.00	\$3,000.00	\$3,000.00	
Printing Fees	\$720.00	1,574.00	\$720.00	
Trash	\$250.00	\$246.00	\$246.00	
Utilities				
Gas	\$1,400.00	\$1,400.38	\$1,450.00	
Electric	\$1,400.00	\$1,203.06	\$1,250.00	
Telephone	\$2,000.00	\$1,818.82	\$2,000.00	allowing for possible increase
Insurance	\$2,000.00			allowing for possible increase
Board Liability (Hartford)		\$881.82	\$632.00	Policy renewal - February
General Liability/Property (Philadelphia)		\$1,681.60	\$1,738.00	projections (policy renewal - August)
Professional Fees	\$4,500.00	\$11,570.11	\$5,500.00	\$500 prior years audit
Fundraising Event Expenses				
Circle of Hope Postage		\$330.00	\$600.00	projecting 2 mailings with double the recipients
Circle of Hope (Other)		\$231.47	\$500.00	projections
CASA River Century	\$5,000.00	\$5,001.22	\$5,000.00	projections
Holiday Tea/Purse Party	\$0.00	\$978.80	\$1,000.00	projections
February Event 1 - Outback			\$600.00	projections
September Event 2 - Walk			\$500.00	projections
November Event 3 -			\$500.00	projections
NIP Fee	\$150.00	\$0.00	\$414.00	\$46 of fees will be adjusted from 2012 to 2013
Licenses/Dues/Subscriptions	\$1,100.00			
B. Co. Chamber of Commerce Dues		\$130.00	\$130.00	
J Co. Chamber of Commerce Dues		\$50.00	\$50.00	
National CASA Membership Dues		\$100.00	\$100.00	
WV Charitable Organization Renewal Fee		\$40.00	\$40.00	
WV State Business License Renewal Fee		\$25.00	\$25.00	
QuickBooks Subscription		\$290.44	\$290.44	
INR Renewal (payroll subscription)		\$263.34	\$263.34	
Bank Charges/Fees	\$160.00	\$65.47	\$100.00	
Training	\$500.00	\$27.00	\$200.00	reduction proposed
Conferences/Travel	\$500.00	\$136.48	\$200.00	reduction proposed
Postage	\$1,400.00	\$2,187.68	\$2,200.00	
Printing/Copying	\$1,000.00	\$0.00	\$0.00	
Advertising/Recruiting	\$1,500.00	\$330.80	\$400.00	
Office/Stationery Supplies	\$1,500.00	\$1,841.35	\$1,200.00	allowing for slight increase
Equipment	\$0.00	\$0.00	\$5.00	
Computer/Website Upgrades			\$10,000.00	
Computer Maint/Leasing	\$1,780.00	\$2,027.30	\$2,100.00	
Internet Provider	\$720.00	\$718.60	\$720.00	
Volunteer Support	\$2,600.00	\$2,610.71	\$3,000.00	
TOTAL EXPENSES	\$138,235.58	\$138,872.78	\$150,305.13	
NET INCOME/LOSS	\$413.42	(\$26,127.59)	\$4,094.32	

NOTE: You will see a \$101 reconciliation discrepancy on the 2011 P&L Report. This is due to 2 returned checks. The Journal entry to adjust revenue is not reflected yet.

CASA of the Eastern Panhandle
Balance Sheet
 As of December 31, 2011

	<u>Dec 31, 11</u>
ASSETS	
Current Assets	
Checking/Savings	
BB&T #5173927020	21,022.28
BCT checking 003179249	22,005.58
Centrabank #0130038288	1,753.49
Total Checking/Savings	<u>44,781.35</u>
Other Current Assets	
Accounts receivable - y/e	5,215.32
Prepaid Expenses	341.64
Prepaid Insurance	1,427.92
Reserve fund	
25 month CD@4.5%, due2-29-08	-10,970.43
8 month CD @ 3.35% due 11-14-08	10,970.43
Total Reserve fund	<u>0.00</u>
Total Other Current Assets	<u>6,984.88</u>
Total Current Assets	51,766.23
Fixed Assets	
Accumulated Depreciation	-11,812.83
Equipment	17,470.84
Total Fixed Assets	<u>5,658.01</u>
TOTAL ASSETS	<u><u>57,424.24</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Accounts payable - y/e	12,849.73
Accrued payroll	1,586.90
Accrued vacation	889.63
Payroll Liabilities	
Federal Tax Withheld	924.00
SS & Medicare Withheld	1,383.80
WV Tax Withheld	459.00
Total Payroll Liabilities	<u>2,766.80</u>
Total Other Current Liabilities	<u>18,093.06</u>
Total Current Liabilities	18,093.06
Total Liabilities	18,093.06
Equity	
Retained Earnings	-83,293.52
Unrestricted net assets	149,467.68
Net Income	-26,842.98
Total Equity	<u>39,331.18</u>
TOTAL LIABILITIES & EQUITY	<u><u>57,424.24</u></u>

CASA of the Eastern Panhandle
Balance Sheet
 As of May 30, 2012

	May 30, 12
ASSETS	
Current Assets	
Checking/Savings	
BB&T #5173927020	12,859.18
BCT checking 003179249	12,232.36
Centrabank #0130038288	1,753.78
Total Checking/Savings	26,845.32
Other Current Assets	
Accounts receivable - y/e	5,215.32
Prepaid Expenses	341.64
Prepaid Insurance	1,427.92
Reserve fund	
25 month CD @ 4.5%, due 2-29-08	-10,970.43
8 month CD @ 3.35% due 11-14-08	10,970.43
Total Reserve fund	0.00
Total Other Current Assets	6,984.88
Total Current Assets	33,830.20
Fixed Assets	
Accumulated Depreciation	-11,612.83
Equipment	17,470.84
Total Fixed Assets	5,658.01
TOTAL ASSETS	39,488.21
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	310.00
Total Accounts Payable	310.00
Other Current Liabilities	
Accounts payable - y/e	12,849.73
Accrued payroll	1,586.90
Accrued vacation	889.63
Payroll Liabilities	
Federal Tax Withheld	358.00
SS & Medicare Withheld	419.45
WV Tax Withheld	113.00
Total Payroll Liabilities	890.45
Total Other Current Liabilities	16,216.71
Total Current Liabilities	16,526.71
Total Liabilities	16,526.71
Equity	
Retained Earnings	-110,136.50
Unrestricted net assets	149,467.68
Net Income	-16,369.68
Total Equity	22,961.50
TOTAL LIABILITIES & EQUITY	39,488.21

10:08 AM
 05/30/12
 Accrual Basis

CASA of the Eastern Panhandle
Statement of Financial Income and Expense
 January through December 2011

	Unclassified	TOTAL
Ordinary Income/Expense		
Income		
Annual Campaign		
Circle of Hope/Misc Donations		
Businesses	200.00	200.00
Individuals	3,142.50	3,142.50
Total Circle of Hope/Misc Donations	<u>3,342.50</u>	<u>3,342.50</u>
Total Annual Campaign	3,342.50	3,342.50
Contributions		
Churches	3,226.37	3,226.37
City Councils	3,000.00	3,000.00
Civic Group Donations	1,100.00	1,100.00
Consumer Share Donations	1,000.00	1,000.00
Corporate	1,439.85	1,439.85
EWVCF	235.00	235.00
Individuals	1,690.56	1,690.56
Jefferson County Commission	7,000.00	7,000.00
John Vos Family Foundation	2,500.00	2,500.00
NIP Donation	2,800.00	2,800.00
United Way of Eastern Panhandle		
CFC Designations	3,679.24	3,679.24
Donor Designations	2,872.16	2,872.16
Total United Way of Eastern Panhandle	<u>6,551.40</u>	<u>6,551.40</u>
Total Contributions	30,343.18	30,343.18
Fund Raising - Events		
2011 Holiday Tea Purse Party		
2011 Auction Items	2,516.00	2,516.00
2011 General Donations	3,420.00	3,420.00
2011 Purse Raffle Tickets	800.00	800.00
2011 Sponsors	5,200.00	5,200.00
2011 Ticket Sales	2,590.00	2,590.00
Total 2011 Holiday Tea Purse Party	<u>14,526.00</u>	<u>14,526.00</u>
CASA Two Rivers Century 2011		
Donations 2011	1,484.70	1,484.70
Rider Pledges - 2011	2,847.29	2,847.29
Rider Registrations - 2011	15,311.22	15,311.22
sponsorship 2011	6,850.00	6,850.00
Total CASA Two Rivers Century 2011	<u>26,493.21</u>	<u>26,493.21</u>
Concert Ticket Raffle 2011	200.00	200.00
Quilt Raffle 2011	625.00	625.00
Total Fund Raising - Events	41,844.21	41,844.21
Grants - Restricted		
CDBG	6,242.05	6,242.05
IOLTA	742.18	742.18
Seely Foundation	1,000.00	1,000.00
VOCA	12,748.00	12,748.00
Total Grants - Restricted	<u>20,732.23</u>	<u>20,732.23</u>
Grants - Unrestricted		
East West Virginia Foundation	2,500.00	2,500.00
Ecolab Foundation	1,500.00	1,500.00
Total Grants - Unrestricted	4,000.00	4,000.00
Interest	32.68	32.68
Other income	586.00	586.00

10:08 AM

05/30/12

Accrual Basis

CASA of the Eastern Panhandle
Statement of Financial Income and Expense
 January through December 2011

	Unclassified	TOTAL
Temporarily restricted		
United Way	11,250.00	11,250.00
Total Temporarily restricted	11,250.00	11,250.00
Total Income	112,130.80	112,130.80
Expense		
Fund Raising Events		
CASA Two Rivers Century 2011	5,001.22	5,001.22
Circle of Hope	891.47	891.47
Holiday Tea 2011	976.50	976.50
Total Fund Raising Events	6,869.19	6,869.19
General Operating Expenses		
Bank Charges	85.47	85.47
Board and Staff Training	27.00	27.00
CASA Dues	280.00	280.00
Insurance	2,243.12	2,243.12
License & membership Fees	65.00	65.00
Professional Fees	11,570.11	11,570.11
Recruiting costs	330.80	330.80
Staff Travel	130.48	130.48
Subscriptions	554.38	554.38
Total General Operating Expenses	15,286.36	15,286.36
Office Operating Costs		
Comcast	715.80	715.60
Computer Service	2,027.30	2,027.30
Electricity	1,203.06	1,203.06
Heating	1,400.38	1,400.38
parking	674.00	674.00
Postage	2,197.68	2,197.68
Rent	3,000.00	3,000.00
Stationery/Supplies	1,041.35	1,041.35
Telephone	1,819.62	1,819.62
Trash	246.00	246.00
Total Office Operating Costs	14,324.99	14,324.99
Reconciliation Discrepancies	101.00	101.00
Salaries/Benefits		
Director	41,565.38	41,565.38
Payroll Taxes	6,927.04	6,927.04
Vol Coordinator-Full Time	25,384.36	25,384.36
Volunteer Coordinator	23,600.00	23,600.00
Workers Comp.	2,104.75	2,104.75
Total Salaries/Benefits	99,581.53	99,581.53
Volunteer Support Expenses		
Awards & Supplies	156.11	156.11
Background Checks	392.00	392.00
Training	1,424.39	1,424.39
Training Manuals	196.60	196.60
Travel Expenses	490.27	490.27
Volunteer Support/Appreciation	151.34	151.34
Total Volunteer Support Expenses	2,810.71	2,810.71
Total Expense	138,973.78	138,973.78
Net Ordinary Income	-26,842.98	-26,842.98
Net Income	-26,842.98	-26,842.98

10:10 AM
 05/30/12
 Accrual Basis

CASA of the Eastern Panhandle
Statement of Financial Income and Expense
 January 1 through May 30, 2012

	Unclassified	TOTAL
Ordinary Income/Expense		
Income		
Annual Campaign		
Circle of Hope/Misc Donations		
Businesses	185.00	185.00
Individuals	350.40	350.40
Total Circle of Hope/Misc Donations	<u>535.40</u>	<u>535.40</u>
Total Annual Campaign	535.40	535.40
Contributions		
Berkeley Commissioners	2,000.00	2,000.00
Board Member donations	200.00	200.00
Churches	2,050.00	2,050.00
Civic Group Donations	70.00	70.00
Individuals	40.00	40.00
United Way of Eastern Panhandle		
CFC Designations	669.96	669.96
Donor Designations	959.68	959.68
United Way of Eastern Panhandle - Other	625.00	625.00
Total United Way of Eastern Panhandle	<u>2,254.64</u>	<u>2,254.64</u>
Total Contributions	6,614.64	6,614.64
Fund Raising - Events		
2011 Holiday Tea Purse Party		
2011 Auction Items	286.71	286.71
2011 General Donations	48.60	48.60
2011 Ticket Sales	69.06	69.06
Total 2011 Holiday Tea Purse Party	<u>404.37</u>	<u>404.37</u>
2012 Outback Dinner	100.00	100.00
CASA River Century 2012		
Donations 2012	3.32	3.32
Pledges 2012	450.00	450.00
Rider Registrations 2012	7,032.93	7,032.93
Sponsorships 2012	4,350.00	4,350.00
T-shirt orders 2012	567.16	567.16
Total CASA River Century 2012	<u>12,403.41</u>	<u>12,403.41</u>
Total Fund Raising - Events	12,907.78	12,907.78
Grants - Restricted		
CDBG	1,480.64	1,480.64
IOLTA	604.14	604.14
VOCA	4,307.00	4,307.00
Total Grants - Restricted	<u>6,391.78</u>	<u>6,391.78</u>
Grants - Unrestricted		
East West Virginia Foundation	3,000.00	3,000.00
Total Grants - Unrestricted	<u>3,000.00</u>	<u>3,000.00</u>
Interest	2.16	2.16
Misc	193.00	193.00
Temporarily restricted		
United Way	1,875.00	1,875.00
Total Temporarily restricted	<u>1,875.00</u>	<u>1,875.00</u>
Total Income	<u>31,519.76</u>	<u>31,519.76</u>

10:10 AM
 05/30/12
 Accrual Basis

CASA of the Eastern Panhandle
Statement of Financial Income and Expense
 January 1 through May 30, 2012

	Unclassified	TOTAL
Expense		
Fund Raising Events		
CASA River Century 2012	35.58	35.58
CASA Two Rivers Century 2011	1,568.61	1,568.61
Fund Raising Events - Other	250.00	250.00
Total Fund Raising Events	1,854.19	1,854.19
General Operating Expenses		
Bank Charges	176.05	176.05
Board and Staff Training	198.00	198.00
CASA Dues	50.00	50.00
Insurance	711.89	711.89
License & membership Fees	25.00	25.00
NIP Fee	273.00	273.00
Professional Fees	15.90	15.90
Total General Operating Expenses	1,449.84	1,449.84
Office Operating Costs		
Comcast	267.80	267.80
Computer Service	1,315.90	1,315.90
Computer Supplies	457.70	457.70
Electricity	388.66	388.66
Heating	1,051.66	1,051.66
parking	120.00	120.00
Postage	415.72	415.72
Rent	1,740.00	1,740.00
Stationery/Supplies	46.18	46.18
Telephone	746.61	746.61
Total Office Operating Costs	6,550.23	6,550.23
Salaries/Benefits		
Director	13,182.41	13,182.41
Payroll Taxes	3,201.41	3,201.41
Vol Coordinator-Full Time	9,496.50	9,496.50
Volunteer Coordinator	10,503.50	10,503.50
Workers Comp.	1,035.50	1,035.50
Total Salaries/Benefits	37,419.32	37,419.32
Volunteer Support Expenses		
Background Checks	194.72	194.72
Training	63.67	63.67
Training Manuals	305.25	305.25
Travel Expenses	52.22	52.22
Total Volunteer Support Expenses	615.86	615.86
Total Expense	47,889.44	47,889.44
Net Ordinary Income	-16,369.68	-16,369.68
Net Income	-16,369.68	-16,369.68

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization: **CASA of the Eastern Panhandle, Inc.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address): **229 E. Martin Street**
 Room/suite: **100**
 City or town, state or country, and ZIP + 4: **Martinsburg WV 25401**

D Employer identification number: **32-0063080**

E Telephone number: **304-263-5100**

F Name and address of principal officer:
Charles N. Lawson
229 E. Martin Street # 100
Martinsburg WV 25401

G Gross receipts \$: **157,131**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.CASAEP.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2003**

M State of legal domicile: **WV**

H(c) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** **13**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **13**

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) **5** **5**

6 Total number of volunteers (estimate if necessary) **6** **45**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** _____

7b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	90,614	108,178
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	546	1,135
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,191	43,997
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	107,351	153,310
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	119,539	80,181
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,887		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	41,678	37,710
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	161,217	117,891
19 Revenue less expenses. Subtract line 18 from line 12	-53,866	35,419
20 Total assets (Part X, line 16)	41,267	82,338
21 Total liabilities (Part X, line 26)	12,262	17,914
22 Net assets or fund balances. Subtract line 21 from line 20	29,005	64,424

Part II Signature Block

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: **Charles N. Lawson** Date: _____
 Type or print name and title: **Treasurer**

Paid Preparer Use Only

Print/Type preparer's name: **Chad R Lawyer, CPA** Preparer's signature: **Chad R Lawyer, CPA** Date: **11/09/11** Check if PTIN **P00657249**
 Firm's name ▶ **OURS, LAWYER, LEWIS & COMPANY, PLLC** Firm's EIN ▶ **83-0374854**
 Firm's address ▶ **1107 WINCHESTER AVE** Phone no. **304-263-9447**
MARTINSBURG, WV 25401-1651

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **99,424** including grants of \$) (Revenue \$)

WHAT IS CASA?

CASA STANDS FOR COURT APPOINTED SPECIAL ADVOCATE FOR CHILDREN. CASA OF THE EASTERN PANHANDLE, INC. IS AN INDEPENDENT NON-PROFIT ORGANIZATION THAT RECRUITS AND TRAINS COMMUNITY VOLUNTEERS TO ADVOCATE FOR CHILDREN WHO ARE IN THE COURT SYSTEM BECAUSE OF ABUSE OR NEGLECT. A CASA VOLUNTEER CONDUCTS A THOROUGH REVIEW OF ALL CASE DOCUMENTATION, VISITS THE CHILD WHOM HE/SHE IS APPOINTED REGULARLY (2-4 TIMES A MONTH), IDENTIFIES THE CHILD'S NEEDS, AND SUBMITS A WRITTEN REPORT TO THE JUDGE WITH HIS/HER RECOMMENDATIONS ON BEHALF OF THE CHILD. A CASA VOLUNTEER HELPS KEEP THE CHILD SAFE WHILE HE/SHE IS IN TEMPORARY FOSTER CARE, AND MAKES SURE THE CHILD DOESN'T GET "LOST" IN THE SYSTEM.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **99,424**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 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		<input checked="" type="checkbox"/>
22 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 2? If "Yes," complete Schedule I, Parts I and III		<input checked="" type="checkbox"/>
23 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		<input checked="" type="checkbox"/>
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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
26 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		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction 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		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<input checked="" type="checkbox"/>
33 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		<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36 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		<input checked="" type="checkbox"/>
37 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		<input checked="" type="checkbox"/>
38 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	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: See Instructions for 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	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 provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4965?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	13			
b Enter the number of voting members included in line 1a, above, who are independent		13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders?	6			<input checked="" type="checkbox"/>
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			<input checked="" type="checkbox"/>
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b		<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	<input checked="" type="checkbox"/>
13 Does the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Does the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15b	<input checked="" type="checkbox"/>
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<input checked="" type="checkbox"/>
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **WV**
- 18 Section 8104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Lisa Davis** **229 Martin Street, Suite 100**
Martinsburg **WV 25401** **304-263-5100**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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 organization's tax year.

- 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, if any. See instructions for definition of "key employee."
 - 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 neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Carol Asam Director	1.00	X					0	0	0	
(2) Deborah Barthlow Director	1.00	X					0	0	0	
(3) Kara Klein-Gibson Director	1.00	X					0	0	0	
(4) Leslie Crabill President	8.00	X		X			0	0	0	
(5) Allyssa Sloan Vice President	2.00	X		X			0	0	0	
(6) Jim Holland Director	1.00	X					0	0	0	
(7) Charles Lawson Treasurer	4.00	X		X			0	0	0	
(8) Phyllis Letart Director	1.00	X					0	0	0	
(9) Samantha Muncy Director	1.00	X					0	0	0	
(10) Rhea Peavler Director	1.00	X					0	0	0	
(11) Gina Miller Secretary	4.00	X		X			0	0	0	
(12) Kathy Santa Barbara Director	1.00	X					0	0	0	
(13) Robin Zanotti Director	2.00	X					0	0	0	
(14)										
(15)										
(16)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	2,954				
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	20,673				
	f All other contributions, gifts, grants, and similar amounts not included above	84,551				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	106,178				
Program Service Revenue	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	1,135			1,135	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental exps.				
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis & sales exps.				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1a). See Part IV, line 18	a	47,818			
		b Less: direct expenses	3,821			
c Net income or (loss) from fundraising events		43,997			43,997	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue						
11a	Busn. Code					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		153,310	0	0	45,132	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	34,241	23,969	8,560	1,712
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	39,101	39,101		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	6,839	5,881	798	160
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,500	3,250	3,250	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	7,183	6,098	1,070	15
14 Information technology				
15 Royalties				
16 Occupancy	6,096	5,182	914	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	766	613	153	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,725	1,466	259	
23 Insurance	6,054	5,146	908	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Volunteer Support Expense	5,438	5,438		
b Telephone Expense	1,823	1,550	273	
c Education and Publicity	1,730	1,730		
d Bank Fees	395		395	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	117,891	99,424	16,580	1,887
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing		1
	2 Savings and temporary cash investments	32,148	2 71,445
	3 Pledges and grants receivable, net		3
	4 Accounts receivable, net	1,634	4 5,215
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	2,162	9 2,080
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,136	
	b Less: accumulated depreciation	10b 13,538	10c 3,598
	11 Investments—publicly traded securities		11
	12 Investments—other securities. See Part IV, line 11		12
	13 Investments—program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11		15
	16 Total assets. Add lines 1 through 15 (must equal line 34)	41,267	16 82,338
	Liabilities	17 Accounts payable and accrued expenses	7,862
18 Grants payable			18
19 Deferred revenue			19
20 Tax-exempt bond liabilities			20
21 Escrow or custodial account liability. Complete Part IV of Schedule D			21
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22
23 Secured mortgages and notes payable to unrelated third parties			23
24 Unsecured notes and loans payable to unrelated third parties			24
25 Other liabilities. Complete Part X of Schedule D		4,400	25 5,064
26 Total liabilities. Add lines 17 through 25		12,262	26 17,914
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	29,005	27 64,424
	28 Temporarily restricted net assets		28
	29 Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	29,005	33 64,424
	34 Total liabilities and net assets/fund balances	41,267	34 82,338

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	153,310
2	Total expenses (must equal Part IX, column (A), line 25)	2	117,891
3	Revenue less expenses. Subtract line 2 from line 1	3	35,419
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,005
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	64,424

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash 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? _____
- b Were the organization's financial statements audited by an independent accountant? _____
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 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 the Single Audit Act and OMB Circular A-133? _____
- 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. _____

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		<input checked="" type="checkbox"/>
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

CASA of the Eastern Panhandle, Inc.

Employer identification number

32-0063080

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
- a 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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
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.)						
11 Total support. Add lines 7 through 10						
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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. 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 type="checkbox"/>		
b 33 1/3% support test—2009. 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—2010. 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—2009. 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	165,569	132,335	132,038	90,614	108,178	628,734
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513				22,747	47,818	70,565
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 through 5	165,569	132,335	132,038	113,361	155,996	699,299
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						699,299

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	165,569	132,335	132,038	113,361	155,996	699,299
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,447	3,767	2,685	546	1,135	10,580
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,447	3,767	2,685	546	1,135	10,580
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	168,016	136,102	134,723	113,907	157,131	709,879

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 2010 (line 8, column (f) divided by line 13, column (f))	15	98.51%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.63%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1%

19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2010

▶ Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization

Employer identification number

CASA of the Eastern Panhandle, Inc.

32-0063080

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization

 4947(a)(1) nonexempt charitable trust not treated as a private foundation

 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation

 4947(a)(1) nonexempt charitable trust treated as a private foundation

 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization **CASA of the Eastern Panhandle, Inc.** Employer identification number **32-0063080**

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	United Way Eastern Panhandle 222 W. King Street Martinsburg WV 25401	\$ 18,702	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	State of WV (VOCA Grant) 1204 Kanawha Boulevard East Charleston WV 25301	\$ 11,553	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	National CASA 100 West Harrison St Suite 500 Seattle WA 98119	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Eastern WV Community Foundation 229 East Martin St Suite 4 Martinsburg WV 25401	\$ 18,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

CASA of the Eastern Panhandle, Inc.

32-0063080

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table titled 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

6 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		17,136	13,538	3,598
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **3,598**

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Accrued Payroll Taxes	2,588
(3) Accrued Payroll	1,586
(4) Accrued Leave	890
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,064

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	153,310
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	117,891
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	35,419
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	35,419

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	217,449
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	64,139
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	64,139
3	Subtract line 2e from line 1	3	153,310
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	153,310

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	182,030
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	64,139
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	64,139
3	Subtract line 2e from line 1	3	117,891
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
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, line 16.)	5	117,891

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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 8a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

CASA of the Eastern Panhandle, Inc.

Employer identification number

32-0063080

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ 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.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a 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 and address 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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 8b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Bicycle Rally</u> (event type)	<u>Holiday Tea/Pur</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	22,989	16,349	8,241	47,579
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	22,989	16,349	8,241	47,579
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,697	1,394	730	3,821
	10 Direct expense summary. Add lines 4 through 9 in column (d)				3,821
11 Net income summary. Combine line 3, column (d), and line 10				43,758	

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 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? 9a Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No
 b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter 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? Yes No

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 of the third party:

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? Yes No

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 ▶ \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Employer identification number
32-0063080

CASA of the Eastern Panhandle, Inc.

Form 990 - Organization's Mission or Most Significant Activities

CASA stands for Court Appointed Special Advocate for children. CASA of The Eastern Panhandle, Inc. is an independent non-profit organization that recruits and trains community volunteers to advocate for children who are in the court system because of abuse or neglect.

Form 990, Part III, Line 4a - First Achievement

WHY DO WE NEED CASA?

OVER THE LAST THREE YEARS, THE CHILD PROTECTIVE SERVICES HAS INVESTIGATED OVER 1,400 REPORTED CASES OF CHILD ABUSE AND NEGLECT IN JEFFERSON, BERKELEY AND MORGAN COUNTIES, WV EACH YEAR. AT THE SAME TIME, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHR) IS OFTEN UNDERSTAFFED-IN SOME INSTANCES WORKING WITH AS FEW AS 5 CHILD PROTECTIVE SERVICE CASEWORKERS TO MONITOR THESE CASES, AND EACH WORKER CAN BE ASSIGNED BETWEEN 50-100 CASES AT A TIME. ADDITIONALLY, THE TURNOVER RATE AT DHHR APPROACHED 200% SO COMPLEX CASES ARE OFTEN HANDLED BY INEXPERIENCED CASEWORKERS. THIS CONFLUENCE OF PROBLEMS RESULTS IN ABUSED CHILDREN LANGUISHING IN FOSTER HOMES OR OTHER TEMPORARY PLACEMENTS LONGER THAN NECESSARY, WITH THEIR NEEDS NOT ADEQUATELY ASSESSED OR MET.

CASA SERVICES IN 2009

CASA HAD AS MANY AS 40 ACTIVE VOLUNTEERS DURING THE COURSE OF THE 2009 CALENDAR YEAR THAT PROVIDED APPROXIMATELY 2,400 HOURS OF SERVICE TO THE ORGANIZATION. THESE VOLUNTEERS SERVED 120 CHILDREN IN BERKELEY, JEFFERSON AND MORGAN COUNTIES, WV.

CASA VOLUNTEERS INCLUDE LAWYERS, PHARMACISTS, HOMEMAKERS, SCIENTISTS,

Name of the organization

CASA of the Eastern Panhandle, Inc.

Employer identification number

32-0063080

RETIRED ENTREPRENEURS, TEACHERS AND BUSINESS EXECUTIVES WHO ALL BRING A WEALTH OF EXPERIENCE TO THEIR ADVOCACY ON BEHALF OF THE CHILDREN. THEIR COMMITMENT TO CASA INCLUDES A 35 HOUR INITIAL TRAINING AND 12 HOURS OF IN-SERVICE TRAINING ANNUALLY. THE AVERAGE AMOUNT OF TIME SPENT ON A CASE IS ABOUT FOUR HOURS PER WEEK AND THE DURATION OF A CASE CAN BE UP TO TWO YEARS.

CASA VOLUNTEERS FULFILL THEIR ADVOCACY RESPONSIBILITIES BY CONDUCTING INTENSIVE INDEPENDENT REVIEWS OF THE CASES THEY ARE ASSIGNED THAT INCLUDE:

- REGULAR VISITS WITH THE CHILD (2-4 TIMES A MONTH)
- REVIEW OF APPROPRIATE RECORDS AND REPORTS
- INTERVIEWS WITH CHILDREN, FAMILY MEMBERS, TEACHERS, COUNSELORS, DOCTORS, THERAPISTS AND OTHER RELEVANT ADULTS
- OBSERVE THE CHILD, THEIR CARETAKERS, AND SIGNIFICANT OTHERS
- ATTEND MULTI-DISCIPLINARY MEETINGS AND COURT HEARINGS

WITH THE INFORMATION GATHERED FROM THE CASE WORK, THE CASA VOLUNTEER PREPARES REPORTS WITH RECOMMENDATIONS TO THE COURT. THE CASA VOLUNTEER REMAINS INVOLVED AFTER THE JUDGE'S RULING TO ENSURE THAT THE ORDERS ARE FOLLOWED AND THE CHILD'S NEEDS ARE MET AND UNTIL THE CHILD IS PLACED IN A SAFE AND PERMANENT HOME.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
A DRAFT OF THE 990 IS CIRCULATED TO THE EXECUTIVE COMMITTEE AND THE EXECUTIVE DIRECTOR FOR REVIEW PRIOR TO MAILING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

CASA requires all Board Members to annually provide a Conflict of Interest statement.

Name of the organization

CASA of the Eastern Panhandle, Inc.

Employer identification number

32-0063080

Form 990, Part VI, Line 15a - Compensation Process for Top Official

COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD AND SALARIES ARE BASED ON PERFORMANCE AND THE SKILL SET OF THE INDIVIDUAL EMPLOYEE.

Form 990, Part VI, Line 15b - Compensation Process for Officers

COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD AND SALARIES ARE BASED ON PERFORMANCE AND THE SKILL SET OF THE INDIVIDUAL EMPLOYEE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE COPIES ARE PROVIDED UPON REQUEST.

MORGAN COUNTY COMMISSION
AGENDA REQUEST

DATE OF REQUEST: May 14,
2012 _____

NAME: JOHN N Kronyak III

14782 Winchester Grade Rd

Berkeley Springs WV
25411 _____

HOME PHONE: _____
304-702 5474 _____

BUSINESS PHONE:

DATE OF MEETING REQUESTED: May 17,
2012 _____

TOPIC (S) OF DISCUSSION:
Morgan County Animal Control
Shelter

SPECIAL EQUIPMENT NEEDS (i.e. Powerpoint, etc.)

* Please include any handouts or material that will be discussed or
Presented to the County Commission*

Ginger Johnson

From: jnkronyak@msn.com
Sent: Thursday, May 17, 2012 3:36 PM
To: gjohnson@morgancountywv.gov; sdugan@morgancountywv.gov; bclose@morgancountywv.gov; bhutchinson@morgancountywv.gov
Subject: RE: Agenda Request

Photos that will be presented at Commission meeting, June 07, as requested.
John N Kronyak Please let me know if they were sent successfully.



Agenda Request

[View photos](#) [Download all](#)

You are invited to view 's album. This album has 27 files.





From: gjohnson@morgancountywv.gov
To: jnkronyak@msn.com
Subject: RE: Agenda Request
Date: Mon, 14 May 2012 16:56:09 -0400

Mr. Kronyak,
I received this email but it didn't include a time that you would like. The agenda for this weeks meeting is already posted. I can schedule you for the next meeting set for June 7th. Please give me a call and I will schedule you. Can I also get copies of the photos you plan to present so I can include them in the Commissioners packets.

Thank you,
Ginger Johnson

From: jnkronyak@msn.com [mailto:jnkronyak@msn.com]
Sent: Monday, May 14, 2012 1:08 PM
To: gjohnson@morgancountywv.gov; bhutchinson@morgancounty.gov
Subject: Agenda Request

I am also going to present photo prints

MORGAN COUNTY COMMISSION
AGENDA REQUEST

DATE OF REQUEST: 06/01/12

NAME:
Jim Michael

ADDRESS: _____

HOME PHONE: _____
304-258-5277

BUSINESS PHONE:

DATE OF MEETING REQUESTED: June 7

TOPIC (S) OF DISCUSSION:
Funds request for cacapon state park

SPECIAL EQUIPMENT NEEDS (i.e. Powerpoint, etc.)

* Please include any handouts or material that will be discussed or Presented to the County Commission*

MORGAN COUNTY COMMISSION
AGENDA REQUEST

DATE OF REQUEST: 05/23/12

NAME:

Brenda Stotler

ADDRESS: 7 Harmison Lane
Berkeley Springs, WV 25411

HOME PHONE: _

304-258-1029

BUSINESS PHONE:

DATE OF MEETING REQUESTED: June 7

TOPIC (S) OF DISCUSSION:

Animal Control Facility

SPECIAL EQUIPMENT NEEDS (i.e. Powerpoint, etc.)

* Please include any handouts or material that will be discussed or
Presented to the County Commission*

Thank you !

MORGAN COUNTY COMMISSION
AGENDA REQUEST

DATE OF REQUEST: 05/31/12

NAME:
Dan James & Vince Shambaugh

ADDRESS: 77 Fairfax St
Berkeley Springs, WV 25411

HOME PHONE:

BUSINESS PHONE:
304-258-8621 & 304-258-1067

DATE OF MEETING REQUESTED: June 7

TOPIC (S) OF DISCUSSION:
Overtime compensation for officers

SPECIAL EQUIPMENT NEEDS (i.e. Powerpoint, etc.)

* Please include any handouts or material that will be discussed or
Presented to the County Commission*

MORGAN COUNTY COMMISSION
AGENDA REQUEST

DATE OF REQUEST: 05/25/12

NAME:
Commissioner Brad Close

ADDRESS: 77 Fairfax St
Berkeley Springs, WV 25411

HOME PHONE:

BUSINESS PHONE:
304-258-8540

DATE OF MEETING REQUESTED: June 7

TOPIC (S) OF DISCUSSION:
Move location of Animal Control Facility

SPECIAL EQUIPMENT NEEDS (i.e. Powerpoint, etc.)

* Please include any handouts or material that will be discussed or Presented to the County Commission*

MORGAN COUNTY COMMISSION
AGENDA REQUEST

DATE OF REQUEST: 06/01/12

NAME:
Gene Watkins, RAJ

ADDRESS: _____

HOME PHONE: _____
304-488-4441

BUSINESS PHONE:

DATE OF MEETING REQUESTED: June 7

TOPIC (S) OF DISCUSSION:
Saving money on bills

SPECIAL EQUIPMENT NEEDS (i.e. Powerpoint, etc.)

* Please include any handouts or material that will be discussed or
Presented to the County Commission*

MORGAN COUNTY COMMISSION
AGENDA REQUEST

DATE OF REQUEST: 06/04/12

NAME:

ADDRESS: _____

HOME PHONE: _____

BUSINESS PHONE:

DATE OF MEETING REQUESTED: June 7

TOPIC (S) OF DISCUSSION:

Decision on 911 Board Member

SPECIAL EQUIPMENT NEEDS (i.e. Powerpoint, etc.)

* Please include any handouts or material that will be discussed or
Presented to the County Commission*

Morgan County
Boards, Authorities & Commissions
INTERESTED VOLUNTEER APPLICATION

DATE: 4-16-12

NAME: DALE McCONNELL

ADDRESS: 268 Hill Top Rd PO Box 488
GREAT CACAPON WV 25422

TELEPHONE: 304-258-7570 CELL: 301-992-3175

BOARD, AUTHORITY OR COMMISSION (interested in serving on)

EMERGENCY COMMUNICATIONS CENTER
(ECC) E-9-1-1 BOARD

REASON: TO APPLY LIFETIME EXPERIENCE AND
KNOWLEDGE AND PARTICIPATE IN COUNTY PLAN.

BRIEF SUMMARY OF LIFE EXPERIENCE (if resume available, please attach)

17 YEARS FIRE DEPT EXPERIENCE (INCL. 5 YRS BJOFFE)
10 YEARS PUBLIC SAFETY (CORRECTIONS/SECURITY)
EXPERIENCE

Are you available now? YES, if not, when? _____

Please return the form to: **MORGAN COUNTY COMMISSION**
77 FAIRFAX ST., RM. 101
BERKELEY SPRINGS, WV 25411

Or Fax the Form To: **304-258-7305**

Morgan County Boards, Authorities & Commissions

INTERESTED VOLUNTEER APPLICATION

DATE: 4/26/2012
NAME: PATRICK J LARGENT
ADDRESS: 1884 Valley Rd
Berkeley Springs WV 25411
TELEPHONE: 304-254 3203 CELL: 304 268 9306

BOARD, AUTHORITY OR COMMISSION (interested in serving on)

911 Board

REASON: To Aid & Help The County.

BRIEF SUMMARY OF LIFE EXPERIENCE (if resume available, please attach)

Have Been Around Berkeley Springs
& Morgan Co For Ever and With Fire
& Rescue 28 Years in W.VA.

Are you available now? Yes, if not, when? _____

* Please return form to COUNTY COMMISSION OFFICE in the COURTHOUSE
or mail to : MORGAN COUNTY COMMISSION, 77 FAIRFAX ST., RM. 101
BERKELEY SPRINGS, WV 25411*

MORGAN COUNTY COMMISSION
AGENDA REQUEST

DATE OF REQUEST: 06/04/12

NAME:
Bill Clark

ADDRESS: _____

HOME PHONE: _____
304-258-8546

BUSINESS PHONE: _____

DATE OF MEETING REQUESTED: June 7

TOPIC (S) OF DISCUSSION:
Discussion/Decision on Paw Paw Rail Trail

SPECIAL EQUIPMENT NEEDS (i.e. Powerpoint, etc.)

* Please include any handouts or material that will be discussed or
Presented to the County Commission*

MORGAN COUNTY COMMISSION
AGENDA REQUEST

DATE OF REQUEST: 05/29/12

NAME:
Carol York, Grants Administrator

ADDRESS: _____

HOME PHONE: _____
304-258-8540

BUSINESS PHONE:

DATE OF MEETING REQUESTED: June 7

TOPIC (S) OF DISCUSSION:
Overview of grants

SPECIAL EQUIPMENT NEEDS (i.e. Powerpoint, etc.)

* Please include any handouts or material that will be discussed or Presented to the County Commission*



**WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
Division of Motor Vehicles**

5707 MacCorkle Avenue, Southeast
Post Office Box 17020
Charleston, West Virginia 25317-0010 • (304) 558-3900
TDD: (800) 742-6991 • (800) 642-9066

Earl Ray Tomblin
Governor

Paul A. Mattox, Jr., P. E.
Cabinet Secretary

Fax

Deborah L. Fields, Transportation Services Manager II
Division of Motor Vehicles/Driver Improvement
304-926-3802 Fax: 304-926-3899

To: All County Sheriffs	From: Deborah L. Fields
Fax:	Pages: 8 pages total
Phone: Above	Date: June 1, 2012
Re: Compulsory Insurance Update	cc: Terri Burford

A hard copy is being mailed to each of you this date. This is to make you aware that you will be receiving the mailing. Your partnership in this program is greatly appreciated. Thank you in advance! Deborah L. Fields





WEST VIRGINIA DEPARTMENT OF TRANSPORTATION Division of Motor Vehicles

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TDD: (800) 742-6991 • (800) 642-9066

Earl Ray Tomblin
Governor

Paul A. Mattox, Jr., P. E.
Cabinet Secretary

May 31, 2012

To All County Sheriff Offices:

Effective June 1, 2012, All registration renewals mailed in this state will include an informational insert regarding the new electronic insurance verification program. To enhance the program's accuracy and reduce the chance of any inconvenience to our customers, we are asking all registrants to provide a copy of the (WV-1) Certificate of Insurance at the time of any registration transaction. This document will eliminate the need to complete the owner's statement of self-certification of insurance coverage.



New West Virginia Insurance Law: Electronic Insurance VERIFICATION

The **NEW Electronic Insurance Verification Program** will allow DMV and law enforcement to verify your motor vehicle insurance information instantly. Whether in the office or roadside, they will be able to quickly and accurately verify your insurance policy.

Your VIN (vehicle identification number) will be the key vehicle identifier to your insurance company. Therefore, it is critical that your VIN is correctly recorded by the DMV and your insurance company. A mismatched VIN could result in a citation or possible suspensions issued against your driver's license and/or license plate.

Having the **CORRECT ADDRESS** on both your driver's license and your vehicle records is not only mandated by law, but also ensures you are getting critical DMV notices. If your insurance cannot be verified by DMV it may result in action taken against your driver's license and/or license plate. Please ensure all addresses with the DMV are current and that your vehicle's VIN number, located on the lower left (driver's side) corner of the windshield, is correct on your vehicle registration card and proof of insurance.

As an extra measure, we ask that you submit a copy of the front of your insurance card to reduce the risk of errors that can cause you any unnecessary trouble. **One copy, one time is all it takes.**

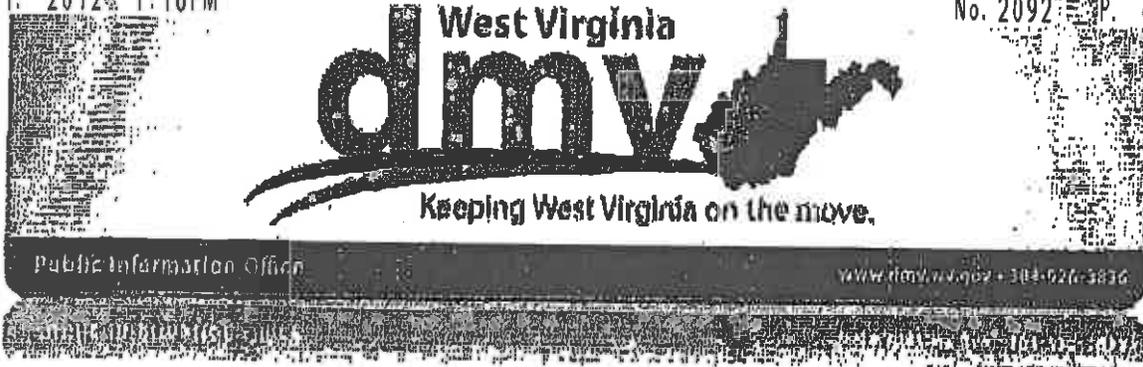
This unnecessary inconvenience to you in the future may be avoided by correcting any VIN errors now, through DMV and your insurance company.

If your records with DMV need updated or corrected, please contact us for assistance. We will be happy to help you get your information corrected.

87-20032027 REV 4/2012

(All certificates of insurance received by your clerks must be submitted with your registration renewals being submitted to the Division of Motor Vehicles.) This new campaign is to collect as much company issued insurance information as possible during the complete one year cycle of plate renewals **through June 1, 2013**. We are asking that you partner in this effort to improve the program. Often the handwritten insurance information provided by the owner leads to errors on our collection of insurance information.

In the future, your office will begin to see a field labeled **"NAIC Number"**. This is the number used to identify each insurance company. NAIC is the abbreviation for **National Association of Insurance Commissioners**. All companies licensed to sell insurance in this state will be required to print this number on the (WV-1) Insurance Certificate by January 1, 2014. Registrants will then be required to provide this number to the DMV and/or your offices at the time of any registration transaction.



For Immediate Release: May 22, 2012
Contact: Natalie Harvey; 304-926-3836

DMV Announces Next Step in Electronic Insurance Verification Program

CHARLESTON, W.Va.-Vehicle owners in West Virginia will soon see a new informational insert in their registration renewal that arrives in the mail. All registration renewals will include an insert regarding the next step in implementing the Electronic Insurance Verification Program. This program, which was passed during the 2010 Legislative session, will allow the Division of Motor Vehicles (DMV) and law enforcement to verify motor vehicle insurance information instantly, enabling both to effectively and efficiently monitor motorists who choose to drive without the required insurance, which is illegal. DMV has been working with insurance companies to get this program in place.

To enhance the program's accuracy and reduce the chance of any inconvenience to our customers, DMV is asking all registrants to provide a copy of the (WV-1) Certificate of Insurance at the time of renewal or any registration transaction. This document will eliminate the need to complete the owner's statement of self-certification of insurance coverage. (Insurance companies supply their customers with two copies - one to keep and one to provide to DMV.)

On DMV's registration forms, customers will begin to see a field labeled "NAIC Number". This is the number used to identify each insurance company. NAIC is the abbreviation for National Association of Insurance Commissioners. All companies licensed to sell insurance in West Virginia will print this number on the Insurance Certificate by January 1, 2014. This number is the code to connect a vehicle registration to an insurance company. Customers will be asked to provide this number to DMV when a license plate is renewed or other changes are made.

For more information, please contact the West Virginia Division of Motor Vehicles at 1-800-642-9066, or visit the DMV web site at www.dmv.wv.gov.

Tuesday May 29, 2012

DMV introduces new electronic insurance system

by Jared Hunt

Daily Mail Capitol Reporter

CHARLESTON, W.Va. - The state Division of Motor Vehicles is starting to implement a new system designed to make sure all state drivers are properly insured, to the potential benefit of law-abiding motorists.

The DMV has been sending out additional information with all registration renewal forms asking drivers to make sure to bring a certificate of insurance or mail a copy of the front of the insurance card when they renew their vehicle registration.

Officials are asking for the insurance cards so they can begin inputting driver insurance information into the agency's new Electronic Insurance Verification Program.

Under state law, all West Virginia vehicle owners are required to have auto insurance. However, many drivers still go without.

In 2010, the Legislature passed a bill setting up the new electronic system as a way to curb the number of uninsured drivers by replacing the DMV's current system, which is entirely paper based. That method made it difficult to monitor which drivers were current on insurance.

"This new system will replace that paper system with an electronic system that allows us to work better and more efficiently with what we have within our resources," DMV deputy commissioner Steve Dale said.

Customers who don't bring in their insurance card can still fill out auto insurance information on the standard form the DMV has been using, but Dale said bringing an insurance card to DMV offices helps save time.

It also could boost accuracy in the system by ensuring the DMV is getting the information directly from the insurance card and makes sure the proper policy and insurance carrier number is matched with the person's Vehicle Identification Number.

The DMV has contracted with Salt Lake City-based Insur-Rite to install the system. The agency is paying the company \$600,000 a year for three years to have the system set up by the Jan. 1, 2014, deadline.

Dale said the new system would help officials reduce the number of uninsured drivers. It's estimated that one in seven drivers in the state does not have insurance.

"Our mission and our legislative mandate is to establish systems where we can find the uninsured motorist and make them go get insurance because it's not fair to the majority of us who pay our premiums," Dale said.

Dale said the new system, once it's set up, will link with the state's insurance providers' databases and be able to check a person's insurance in three ways.

First, when someone comes in to renew a registration or transfer a license plate, DMV officials can use the system to check the status of their insurance.

The DMV will also be able to run reports on its complete vehicle system database of 1.3 million vehicles against the new system to see who has insurance and who doesn't.

The third would occur whenever a law enforcement officer runs someone's license plate through the current database.

The law enforcement system would be linked to the DMV system, and officers would instantly know whether the person has insurance regardless of whether they can produce an insurance card.

Dale said that could help eliminate the problem of motorists purchasing insurance simply to get the card and then canceling it later to avoid paying.

"We've found that, in other states, these types of systems have reduced the rates of the uninsured motorist," he said.

According to a report from Insur-Rite, since the state of Utah began using the electronic database in 1995, the percentage of insured drivers in that state has fallen from 23.1 percent to 3.7 percent.

While he didn't have any studies to estimate the impact on auto insurance rates, Dale said it's possible reducing the number of uninsured drivers in the state could lead to lower insurance premiums.

"Any time you can drop the number of people who are operating without insurance, it's going to be a great help to those who are abiding by the law and operating with insurance," he said.

The Electronic Insurance Verification Program is just one aspect of the DMV's overall modernization effort.

Dale said in the coming years, they hope to roll out a system where customers can renew many things like their vehicle registration online.

He said there are a few other measures the DMV needs to implement before it can bring the system online.

"A couple of pieces are still missing," he said. "One piece is the personal property tax requirement because we're not totally connected to all the counties yet."

The agency needs that personal property tax information to ensure all customers are up to date on property taxes before renewing vehicle registrations.

Contact writer Jared Hunt at jared.h...@dailymail.com or 304-348-5148.

DRAFT

PURPOSE

To insure proper disinfecting of the animal control kennels/yard, and proper feeding and care of the dogs. All items below must be completed daily.

- Release one dog at a time into the yard.
- Retrieve the bucket and food dish from each empty kennel.
- Utilizing the scoop mechanism, scrape solid waste from the kennel and place it in the 5 gallon bucket inside the washroom of the kennels.
- Hose the kennel walls and floor with water.
- Mix bleach, dish detergent and water together and use the scrub brush with the long handle to scrub the walls and floor of each kennel.
- Clean the food and water bowls with dish detergent and scrub brush, rinse and refill.
- Prior to putting the food/water bowls back in, rinse the walls and floor of the kennel and use the squeegee on the floor to aid in drying.
- Replace food and water bowls.
- Replace dog.
- Repeat with next kennel until each occupied kennel has been cleaned.
- After each kennel has been cleaned, and each dog is replaced, utilize the yard rake and shovel to remove the solid waste from the yard. Bag the solid waste and place it in the 5 gallon bucket.

Policy Code: AC1

Issued by: County Commission

Commission President

Commissioner

Commissioner

Morgan County Animal Control
Policies and Procedures
Policy: **Dress Code**
Current as of: May 1, 2012

DRAFT

PURPOSE

To insure all animal control officers are properly and uniformly identifiable to the public, and to insure the safety of officers and volunteers.

- All officers must report to work in the appropriate county provided attire with the appropriate badge displayed on the left chest area of shirt/jacket or on the belt.
- Long pants and closed toe shoes must be worn by all volunteers at all times (boots must be worn if mowing/trimming). Boots must be worn by the officers at all times.
- No shirts with cut off sleeves or tank tops.
- Disposable gloves must be worn when utilizing chemicals for cleaning.

Policy Code: AC2

Issued by: County Commission

Commission President

Commissioner

Commissioner

DRAFT

PURPOSE

To insure accurate record keeping of each dog that matriculates through animal control

- At receiving, a photo will be taken of the dog and placed on the website/bulletin board within 24 hours. (any dog received during Saturday/Sunday/holiday will be on the website/bulletin board the next business day).
- Each dog will be assigned a number, and their information logged on the Impound sheet and Daily Log Book.
- If the dog is wearing tags, an attempt will be made to contact the owner.
- If no information is available, the dog will be provided with the following vaccinations on the 6th day:
 1. Vanguard 5, 3 doses/3 weeks apart per dog.
 2. De-worming medication if needed.
- The dog is to be bathed if necessary, and given flea medication if needed:
- The dog will then be kenneled, fed and watered.
- If no one claims the dog or the dog is not fostered or adopted within 30 days from intake date, or the dog is deemed unadoptable, an appointment is to be made for euthanizing on the 31st day or the first available appointment or at the discretion of the animal control officer.

Policy Code: AC3

Issued by: County Commission

Commission President

Commissioner

Commissioner

PURPOSE

To insure accurate record keeping of each action item completed by the animal control officer.

- The daily log book is to be maintained from the beginning of the work day through the end of the work day chronologically in 30 minute increments. Any and all action items are to be logged into the book in accordance with the time frame in which they are performed.
- The summary area at the top of each daily page must be completed at the end of the day.
- All adoption agreements, bite reports, court summons, notices, cruelty reports, etc., must be filed in the green binder as part of the weekly reports.
- All documentation must be legible.
- All citations must be scanned and emailed to the commission office receptionist within 24 hours of issuance or the next business day, whichever comes first. A completed summary report must accompany all citations. Originals must be submitted as part of the weekly reports.
- Any monies received (cash or check) must be submitted to the commission office receptionist within 48 hours of receiving. A receipt must be given to each citizen who presents money (cash or check) to the animal control officer, and that receipt must accompany the cash or check being submitted. All money received must be logged into the daily book.
- Photos and descriptions of all dogs are to be posted to the website and bulletin board within 24 hours of intake or the next business day. All updates (adoptions, fosters, etc.) are to be posted to the website and bulletin board within 24 hours (or the next business day) of the change.

Policy Code: AC4

Issued by: County Commission

Commission President

Commissioner

Commissioner

DRAFT

Morgan County Animal Control
Policies and Procedures
Policy: **Equipment Care**
Current as of: May 1, 2012

PURPOSE

To insure safety of the animal control officers and dogs under MCAC care.

- The AC officer is responsible for insuring that the AC van receives all needed preventative maintenance, and the AC officer is to report all needed repairs to the County Administrator.
- The van interior is to be kept free of debris.
- The equipment at the kennels is to be cleaned after use, and properly stored.

Policy Code: AC5

Issued by: County Commission

Commission President

Commissioner

Commissioner



PURPOSE

To insure placement of dogs in safe and loving homes.

- All dogs in the care of MCAC are available for adoption whether in the kennels or in foster homes.
- An adoption form must be completed and signed for each dog being adopted from MCAC.
- The \$75 fee must be received prior to adoption.
- A copy of the adoption form must be given to the adoptive family.
- If the adoptive family submits proof of spay/neuter to AC within 30 days, the AC is to submit a request to the County Clerk's office for issuance of a \$50 reimbursement check.
- Prior to sending a dog to a foster or adoptive home, the AC officer must conduct a background investigation on the foster to include:
 1. A home visit.
 2. A background check via the Prosecuting Attorney.
- Prior to sending a dog to a rescue, the AC officer must complete the following paperwork:
 1. Impound/Transfer document.

Policy Code: AC6

Issued by: County Commission

Commission President

Commissioner

Commissioner

Morgan County Animal Control
Policies and Procedures
Policy: **Fines and Fees**
Current as of: May 1, 2012

PURPOSE

To insure uniform processes regarding fine/fee collection. All fines and fees are per dog. Fines and fees are as follows:

Fees:

- \$25 for pick up of dog or animal up to 200 lbs.
- \$100 for pick up of animal over 200 lbs.
- \$7 per day boarding fee for dogs/cats
- \$25 per day boarding fee for livestock up to 200 lbs.
- \$50 per day boarding fee for livestock over 200 lbs.
- \$75 surrender fee for citizens surrendering dogs/cats to MCAC.
- \$150 surrender fee for citizens surrendering livestock up to 200 lbs to MCAC
- \$200 surrender fee for citizens surrendering livestock over 200 lbs to MCAC
- \$75 adoption fee. \$50 of this fee is refundable upon proof of spay/neutering.
- \$100 adoption fee of livestock up to 200 lbs.
- \$300 adoption fee of livestock over 200 lbs.
- \$3 fee for taxes/tags. This fee is payable to the Morgan County Tax Office.

Fines:

- \$25 for dog not under voice command or restrained on a leash.
- \$25 for no rabies vaccination and/or failure of proof of rabies vaccinations
- \$25 for non-payment of taxes, failure to produce proof of payment of taxes/tags.

Policy Code: AC7

Issued by: County Commission

Commission President

Commissioner

Commissioner

Morgan County Animal Control
Policies and Procedures
Policy: **Daily Tasks**
Current as of: May 1, 2012

DRAFT

PURPOSE

To establish a daily guideline of tasks to be completed for animal control officers.

- Call 911 non emergency number to begin shift at 8am.
 - Feed and water all dogs in kennels.
 - Administer medications as needed.
 - Check phone messages.
 - Clean kennels and wash all food bowls.
 - Check/rebait any traps.
 - Respond to complaint calls.
 - Return all other telephone calls.
 - Update website.
 - Second feed/water of animals in kennels.
 - Update day's records and reports.
- Call 911 non emergency number to end shift at 5pm.

Policy Code: AC8

Issued by: County Commission

Commission President

Commissioner

Commissioner

Morgan County Animal Control
Policies and Procedures
Policy: **Weekly/Monthly Reporting**
Current as of: May 1, 2012

DRAFT

PURPOSE

To establish a weekly/monthly guideline of tasks to be completed for animal control officers.

The following reports/documents are to be submitted to the County Administrator on Monday before noon.

- Bite reports.
- Adoption agreements.
- Impound/Transfer documents.
- Citations and summary reports.
- Gas Receipts

The following reports/documents are to be submitted to the County Administrator by the 5th of the month or the next business day.

- Daily log book.

Policy Code: AC9

Issued by: County Commission

Commission President

Commissioner

Commissioner