Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2014

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

| Interna | Revenu | e Service | ov/torm990. | * inspection : | | | | | | | | |
|--------------------------------|------------|--|---------------------------------|--|--|--|--|--|--|--|--|--|
| A F | or the | 2014 calendar year, or tax year beginning 07-01 , 2014, and | ending | 06-30 , 2015 | | | | | | | | |
| B c | heck if a | pplicable C Name of organization Garland County CASA, Inc. | | D Employer identification no. | | | | | | | | |
| | ddress c | hange Doing business as | | 71-0778193 | | | | | | | | |
| □ N | ame cha | nge Number and street (or P O box if mall is not delivered to street address) | Room/suite | E Tolephone number | | | | | | | | |
| □ In | itial retu | n 508 Ouachita Avenue | В | (501)321-9269 | | | | | | | | |
| F | nal retur | n/terminated City or town, state or province, country, and ZIP or foreign postal code | | 167,733 | | | | | | | | |
| | mended | | | G Gross receipts\$ | | | | | | | | |
| $\overline{}$ | | n pending F Name and address of principal officer | | G Gloss recognas | | | | | | | | |
| | ppiidatio | Typinaling 1 Home and adviso of principal officer | H(a) is this a gr subordinat | oup return for Yes No | | | | | | | | |
| | | pt status | | | | | | | | | | |
| | | | II "No | ordinates included? Yes No.," attach a list (see instructions) | | | | | | | | |
| | /ebsile | | | mption number | | | | | | | | |
| - | | rganization Corporation Trust Association Other L Year of formation | 1995 M State | of legal domicile AR | | | | | | | | |
| Par | - | Summary | | | | | | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities. The organization | and it's volu | nteers served | | | | | | | | |
| ø. | 1 | as advocates for abused and neglected children The nationwide organization has helped | | | | | | | | | | |
| Activities & Governance | | more than two million children. | | | | | | | | | | |
| Ĕ | İ | | | | | | | | | | | |
| ĕ | 2 | Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of | if its net assets | | | | | | | | | |
| Ö | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 317 | | | | | | | | |
| SS | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 17 | | | | | | | | |
| Ę | 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | | 5 6 | | | | | | | | |
| ਹਿੰ | 6 | Total number of volunteers (estimate if necessary) | | 6 48 | | | | | | | | |
| ⋖ | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a 0 | | | | | | | | |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | | 7b 0 | | | | | | | | |
| | † | | Prior Year | Current Year | | | | | | | | |
| | 8 | Contributions and grants (Part VIII) Time The Contributions and grants (Part VIII) | | 3,361 167,733 | | | | | | | | |
| e e | 9 | Program service revenue (Part VII), line 29 ECEIVED | 700 | 0,701 | | | | | | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3. 4, and 7d) | | | | | | | | | | |
| ě | 1 | | | 0 | | | | | | | | |
| u_ | 11 | Other revenue (Part VIII, column (Assines 5, 6d, 8cm 9c, 19cm and 11e5) | | 0 | | | | | | | | |
| | 12 | Total revenue - add lines 8 through must equal Part VIII, column (rg. line 12) | 168 | 3,361 167,733 | | | | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <u> </u> | 0 | | | | | | | | |
| | 14 | Benefits paid to or for members (Part IX (collim)) (A) aline(4) | | 0 | | | | | | | | |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 133 | 2,279 140,815 | | | | | | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | 1. 3 78 8 8 9 | 0 | | | | | | | | |
| ğ | b | Total fundraising expenses (Part IX, column (D), line 25) 4,911 | | | | | | | | | | |
| w | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 5: | 3,309 54,968 | | | | | | | | |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,588 195,783 | | | | | | | | |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | (1. | 7,227) (28,050 | | | | | | | | |
| Net Assets or Fund Balances | | | Beginning of Curren | Year End of Year | | | | | | | | |
| sets | .20 | Total assets (Part X, line 16) | . 12: | 104,247 | | | | | | | | |
| t As | 21 | Total liabilities (Part X, fine 26) | 10 | 5,235 27,315 | | | | | | | | |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 104 | 1,931 76,932 | | | | | | | | |
| Pa | rt H | Signature Block | | | | | | | | | | |
| | | s of perjury, I declare that I have examined this return, incluriling accompanying schedules and statements, and to the best of nd complete. Daplaration of preparer (other than officer) is based on all information of which preparer has any knowledge | my knowledge and bellef | ll is | | | | | | | | |
| | once, E | to complete or property (offer tight offer) is about 01 at minimal of or which property right of the | | | | | | | | | | |
| | | Chemistris | | 15/11/17 | | | | | | | | |
| Sig | n | Signature of officer | | Oale | | | | | | | | |
| Here homas Rizzo Treasurer | | | | | | | | | | | | |
| | | Type or print name and litle | | | | | | | | | | |
| | | Print/Type preparer's name Proparer's Supagree Date | Check X | II PTIN | | | | | | | | |
| Paid | t | Jay C Hoover II CPA 05-10-2017 | self-employ | | | | | | | | | |
| | parer | | Firm's EIN | | | | | | | | | |
| | Only | | Phone no | | | | | | | | | |
| Bryant AR 72089 501-554-6574 | | | | | | | | | | | | |
| May | the IRS | 6 discuss this return with the preparer shown above? (see instructions) | | · · · · · · · · · · · · · · Yes · · · No | | | | | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2014) Garland County CASA, Inc. | 71-0778193 | Page 2 |
|------|---|---------------|-------------|
| Pai | rt III Statement of Program Service Accomplishments | | |
| • | Check if Schedule O contains a response or note to any line in this Part III | | · · · · · 🛛 |
| 1 | Bnefly describe the organization's mission | | |
| | The organization and it's volunteers served as advocates for abused and negl | lected child | lren. |
| | The nationwide organization has helped more than two million children. | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | _ | _ |
| | prior Form 990 or 990-EZ? | · · · · L Yes | X No |
| | If "Yes," describe these new services on Schedule O | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | | _ |
| | services? · · · · · · · · · · · · · · · · · · · | ∐ Yes | X No |
| | If "Yes," describe these changes on Schedule O | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured | | |
| | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | ners, | |
| | the total expenses, and revenue, if any, for each program service reported | | |
| | | | |
| 4a | (Code) (Expenses \$155,402 including grants of \$) (Revenue | \$ |) |
| | Provide advocates for abused and neglected children. | | |
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| | | | |
| 4b | (Code) (Expenses \$ including grants of \$) (Revenue | | |
| 710 | (Code) (Experises #) (Revenue | * | <i>'</i> |
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| 4c | (Code) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| _ | | | |
| 4d | Other program services (Describe in Schedule O) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 155, 402 | | |

| • | | | 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 | <u> 1</u> | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Χ | |
| 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 | 3 | | X |
| 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 | 4 | | X |
| 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 98-197 If "Yes," complete Schedule C, | | 1 | |
| | Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | 1 | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | 1 | } | |
| | "Yes," complete Schedule D, Part I | 6 | | _X_ |
| 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 | 7 | | <u>X</u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | . } | |
| | complete Schedule D, Part III | 8 | | <u>X</u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 | 9 | | _X_ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | 1 | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | <u>X</u> |
| 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 |] | 1 | |
| а | | | 1 | |
| | complete Schedule D, Part VI | 11a | <u>X</u> | |
| b | | ł . | { | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | | 1 1 | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u>X</u> _ |
| 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 169 If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | } { | 1 | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | <u>X</u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 1 | - 1 | |
| | Schedule D, Parts XI and XII | 12a | | X |
| 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 and XII is optional | 12b | | <u>X</u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u>X</u> |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 1 | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | - 1 | τ, |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u>X</u> _ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | 1 | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u>X</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 4.0 | 1 | |
| 4- | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u>X</u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | ا ــــــ ا | 1 | 17 |
| 40 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | <u>X</u> _ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | } | 37 |
| 40 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u>X</u> _ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | 1 | v |
| 20- | If "Yes," complete Schedule G, Part III | 19 | | <u>X</u> |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | }- | <u>X</u> _ |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | 000.00 | 044 |
| EEA | | Form | 990 (2º | U14) |

Part IV

Checklist of Required Schedules (continued)

Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 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 23 Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$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 25a 24a Χ Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Χ 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? 25b Χ 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete b 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) C was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Χ 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M 30 Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, 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 35b Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Χ 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, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

| • | Check if Schedule O contains a response or note to any line in this Part V | | | |
|----------|--|------|--------|----------------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | 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 2a 6 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Χ | 1 |
| - | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | 1-25 |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | +- |
| 44 | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | [| | { |
| | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | 74 | | +~ |
| U | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | 1 |
| | | | | |
| •- | (FBAR) | _ | | 1., |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | } — |
| 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 as charitable contributions? | 6a | | X |
| ь | If "Yes," did the organization include with every solicitation an express statement that such contributions or | } | | 1 |
| _ | gifts were not tax deductible? | 6b | | ↓ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | ` | | } |
| а | 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? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | ├ |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ (| | ١,, |
| | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | ,, |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7е | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | _ | | } |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | . | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | X |
| Ь | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | X |
| 10 | Section 501(c)(7) organizations. Enter | | İ | ĺ |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | ĺ | (|
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | l | | |
| 11 | Section 501(c)(12) organizations. Enter | - [| | ļ |
| а | Gross income from members or shareholders | İ | | |
| ь | Gross income from other sources (Do not net amounts due or paid to other sources |] | | 1 |
| | against amounts due or received from them) | 1 | | |
| 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] | 1 | | İ |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| _ | Note. See the instructions for additional information the organization must report on Schedule O | } | | ł |
| 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 | ļ | | ĺ |
| С | Enter the amount of reserves on hand | | | - |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| EEA | | Form | 990 (2 | 2014) |

| Forn | 990 (2014) Garland County CASA, Inc. 71-0778 | | | age (|
|--------|--|----------------|--|------------------|
| Pa | rt 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 or note to any line in this Part VI | <u>· · · ·</u> | · · · | • <u>X</u> |
| Sec | ction A. Governing Body and Management | | | |
| | The state of the s | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | - | | |
| | If there are material differences in Voting rights among members of the governing body, or | | | ĺ |
| | if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | İ | | |
| b | | | | } |
| 2 | Enter the number of voting members included in line 1a, above, who are independent | ┤ | | - |
| _ | any other officer, director, trustee, or key employee? | 2 | | \ v |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | - | | X |
| • | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | Ì | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | <u> </u> | | '`` |
| | one or more members of the governing body? | 7a | ł | X |
| b | | | | |
| | stockholders, or persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | <u> </u> | | |
| | the year by the following | | | Ì |
| а | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 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 | | Х |
| Sec | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Χ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | } |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | | 12b | Χ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| 40 | describe in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | <u> </u> |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| • | The organization's CEO, Executive Director, or top management official | 15a | v | |
| a b | | 15a | X | |
| ~ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | 130 | - 23 | |
| 16a | | | | |
| | with a taxable entity during the year? | 16a | | Х |
| b | | 1,41 | | 23 |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | İ | |
| Sec | ction C. Disclosure | لنت | - | |
| 17 | List the states with which a copy of this Form 990 is required to be filed AR | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | 1 | | |
| | available for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website Another's website Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | | | |
| | financial statements available to the public during the tax year | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | Suzanna Herron (501)321-9269, 508 Ouachita Avenue, Hot Springs, AR 71901 | | | |
| | | | | |

| Form 990 (20 | | 7 <u>1</u> -0778193 | Page |
|--------------|---|--------------------------|-------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, High | est Compensated Employee | s, an |
| • | Independent Contractors | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | <u> </u> | ٠.[|
| 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| (A) Name and Title | (B) Average hours per week (list any hours for | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | in •) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | | |
|----------------------------------|---|--|-----------------------|---------|--------------|--------------------------------------|--|--|-----------------|---|
| · | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) Gaylon Boshears | 1.00 | | | | | | | | | |
| Board Member | | Χ | | | | | _ | 0 | 00_ | 00 |
| (2) Kristyn Cooley | 1.00 | | l | | : | | | | | |
| Board Member | | X | | | | | | 0 | 0 | 00 |
| (3) Marsha Oliver | _2.00_ | , | | | | | | | | |
| Treasurer | | X | | | | | | 0 | 0 | 0 |
| (4) Brooke Dodd | 2.00 | 1,, | | | | | | _ | _ | |
| Vice President | | X | | - | _ | | - | 0 | 0 | 0 |
| (5) Ed Davis | _1.00_ | . I | | | | | | _ | _ | |
| Board Member | | X | | | | <u> </u> | | 0 | | 0 |
| (6) Karolyn Fankhouser | 1.00 | X | | | | | | _ | _ | |
| Board Member | 1 | | | | | | - | 0 | 00_ | 0_ |
| (7) Tracy Kinder | 1.00 | X | | | | | \ | | | _ |
| Board Member | 1 00 | | | | | <u> </u> | <u> </u> | 0 | 0 | 0 |
| (8) Jean1 F1sher Board Member | 1.00 | X | | | | | | o | o | • |
| (0) 61 | 1.00 | <u> </u> | | - | | | - | | | 0 |
| Board Member | | Х | | | | | | 0 | o | 0 |
| (10)Bridgette Howard | 1.00 | 1 | | - | | | | <u> </u> | | |
| Board Member | | Х | | | | | | o | 0 | 0 |
| (11)Erika Cross | 1.00 | | | | | | | | | |
| Board Member | | X | | | | | | 0 | 0 | 0 |
| (12)Suzanna Herron | 40.00 | | | | | | | | | |
| Executive Director | | X | | | | | | 27,150 | o | 0 |
| (13)Jorge Garcia | 1.00 | | | | | | | | | · |
| Board Member | J | Х | | | i | } | | 0 | o | 0 |
| (14)Gabriel Fisher | 1.00 | | | | | | | | | <u>-</u> |
| Board Member | | Х | | | | | L. | 0 | 0 | 0 |
| EEA | | | | | | | | | | Form 990 (2014) |

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| (A) Name and title | (B) Average | ٠. | ot che | (C Positive me | tion | | | (D) | (E) | | (E) | |
|--|-----------------------|--------------------------------|----------------------|-------------------|--------------|------------------------------|----------|--------------------|--------------------------|--|-----------------------|------|
| | | ٠. | ot che | | | | - 1 | (0) | I (E) | 1 | | |
| Name and title | Average | (do not check more than one | | | | | - 1 | Reportable | Reportable | | (F) | _ |
| | hours per | | | - | | both an rustee) | | compensation | compensation from | | stimate nount c | |
| | week (list any | | _1 | | | | 71 | from the | related organizations | .00 | other pensat | tion |
| | hours for related | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | organization | (W-2/1099-MISC) | l . | rom the | |
| | organizations | lual t | liona | | 힣 | st ∞ yee | - " | (W-2/1099-MISC) | | | ganızatı ıd relate | |
| | below dotted line) | ruste | trus | | yee | mper | | | | | anızatı | |
| | | e | tee | | | nsate | ŀ | | | | | |
| | | | | | İ | a | | | | | | |
| | | | | | | | | | | | | |
| (15)Mary Sherer | 6.00_ | | | | | | | | | | | |
| President | | X | | | | | | 0 | 0 | | | 0 |
| (16)Tammy Browning | 1.00_ | v | | | | | | | | | | _ |
| Board Member | 1 00 | Χ | \dashv | | | _ | | 0 | 0 | | | 0 |
| (17)Ryan Orrell Board Member | 1.00 | Х | | | | | | 0 | 0 | | | ^ |
| (18)Hal Koppel | 1.00 | | | | \dashv | | | | | _ | | _ 0_ |
| Board Member | | Х | | | | | | 0 | o | | | 0 |
| (19) | | | | | | | | | | | _ | |
| | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | + - | | | | | | | | | | | |
| <u></u> | | | | | ļ | | | | | ! | | |
| (23) | | | | | | | | | | _ | _ | |
| | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| | | | | - | | | | -1 | | | | |
| (25) | | | | | | | | | | | | |
| 1b Sub-total | | | | | | | \vdash | | | | | |
| c Total from continuation sheets to Part VII, Sect | | | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 27,150 | 0 | | | 0 |
| Total number of individuals (including but not limite | | | | | | | | | | | | |
| reportable compensation from the organization | • | | , | | | | | | 0 | | | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, directo | r, or trustee, ke | ey emp | loye | e, or | r hıgl | hest c | ompe | ensated | | | | |
| employee on line 1a? If "Yes," complete Schedule | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of re | | | | | | | | | | | | ļ |
| organization and related organizations greater than | | | | | | | | r such | | _ | | |
| ındıvıdual | | | | | | | | | | 4 | | X_ |
| 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes," | - | | | | | _ | | | | _ | | ., |
| Section B. Independent Contractors | complete Sch | edule . |) 101 | Suci | i pei | 5011 | ' | | | 5 | | X |
| Complete this table for your five highest compensations. | ited independe | ent con | traci | tors : | that | receiv | ed m | ore than \$100 000 | of | | | |
| compensation from the organization. Report comp | | | | | | | | | | | | |
| year | | | | • | | Ū | | ŭ | | | | |
| (A) | | | | | | | | (B) | | | C) | |
| Name and business address | s | | | | | | | Description of s | services | Comp | ensatio | n |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | _ | | | | | | |
| | | | | | | - | | | | | | |
| 2 Total number of independent contractors (including | but not limite | d to the | ose I | isted | abo | | ho. | <u> </u> | | | | |
| received more than \$100,000 of compensation fro | | | > | | | , ٧ | | | | | | |

| • | | Check if Schedule O contains a response or | note to any line in this | s Part VIII | | | [|
|---|----------|---|--|----------------------|---|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| হা হয় | 1a | Federated campaigns · · · · · · 1 | <u> </u> | | | | 3,23,4 |
| Contributions, Gifts, Grants and Other Similar Amounts | Ь | | | | | | 1 |
| ٥٤ | c | Fundraising events | | | | | |
| ₹. | l . | | | | | 1 | 1 |
| ច្ចៈ≅្ទ | d | | | | | } | |
| Si.T | е | Government grants (contributions) . 16 | 117,879 | | | | 1 |
| ë ţ | f | All other contributions, gifts, grants, | | | | | |
| 至美 | } | and similar amounts not included above 11 | 43,234 | | | | |
| 퉏 | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| <u> </u> | h | Total. Add lines 1a-1f | <u></u> | 167,733 | |] | |
| | | | Business Code | | | | |
| ž | 2a | | | | _ | | ! |
| ě | b | | | | | | |
| <u> </u> | С | | | | | | |
| 2 | d | | | | | | |
| Ē | e | | | | · · · · · · · · · · · · · · · · · · · | | |
| Program Service Revenue | f | All other program service revenue | | | | | |
| Ē | ĺ | Total. Add lines 2a-2f | | | | | |
| | | | | | | | |
| | " | Investment income (including dividends, interest and other similar amounts) | | | | | |
| | 4 | Income from investment of tax-exempt bond pro | | | | | |
| | 5 | Royalties | | | | | |
| |] | <u> </u> | | | | | |
| | | (i) Real | (II) Personal | , - | , | * | * <u>~</u> |
| | | Gross rents | | * | | , | |
| | l | Less rental expenses · · · · | <u> </u> | * | . * | | |
| | 1 | Rental income or (loss) · · · | | * | | | |
| | d | Net rental income or (loss) | · · · · · · · • | | | | |
| | 7a | Gross amount from sales of (i) Securities | (ii) Other | | , | | |
| | | assets other than inventory | | Í | | | |
| | b | Less cost or other basis | | | | | |
| | | and sales expenses · · · · | | ^ | | | |
| | | Gain or (loss) | | | | | |
| - | d | Net gain or (loss) • • • • • • • • • • • • • • • • • • | . <u> </u> | | | | |
| enne | 8a | Gross income from fundraising | | > | | | |
| ĕ | | events (not including \$6,620 | | , | | l | |
| 8 | | of contributions reported on line 1c) | | | > | | |
| Other Rev | | See Part IV, line 18 · · · · · · a | ı | | | | |
| ₹ | b | Less direct expenses b |) [| | | | |
| | С | Net income or (loss) from fundraising events | | | | | |
| | | Gross income from gaming activities | | | | | |
| | | See Part IV, line 19 · · · · · · a | . [| | | | |
| | ь | Less direct expenses | | | | | |
| | | Net income or (loss) from gaming activities • | | | | | |
| | | Gross sales of inventory, less | | | | | |
| | 104 | returns and allowances | | | | | |
| | ь | Less cost of goods sold b | | | | | |
| | | Net income or (loss) from sales of inventory • | | | | | |
| | <u> </u> | Miscellaneous Revenue | Business Code | | | · · · · · · · · · · · · · · · · · · · | |
| | 11a | | Dadriess Code | | | | |
| | b | | | | | | |
| | C | | | | | | |
| | | All other revenue | | | | | |
| | | Total. Add lines 11a-11d | | | | | |
| i | | Total revenue. See instructions | | 167 700 | | | |
| | 14 | Toral La Actina Cocc III 20 (COOU) | | 167,733 | 0 | 0 | 0 |

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) Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (A) Total expenses (C) Do not include amounts reported on lines 6b, 7b, Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 129,775 103,820 25,955 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11,040 8,832 2,208 11 Fees for services (non-employees) b 1,650 165 1,485 d ÷ , ^ Professional fundraising services See Part IV, line 17 . f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 935 935 13 1,441 7,206 5,765 14 Information technology Royalties 15 23,935 23,935 16 1,710 1,710 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1,797 1,797 19 20 21 1,477 1,477 22 Depreciation, depletion, and amortization 4,304 23 . 4,304 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 885 885 Computer services 77 385 308 þ Postage and delivery C Telephone 3,919 3,919 4,911 4,911 d Fundraising 1,854 All other expenses 1,854 Total functional expenses. Add lines 1 through 24e 155,402 35,470 25 195,783 4,911 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here

following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 9,283 449 2 2 18,908 26,071 3 3 2,596 8,935 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 6 Loans and other 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 7 Notes and loans receivable, net 7 Inventories for sale or use 47,800 47,800 9 Prepaid expenses and deferred charges 916 916 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 48,116 Less accumulated depreciation 10b b 3,383 10c 1,906 11 11 25,955 5,908 12 Investments - other secunties See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 12,325 12,262 16 16 121,166 104,247 17 17 16,235 27,315 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 16,235 26 27,315 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 92,606 64,670 28 Temporarily restricted net assets 28 29 12,325 29 12,262 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 104,931 76,932 34 Total liabilities and net assets/fund balances 34 121,166 104,247

| Form | | -0 <u>77819</u> | 3 3 | Pa | age 12 | | | |
|------|---|-----------------|------------|--------|--------|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | ** | | | |
| • | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 167, | 733 | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | : | 195,7 | 783 | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 104,9 | 931 | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 51 | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | - | | | |
| | 33, column (B)) | 10 | | 76,9 | 932 | | | |
| Pa | rt XII Financial Statements and Reporting | _ | | | - | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | |
| | | | | Yes | No | | | |
| 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? | | 2a | Χ | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | | | |
| | reviewed on a separate basis, consolidated basis, or both | | | | | | | |
| | ⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | Х | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | | | |
| | separate basis, consolidated basis, or both | | | | ľ | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | 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? | | 2c | X | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | | | | |
| | Schedule O | | | | | | | |
| 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? | | 3a | | Χ | | | |
| 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 | | 3b | | | | | |
| EEA | | | Form | 990 (2 | 2014) | | | |

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number 71-0778193 Garland County CASA, Inc. Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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) 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Garland County CASA, Inc. Schedule A (Form 990 or 990-EZ) 2014 71-0778193 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 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 VI) Total support. Add lines 7 through 10

| | ************************************** | | | | | | | |
|-----|--|------------|----------|---|-----------|--|--|--|
| 2 | Gross receipts from related activities, etc (see instructions) | 12 | | | | | | |
| 3 | 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 | 3) | | | ►□ | | | |
| Sec | tion C. Computation of Public Support Percentage | | | | <u></u> _ | | | |
| 4 | Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) | 14 | | | % | | | |
| 5 | Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | <u> </u> | | % | | | |
| 6a | 33 1/3% support test - 2014. 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 | | | 🕨 | | | | |
| b | 33 1/3% support test - 2013. 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 | | | 🕨 | | | | |
| 7a | 10%-facts-and-circumstances test - 2014. 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 | 1 | | | | | | |
| | Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supporte | d | | | | | | |
| | organization · · · · · · · · · · · · · · · · · · · | | | 🕨 | \Box | | | |
| b | 10%-facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a public | y | | | | | | |
| | supported organization | | | ▶ | | | | |
| 8 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | | | | | | | |

990 or 990-EZ) 2014 Garland County CASA, Inc.
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)

| Sec | ction A. Public Support | | | | | | | | | |
|----------|---|--|---|--|--|------------------|-------------|--|--|--|
| Cale | endar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | | | | |
| | received (Do not include any "unusual grants") | 200,644 | 171,618 | 188,234 | 168,361 | 167,733 | 896,590 | | | |
| 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 bus under sec 513 · · · · | | | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | | | |
| 6 | Total. Add lines 1 through 5 | 200,644 | 171,618 | 188,234 | 168,361 | 167,733 | 896,590 | | | |
| 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) | | , | . , | ` | 3 | 896,590 | | | |
| Se | ction B. Total Support | | | | | | | | | |
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total | | | |
| 9 | Amounts from line 6 | 200,644 | 171,618 | 188,234 | 168,361 | 167,733 | 896,590 | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 752 | 227 | | | | 979 | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | | | |
| С | Add lines 10a and 10b · · · · · · · · · | 752 | 227 | | | | 979 | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 201,396 | 171,845 | 188,234 | 168,361 | 167,733 | 897,569 | | | |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | | <u> </u> | | | <u> </u> | ▶ 🗍 | | | |
| | ction C. Computation of Public Su | | | | | 45 | | | | |
| 15 | Public support percentage for 2014 (line 8, co | | | | | 15 | 99.89 % | | | |
| 16 Se | Public support percentage from 2013 Scheduction D. Computation of Investme | | | | · · · · · · · · · · · · · · · · · · · | 16 | 99.96 % | | | |
| 17 | Investment income percentage for 2014 (line | | | umn (f)) | | 17 | 0.00 % | | | |
| 18 | Investment income percentage from 2013 Sc | | | | | 18 | | | | |
| 19a | 33 1/3% support tests - 2014. If the organization is not more than 33 1/3%, check this box a | ation did not check | the box on line 14, | | | | ▶⊠ | | | |
| b | 33 1/3% support tests - 2013. If the organization 18 is not more than 33 1/3%, check this b | ation did not check oox and stop here. | a box on line 14 or The organization o | line 19a, and line 1 jualifies as a publicl | 6 is more than 33 ' ly supported organi | I/3%, and zation | ▶ □ | | | |
| 20 | Inne 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | | | | |

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number Name of the organization 71-0778193 Garland County CASA, Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 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 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 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 XIII, the text of the footnote to its financial statements that describes these items 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 (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included in Form 990, Part VIII, line 1

| | ule D (Form 990) 2014 Garland County | | | | | 71-077 | | Page 2 | | |
|--|--|--------------------------|--|---------------|--------------------|---------------------------------|-------------|------------------|--|--|
| Par | t III Organizations Maintaining C | Collections of A | rt, Histori | cal Trea | sures, or C | Other Similar As | sets (con | itinued) | | |
| 3 | Using the organization's acquisition, accession, | and other records, ch | neck any of th | ne following | that are a sigr | nificant use of its | | | | |
| | collection items (check all that apply) | | | | | | | | | |
| а | Public exhibition d Loan or exchange programs | | | | | | | | | |
| b | Scholarly research | = | _ | | | | | | | |
| c | Scholarly research Preservation for future generations Other | | | | | | | | | |
| 4 | Provide a description of the organization's collect | tions and explain how | w they further | the organi | zation's exemp | ot purpose in Part | | | | |
| 7 | XIII | dons and explain no | i they faither | the organi | Lation o oxomp | r parpood in r are | | | | |
| _ | | anua danationa of an | t biotorical tr | 00011505 01 | r other eimilar | | | | | |
| 5 | | | | | | | | | | |
| Da | 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 | | | | | | | | | | |
| 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 of | | | | | | | _ | | |
| | included on Form 990, Part X? | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table | | | | | | | | | | |
| | | | | | | A | mount | | | |
| C | Beginning balance | | | | L | 1c | | | | |
| d | Additions during the year | | | | <i>.</i> [| 1d | | | | |
| е | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount on Form | | | | , | /? | Ye | es No | | |
| b | If "Yes," explain the arrangement in Part XIII Ch | | | | | , | _ | = | | |
| | rt V Endowment Funds. | icon ricre ir the explai | nation nad be | on provide | d iiii dit Xiii | | | _ ` _ | | |
| | Complete if the organization ar | nswered "Yes" to | Form 990 |) Part I\ | / line 10 | | | | | |
| | Complete if the organization of | | | _ · _ · | | 140.5 | T | | | |
| 4- | Decimal of the shallone | (a) Current year | (b) Prior | year (| (c) Two years back | (d) Three years bac | (e) Four | years back | | |
| 1a | Beginning of year balance | | | | | | | · | | |
| p | Contributions | ļ | | - | | | | | | |
| С | Net investment earnings, gains, and | | 1 | | | | | | | |
| | losses | | ļ | | | | | | | |
| d | Grants or scholarships | | ļ <u>. </u> | , | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | | |
| | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the current | year end balance (li | ne 1g, colum | n (a)) held | as | | | | | |
| а | Board designated or quasi-endowment | % | | | | | | | | |
| b | Permanent endowment > % | | | | | | | | | |
| С | Temporarily restricted endowment | % | | | | | | | | |
| _ | The percentages in lines 2a, 2b, and 2c should | egual 100% | | | | | | | | |
| За | Are there endowment funds not in the possession | | that are held | d and admi | nistered for the | | | | | |
| Ja | organization by | o. a.o organization | | | | | ٢ | Yes No | | |
| | (i) unrelated organizations · · · · · · · | | | | | | · · 3a(i) | .03 140 | | |
| | - · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | (ii) related organizations | | | | | | 3a(ii) | | | |
| D | If "Yes" to 3a(II), are the related organizations lis | | | | | · · · · · · · · · · · · · · · · | [3b [| | | |
| 4 | Describe in Part XIII the intended uses of the or | | ent funds_ | | | | | | | |
| Pa | rt VI Land, Buildings, and Equipm | | 5 00: | 0 D4 IV | / lun = 44 = 7 | | | 40 | | |
| | Complete if the organization a | nswered "Yes" to | 5 Form 99 | U, Part IV | V, line 11a | see Form 990, P | aπ X, line | <u> 10.</u> | | |
| | Description of property | (a) Cost or oth | ner basis | (b) Cost or o | | (c) Accumulated | (d) Book | value | | |
| | | (investm | ent) | (oth | er) | depreciation | | | | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | |
| ď | Equipment | | | 4 | 8,116 | 46,210 | | 1,906 | | |
| e | Other | | | | | | | | | |
| | Add lines 1a through 1e (Column (d) must equ | | column (B) | line 10c \ | | | | 1 906 | | |

| | (a) Description of security or category | (b) Book value | (c) Method of valuation | |
|--|--|---|--|-----------------------|
| (1) Emangral d | (including name of security) | | Cost or end-of-year market value | |
| | d equity interests | | | |
| (3) Other | o oquity intercolo | | | |
| (A) | | | | |
| (B) | | - - - - - - - | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | ······································ | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | 1 1 1 200 P1 V (P) 1 40 | - | | |
| Part VIII | must equal Form 990, Part X, col (B) line 12) Investments - Program Related | | | |
| rait viii | | | IV, line 11c See Form 990, Part X, | line 13 |
| | Complete if the organization answ | Wered les to Form 550, Fait | TV, IIIe TTC Gee Tolli 990, Tartx, | 1116 13 |
| | (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value | _ |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| | | | | |
| (6) | | | | |
| | | | | |
| (7) | | | | |
| (7) (8) | | | | |
| (7) (8) (9) |) must equal Form 990, Part X, col (B) line 13) | • | | |
| (7) (8) (9) |) must equal Form 990, Part X, col. (B) line 13.) Other Assets. | • | | |
| (7) (8) (9) Total (Column (b) | Other Assets. | | IV, line 11d See Form 990, Part X, | line 15 |
| (7) (8) (9) Total (Column (b) | Other Assets. | | IV, line 11d See Form 990, Part X, | line 15 Book value |
| (7) (8) (9) Total (Column (b) | Other Assets. | wered "Yes" to Form 990, Part | IV, line 11d See Form 990, Part X, | Book value |
| (7) (8) (9) Total (Column (b) | Other Assets. Complete if the organization answ | wered "Yes" to Form 990, Part | IV, line 11d See Form 990, Part X, | Book value |
| (7) (8) (9) Total (Column (b) Part IX | Other Assets. Complete if the organization answ | wered "Yes" to Form 990, Part | IV, line 11d See Form 990, Part X, | Book value |
| (7) (8) (9) Total (Column (b) Part IX (1) Endow (2) | Other Assets. Complete if the organization answ | wered "Yes" to Form 990, Part | IV, line 11d See Form 990, Part X, | Book value |
| (7) (8) (9) Total (Column (b) Part IX (1) Endow (2) (3) | Other Assets. Complete if the organization answ | wered "Yes" to Form 990, Part | IV, line 11d See Form 990, Part X, | Book value |
| (7) (8) (9) Total (Column (b) Part IX (1) Endow (2) (3) (4) | Other Assets. Complete if the organization answ | wered "Yes" to Form 990, Part | IV, line 11d See Form 990, Part X, | Book value |
| (7) (8) (9) Total (Column (b) Part IX (1) Endow (2) (3) (4) (5) | Other Assets. Complete if the organization answ | wered "Yes" to Form 990, Part | IV, line 11d See Form 990, Part X, | Book value |
| (7) (8) (9) Total (Column (b) Part IX (1) Endow (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answ | wered "Yes" to Form 990, Part | IV, line 11d See Form 990, Part X, | Book value |
| (7) (8) (9) Total (Column (b) Part IX (1) Endow (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answ | wered "Yes" to Form 990, Part | IV, line 11d See Form 990, Part X, | Book value |
| (7) (8) (9) Total (Column (b) Part IX (1) Endow (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answment Fund - Restricted The complete if the organization answment Fund - Restricted The complete if the organization answers. | wered "Yes" to Form 990, Part (a) Description | IV, line 11d See Form 990, Part X, | Book value 12,262 |
| (7) (8) (9) Total (Column (b) Part IX (1) Endow (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answers Fund - Restricted In (b) must equal Form 990, Part X, col (B) lin Other Liabilities. | wered "Yes" to Form 990, Part (a) Description | IV, line 11d See Form 990, Part X, | 12,262 |
| (7) (8) (9) Total (Column (b) Part IX (1) Endow (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column | Other Assets. Complete if the organization answers Fund - Restricted In (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization answers | wered "Yes" to Form 990, Part (a) Description | IV, line 11d See Form 990, Part X, | 12,262 |
| (7) (8) (9) Total (Column (b) Part IX (1) Endow (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column | Other Assets. Complete if the organization answers Fund - Restricted In (b) must equal Form 990, Part X, col (B) lin Other Liabilities. | wered "Yes" to Form 990, Part (a) Description | IV, line 11d See Form 990, Part X, | 12,262 |
| (7) (8) (9) Total (Column (b) Part IX (1) Endow (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column | Other Assets. Complete if the organization answers Fund - Restricted In (b) must equal Form 990, Part X, col (B) lin Other Liabilities. Complete if the organization answers | wered "Yes" to Form 990, Part (a) Description | IV, line 11d See Form 990, Part X, | 12,262 |
| (7) (8) (9) Total (Column (b) Part IX (1) Endow (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X | Other Assets. Complete if the organization answers. The ment Fund - Restricted In (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answers. | wered "Yes" to Form 990, Part (a) Description the 15) wered "Yes" to Form 990, Part | IV, line 11d See Form 990, Part X, | 12,262 |
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| Sched | ule D (Form 990) 2014 Garland County CASA, Inc. | 71-0778193 | Page 4 |
|--------|--|---------------------------------------|-------------|
| Pai | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per | Return. | |
| • | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains (losses) on investments | | |
| ь | Donated services and use of facilities | 7 | |
| c | Recoveries of prior year grants | 1 | |
| d | Other (Describe in Part XIII) | 1 | |
| e | Add lines 2a through 2d · · · · · · · · · · · · · · · · · · | - 2e | |
| - | Subtract line 2e from line 1 | 3 | |
| 3 | , , | \ ^ | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | - | |
| þ | Other (Describe in Part XIII) | 4 1 | |
| 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 | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Return. | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a | | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | 4 | |
| | Other losses | 4 | |
| C | | 4 | |
| d | Other (Describe in Part XIII) | ┥ _ | |
| e | Add lines 2a through 2d · · · · · · · · · · · · · · · · · · | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a | | |
| b | Other (Describe in Part XIII) | 7 | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | |
| Pa | rt XIII Supplemental Information. | .,. ' | |
| | ide 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, Pa | rt X. line | |
| | art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information | | |
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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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

71-0778193 Garland County CASA, Inc. 01. Form 990 governing body review (Part VI, line 11) The Form 990 is reviewed by the Executive Director, the Treasurer and then by the entire Board of Directors. Once approved the President signs and mails the return. 02. Conflict of interest policy compliance (Part VI, line 12c) Conflicts of interest are noted by management and those members abstain from voting on any issue that would be perceived as a conflict of interest. 03. CEO, executive director, top management comp (Part VI, line 15a) The finance committee annually reviews salary compensation for all employees. 04. Other officer or key employee compensation (Part VI, line 15b The finance committee annually reviews salary compensation of all employees. 05. Governing documents, etc, available to public (Part VI, line 19) The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. 06. Explanation of other changes in net assets or fund balances (Part XI, line Unrealized gain on investments carried at market value