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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)

2001

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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

A For the 2001 calendar year, or tax year beginning 07-01, 2001, and ending 06-30, 2002

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: CASA OF MARYLAND
D Employer identification number: 52-1372972
E Telephone number
F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates?
H(b) If "Yes" enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?
I Enter 4-digit GEN
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site

J Organization type (check only): 501(c)3

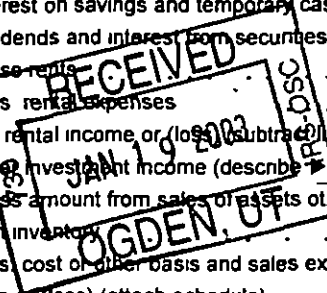
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 4 columns: Description, Sub-column, Amount, Total. Includes lines 1-21 for revenue, expenses, and net assets.

SCANNED JAN 23 2003



Handwritten initials and date: gka 20

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	660,433	657,532	2,901
27	Pension plan contributions	27	182,173	179,950	2,223
28	Other employee benefits	28			
29	Payroll taxes	29	61,091	60,344	747
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	21,811	16,976	4,835
34	Telephone	34	45,928	44,828	1,100
35	Postage and shipping	35	3,367	3,068	299
36	Occupancy	36	23,566	19,618	3,948
37	Equipment rental and maintenance	37	38,638	35,491	3,147
38	Printing and publications	38	18,830	17,130	1,700
39	Travel	39	11,307	11,224	83
40	Conferences, conventions, and meetings	40	8,575	8,021	554
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	19,821		19,821
43	Other expenses not covered above (itemize) <b>a INSURANCE</b>	43a	9,278	6,563	2,715
	<b>b PROF, CONSULTANTS, STIPENDS</b>	43b	240,254	227,361	12,893
	<b>c MISCELLANEOUS, SECURITY</b>	43c	18,273	4,003	14,270
	<b>d PROGRAM EXPENSES</b>	43d	60,436	57,791	2,645
	<b>e MUJERES, RELIEF CONTRIB</b>	43e	21,962	19,673	2,289
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	1,445,743	1,369,573	76,170

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? <b>IMMIGRANT SERVICES</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
<b>a EAST SILVER SPRING EMPLOYMENT AND TRAINING CENTER: MAINTAIN FACILITY AS REGISTRATION SITE FOR EMPLOYERS TO PICK UP DAY LABORERS; PROVIDE TRAINING</b> (Grants and allocations \$ _____)	145,640
<b>b CLIENT ASSISTANCE: PROVIDE INFORMATION &amp; ASSISTANCE TO REFUGEES IN OBTAINING TPS OR PERMANENT STATUS; PROVIDE SOCIAL SERVICE INFO</b> (Grants and allocations \$ _____)	392,975
<b>c CLIENT LEGAL ASSISTANCE: PROVIDE LEGAL AID RELATING TO JOB WAGE AGREEMENTS, WORK STATUS DISPUTES</b> (Grants and allocations \$ _____)	111,640
<b>d HOUSING: PROVIDE HOUSING COUNSELING TO CLIENTS</b> (Grants and allocations \$ _____)	107,876
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ _____)	611,442
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	1,369,573

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)	
		Beginning of year		End of year	
	45 Cash - non-interest-bearing . . . . .	910	45	4,813	
	46 Savings and temporary cash investments . . . . .	102,585	46	223,347	
	47 a Accounts receivable . . . . .	250,269			
	b Less allowance for doubtful accounts . . . . .				
		116,944	47c	250,269	
	48 a Pledges receivable . . . . .				
	b Less allowance for doubtful accounts . . . . .				
			48c		
	49 Grants receivable . . . . .		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50		
A	51 a Other notes and loans receivable (attach schedule) . . . . .				
s	b Less allowance for doubtful accounts . . . . .				
s			51c		
e	52 Inventories for sale or use . . . . .		52		
t	53 Prepaid expenses and deferred charges . . . . .		53		
s	54 Investments - securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
	55 a Investments - land, buildings, and equipment basis . . . . .				
	b Less accumulated depreciation (attach schedule) . . . . .				
			55c		
	56 Investments - other (attach schedule) . . . . .		56		
	57 a Land, buildings, and equipment basis . . . . .	140,532			
	b Less accumulated depreciation (attach schedule) . . . . .	62,190			
		59,451	57c	78,342	
	58 Other assets (describe <b>▶ ADVANCES TO EMPLOYEES</b> ) . . . . .	1,184	58	923	
	59 Total assets (add lines 45 through 58) (must equal line 74) . . . . .	281,074	59	557,694	
L	60 Accounts payable and accrued expenses . . . . .	61,965	60	338,064	
i	61 Grants payable . . . . .		61		
a	62 Deferred revenue . . . . .		62		
b	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63		
i	64 a Tax-exempt bond liabilities (attach schedule) . . . . .		64a		
t	b Mortgages and other notes payable (attach schedule) . . . . .		64b		
i	65 Other liabilities (describe <b>LEGAL OFFICE ESCROW</b> ) . . . . .	22,176	65	22,176	
e	66 Total liabilities (add lines 60 through 65) . . . . .	84,141	66	360,240	
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
N	67 Unrestricted . . . . .	196,933	67	197,454	
e	68 Temporarily restricted . . . . .		68		
f	69 Permanently restricted . . . . .		69		
u	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
n	70 Capital stock, trust principal, or current funds . . . . .		70		
d	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71		
A	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72		
s	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19, column (B) must equal line 21) . . . . .	196,933	73	197,454	
B	74 Total liabilities and net assets / fund balances (add lines 66 and 73) . . . . .	281,074	74	557,694	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 26 )

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	1,486,264
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments \$ _____		
	(2) Donated services and use of facilities \$ 40,000		
	(3) Recoveries of prior year grants \$ _____		
	(4) Other (specify) _____		
	\$ _____		
	Add amounts on lines (1) through (4) . ▶	b	40,000
c	Line a minus line b . . . ▶	c	1,446,264
d	Amounts included on line 12, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____		
	(2) Other (specify) _____		
	\$ _____		
	Add amounts on lines (1) and (2) . ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) . . . ▶	e	1,446,264

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements . . . ▶	a	1,445,743
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities \$ _____		
	(2) Prior year adjustments reported on line 20, Form 990 . . . \$ _____		
	(3) Losses reported on line 20, Form 990 . . . \$ _____		
	(4) Other (specify) _____		
	\$ _____		
	Add amounts on lines (1) through (4) . ▶	b	
c	Line a minus line b . . . ▶	c	1,445,743
d	Amounts included on line 17, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____		
	(2) Other (specify) _____		
	\$ _____		
	Add amounts on lines (1) and (2) . ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) . . . ▶	e	1,445,743

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 26 )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TOM PEREZ, ESQ. TAKOMA PARK, MD	PRESIDENT	0		
CHRISTY LOPEZ, ESQ. TAKOMA PARK, MD	CO-V.P.	0		
FRANCISCO ACOSTA SILVER SPRING, MD	CO-V.P.	0		
REV. WHIT HUTCHINSON WASHINGTON, DC	SECRETARY	0		
DANN PARR, PRESIDENT TAKOMA PARK, MD	TREASURER	0		
GUSTAVO TORRES SILVER SPRING, MD	EXEC DIR	40	42,500	
ROBERTA DE NECOCHEA	DIRECTOR	0		
SANDRA GUTIERREZ	DIRECTOR	0		
RICARDO LEON	DIRECTOR	0		
OSCAR SANCHEZ	DIRECTOR	0		

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
If "Yes," attach schedule - see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27 )

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures See line 81 instructions	81a	
b Did the organization file Form 1120-POL for this year?	81b	X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> section 4912 <input type="checkbox"/> section 4955 <input type="checkbox"/>		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
d Enter Amount of tax on line 89c above, reimbursed by the organization <input type="checkbox"/>		
90a List the states with which a copy of this return is filed <input type="checkbox"/> MARYLAND		
b Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	30
91 The books are in care of <input type="checkbox"/> CASA OF MARYLAND Telephone no <input type="checkbox"/> 301-270-0442 Located at <input type="checkbox"/> ADDRESS PER RETURN ZIP + 4 <input type="checkbox"/> 20912		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	CLIENT CONTRIB, TUITION					49,651
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	1,563	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				1,563	49,651
105	Total (add line 104, columns (B), (D), and (E))					51,214

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	HELPED DEFRAY COST OF PROGRAM NOT COVERED BY GRANT

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

- (a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Sign Here

Signature of officer: *Gustavo Torres*  
Date: 1/8/02

Type or print name and title: GUSTAVO TORRES

Paid Preparer's Use Only

Preparer's signature: *Eric Bolin* Date: 1/7/03 Check if self employed:

Preparer's SSN or PTIN (See Gen Inst W): 263-80-1981

Firm's name (or yours if self employed) address and ZIP + 4: ERIC BOLIN CPA, P.C. 6110 EXECUTIVE BLVD, SUITE 232 ROCKVILLE MD 20852

EIN: 04-3603637 Phone no: 301-816-9446

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information – (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**CASA OF MARYLAND**

**52-1372972**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
Total number of other employees paid over \$50,000 . . . . . ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		



**Part III Statements About Activities** (See page 2 of the instructions )

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )	3	X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	4	X

**Note.** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	882,268	738,783	439,396	466,788	2,527,235
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	40,225	75,539	44,391	7,267	167,422
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,388	3,149	2,402	1,842	9,781
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	924,881	817,471	486,189	475,897	2,704,438
24 Line 23 minus line 17	884,656	741,932	441,798	468,630	2,537,016
25 Enter 1% of line 23	9,249	8,175	4,862	4,759	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 50,740
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 2,537,016
d Add Amounts from column (e) for lines 18 9,781 19 _____					26d 9,781
22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					26e 2,527,235
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.61%
27 Organizations described on line 12. a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year	(2000) _____	(1999) _____	(1998) _____	(1997) _____	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2000) _____	(1999) _____	(1998) _____	(1997) _____	
c Add Amounts from column (e) for lines 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____					
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
Supplementary Information for

line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

**CASA OF MARYLAND**

Employer identification number

**52-1372972**

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 box(es) for both the General rule and a Special rule - see instructions )

**General Rule -**

For organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc , purposes, but these contributors 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** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization <b>CASA OF MARYLAND</b>	Employer identification number <b>52-1372972</b>
---	---

**Part I Contributors** (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		-- \$ ----- 5,000 ----- --	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 )
---	----- ----- -----	-- \$ ----- --	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 )
---	----- ----- -----	-- \$ ----- --	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 )

Name of organization

Employer identification number

CASA OF MARYLAND

52-1372972

**Part II Noncash Property** (See Specific Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----
---	----- ----- -----	\$ -----	-----

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 1066, or 1041

Form fields: Type or print, Name of Exempt Organization (CASA OF MARYLAND), Employer identification number (52-1372972), Number, street, and room or suite no. (310 TULIP AVENUE), City, town or post office, state, and ZIP code (TAKOMA PARK, MD 20912)

Check type of return to be filed (file a separate application for each return)

- Form 990 (checked), Form 990-T (corporation), Form 4720, Form 990-BL, Form 990-T (sec 401(a) or 408(a) trust), Form 5227, Form 990-EZ, Form 990-T (trust other than above), Form 6069, Form 990-PF, Form 1041-A, Form 8870

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
For the whole group, check this box
If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 02-15, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
calendar year 20\_\_ or
tax year beginning 07-01, 2001, and ending 06-30, 2002

2 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$
c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete and that I am authorized to prepare this form

Signature: [Handwritten Signature] Title: CPA Date: 11/8/02
For Paperwork Reduction Act Notice, see instruction EEA Form 8868 (12-2000)