

**WellsColeman
5004 Monument Ave
Richmond, VA 23230
804-358-1150**

November 13, 2025

CONFIDENTIAL

Piedmont CASA, Inc.
818 E High St
Charlottesville, VA 22902

Dear Kate:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

WellsColeman

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2024**Open to Public
Inspection**A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25**

B Check if applicable:		C Name of organization Piedmont CASA, Inc.	D Employer identification number ***-***4064
<input type="checkbox"/> Address change		Doing business as	
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address) 818 E High St	
<input type="checkbox"/> Initial return		Room/suite	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code Charlottesville VA 22902	
<input type="checkbox"/> Amended return		G Gross receipts\$ 3,132,706	
<input type="checkbox"/> Application pending		F Name and address of principal officer: James Gelly 818 E High St Charlottesville VA 22902	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.)		E Telephone number 434-971-7515	
J Website: www.pcasa.org		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If "No," attach a list. See instructions</i>			
H(c) Group exemption number			

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.)	4947(a)(1) or	527
J Website: www.pcasa.org		L Year of formation: 1994
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Recruits and trains volunteer advocates, and makes available holistic professional mentors, who advocate for the best interests of children and older youth in foster care.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3 14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14	
Expenses	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 15	
	6 Total number of volunteers (estimate if necessary)	6 118	
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0	
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		1,078,658	857,150
9 Program service revenue (Part VIII, line 2g)			1,550
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		35,283	624,190
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		60,546	74,271
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,174,487	1,557,161
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		884,235	921,970
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		145,677	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		199,808	243,033
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,084,043	1,165,003
19 Revenue less expenses. Subtract line 18 from line 12		90,444	392,158
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		4,500,435	4,468,589
21 Total liabilities (Part X, line 26)		63,719	25,524
22 Net assets or fund balances. Subtract line 21 from line 20		4,436,716	4,443,065

Part II Signature Block

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

**Sign
Here**

Signature of officer

Date

James Gelly**Treasurer**

Type or print name and title

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Rebecca J. Tres	Rebecca J. Tres	11/13/25		*****
Firm's name	WellsColeman		Firm's EIN	**-**-3442	
Firm's address	5004 Monument Ave Richmond, VA 23230		Phone no.	804-358-1150	

May the IRS discuss this return with the preparer shown above? See instructions

 Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:**See Schedule O**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.4a (Code:) (Expenses \$ **582,556** including grants of\$) (Revenue \$)

Piedmont CASA has a 30-year history of providing well-trained and effective court advocates for children in foster care. Since 1995, the program has trained more than 850 men and women in our community who have advocated for over 2600 children. During the 2025 fiscal year, 118 Piedmont CASA volunteers advocated on behalf of 209 children and youth in our service area, ensuring that these children obtained safe, stable, housing and any professional educational/health services needed.

4b (Code:) (Expenses \$ **261,537** including grants of\$) (Revenue \$)

Research shows that older youth in foster care who turn 18 and "age out" face dismal outcomes. When we look at our own cases, we saw the same thing and the youth we were serving were struggling. In January 2017, Piedmont CASA launched the Bridges to Success Program. Today, three professional adult mentors provide 1:1 guidance and support to foster kids ages 13 to 18 and continue to work with young adults who stay on our caseload up to age 21. They work to teach, support, and guide these youth so that they can successfully transition into independent adulthood.

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

N/A4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses **844,093**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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 employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	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	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a	0
1b	0
1c	

Form 990 (2024) **Piedmont CASA, Inc.**

** - ***4064

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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	15
2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	.....	1b	14
2	.....	2	<input checked="" type="checkbox"/>
3	.....	3	<input checked="" type="checkbox"/>
4	.....	4	<input checked="" type="checkbox"/>
5	.....	5	<input checked="" type="checkbox"/>
6	.....	6	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	<input checked="" type="checkbox"/>
a	The governing body?	8b	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	9	<input checked="" type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		

Section 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	15a	<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official	16a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	16b	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed None
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
19	Describe on 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.

**Piedmont CASA
Charlottesville**

818 East High St

VA 22902

434-971-7515

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or Director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Kathryn Duvall President & CEO	40.00 0.00	X		X			108,532	0	9,101
(2) Joel David Reich Chair	2.00 0.00	X		X			0	0	0
(3) Lisa Keeler Vice-Chair	2.00 0.00	X		X			0	0	0
(4) James Gelly Treasurer	2.00 0.00	X		X			0	0	0
(5) Kristin Cummings Streed Secretary	2.00 0.00	X		X			0	0	0
(6) James Bennett Member at Large	2.00 0.00	X					0	0	0
(7) Patricia Frye Member at Large	2.00 0.00	X					0	0	0
(8) Meara Habashi Member at Large	2.00 0.00	X					0	0	0
(9) Molly McShane Member at Large	2.00 0.00	X					0	0	0
(10) Larry Lee Rowley Member at Large	2.00 0.00	X					0	0	0
(11) Erin Schneider Member at Large	2.00 0.00	X					0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former officer or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12) James Schoenster	2.00									
(12) Member at Large	0.00	X						0	0	0
(13) Trina Clark	2.00									
(13) Member at Large	0.00	X						0	0	0
(14) Annie Izard	2.00									
(14) Member at Large	0.00	X						0	0	0
(15) Siri S. Russell	2.00									
(15) Member at Large	0.00	X						0	0	0
(16)										
(17)										
(18)										
(19)										
1b Subtotal								108,532		9,101
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								108,532		9,101

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

0

Form 990 (2024) **Piedmont CASA, Inc.**

** - ***4064

Page 9

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

Contributions, Gifts, Grants, and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns	1a	3,984				
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	335,746				
f All other contributions, gifts, grants, and similar amounts not included above	1f	517,420				
g Noncash contributions included in lines 1a-1f	1g	\$ 39,031				
h Total. Add lines 1a-1f			857,150			
Program Service Revenue			Business Code			
2a Miscellaneous				1,550		1,550
b						
c						
d						
e						
g Total. Add lines 2a-2f			1,550			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			74,360		74,360
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents	6a	(i) Real	(ii) Personal			
b Less: rental expenses	6b					
c Rental inc. or (loss)	6c					
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
b Less: cost or other basis and sales exps.	7b	2,073,260				
c Gain or (loss)	7c	1,522,789	641			
d Net gain or (loss)		550,471	-641	549,830		549,830
8a Gross income from fundraising events (not including \$	8a	126,386				
of contributions reported on line 1c). See Part IV, line 18	8b	52,115				
b Less: direct expenses						
c Net income or (loss) from fundraising events			74,271			
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code			
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,557,161	0	0	625,740

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	120,479	85,472	12,048	22,959
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	677,285	536,784	67,728	72,773
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	62,268	48,569	6,227	7,472
10 Payroll taxes	61,938	48,311	6,194	7,433
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,696		14,192	2,504
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	42,168		42,168	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O)	14,219		12,086	2,133
12 Advertising and promotion				
13 Office expenses	9,919	7,735	993	1,191
14 Information technology	26,082	21,255	2,608	2,219
15 Royalties				
16 Occupancy	41,648	34,567	4,165	2,916
17 Travel	24,751	19,306	2,475	2,970
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,711	13,870	1,671	1,170
23 Insurance	12,756	10,587	1,276	893
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O)				
a Event	15,205			15,205
b Training and education	12,846	10,019	1,285	1,542
c Public relations	8,860	6,645		2,215
d Telephone	1,172	973	117	82
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,165,003	844,093	175,233	145,677
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
	Assets			
1	Cash—non-interest-bearing	203,099	1	90,381
2	Savings and temporary cash investments	618,068	2	568,367
3	Pledges and grants receivable, net	79,751	3	14,231
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,111,104	
b	Less: accumulated depreciation	10b	216,740	902,699
11	Investments—publicly traded securities		10c	894,364
12	Investments—other securities. See Part IV, line 11		11	
13	Investments—program-related. See Part IV, line 11		12	2,696,818
14	Intangible assets		13	
15	Other assets. See Part IV, line 11		14	
16	Total assets. Add lines 1 through 15 (must equal line 33)		15	4,500,435
17	Accounts payable and accrued expenses	16	4,468,589	
18	Grants payable	17		
19	Deferred revenue		18	
20	Tax-exempt bond liabilities		19	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		21	
23	Secured mortgages and notes payable to unrelated third parties		22	
24	Unsecured notes and loans payable to unrelated third parties		23	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
26	Total liabilities. Add lines 17 through 25	25	57,591	25,524
			26	63,719
	Liabilities			
27	Net assets without donor restrictions	27	2,028,248	1,976,327
28	Net assets with donor restrictions	28	2,408,468	2,466,738
	Net Assets or Fund Balances			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	32	4,436,716	4,443,065
33	Total liabilities and net assets/fund balances	33	4,500,435	4,468,589

Part XI Reconciliation of Net AssetsCheck 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	1,557,161
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,165,003
3 Revenue less expenses. Subtract line 2 from line 1	3	392,158
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,436,716
5 Net unrealized gains (losses) on investments	5	-385,809
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 on Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,443,065

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<input checked="" type="checkbox"/>
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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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	<input checked="" type="checkbox"/>
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	<input checked="" type="checkbox"/>
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 on Schedule O and describe any steps taken to undergo such audits	3b	

Form **990** (2024)

SCHEDULE A
(Form 990)
Public Charity Status and Public Support

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.**2024****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

Piedmont CASA, Inc.

Employer identification number

**** - * * * 4064****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
 10 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.)
 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 a **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.**
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 f Enter the number of supported organizations
 g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,031,262	725,944	908,628	1,078,658	857,150	4,601,642
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,031,262	725,944	908,628	1,078,658	857,150	4,601,642
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						38,865
						4,562,777

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,031,262	725,944	908,628	1,078,658	857,150	4,601,642
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	14,450	-3,883	1,441	35,283	74,360	121,651
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					1,550	1,550
11 Total support. Add lines 7 through 10						4,724,843
12 Gross receipts from related activities, etc. (see instructions)					12	237,248
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	96.57 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	97.97 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2023. 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 publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See **instructions**. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)
(Rev. December 2024))

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Piedmont CASA, Inc.

Organization type (check one):

Filers of: **Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

Piedmont CASA, Inc.

Employer identification number

**** - ***4064****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Mary and Mike Chinn 1255 Garth Road Charlottesville VA 22901	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Batten Family Fund P.O. Box 1767 Charlottesville VA 22902	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ACAC Downtown 111 Monticello Avenue Charlottesville VA 22902	\$ 18,030	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Manning Family Foundation 200 Garrett St, Ste O Charlottesville VA 22902	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Piedmont CASA, Inc.

Employer identification number

*****-***4064****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included on line 2a	2b
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	2d
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	\$
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 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.	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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.	
b If the organization elected, as permitted under FASB 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 on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

Schedule D (Form 990) (Rev. 12-2024) **Piedmont CASA, Inc.**

** - *** 4064

Page 2

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

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

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange program
 e Other

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

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

Part IV Escrow and Custodial Arrangements

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,696,818	2,492,871	2,263,095	2,811,455	2,039,634
b Contributions	133,000				
c Net investment earnings, gains, and losses	171,428	203,947	245,399	-543,360	782,946
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	100,000				
g End of year balance	2,901,246	2,696,818	2,492,871	2,263,095	2,811,455

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 15.16 %

b Permanent endowment 23.40 %

c Term endowment 61.44 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations?

(ii) Related organizations?

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

	Yes	No
3a(i)	<input type="checkbox"/>	X
3a(ii)	<input type="checkbox"/>	X
3b	<input type="checkbox"/>	

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		491,807			491,807
b Buildings		465,210	177,933		287,277
c Leasehold improvements		127,239	16,492		110,747
d Equipment		26,848	22,315		4,533
e Other					

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

894,364

Schedule D (Form 990) (Rev. 12-2022) **Piedmont CASA, Inc.*******-***4064****Page 3****Part VII Investments – Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other Endowments	2,901,246	Market
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	2,901,246	

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 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)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued vacation pay	25,524
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	25,524

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) (Rev. 12-2022) **Piedmont CASA, Inc.*******-***4064**

Page 4

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,566,737
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-385,809
b	Donated services and use of facilities	2b	385,438
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	52,115
e	Add lines 2a through 2d	2e	51,744
3	Subtract line 2e from line 1	3	1,514,993
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	42,168
c	Add lines 4a and 4b	4c	42,168
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,557,161

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,560,388
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	385,438
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	52,115
e	Add lines 2a through 2d	2e	437,553
3	Subtract line 2e from line 1	3	1,122,835
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	42,168
c	Add lines 4a and 4b	4c	42,168
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,165,003

Part XIII Supplemental Information

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other Special events	\$	52,115
Part XI, Line 4b - Revenue Amounts Included on Return - Other Investment fees	\$	42,168
Part XII, Line 2d - Expense Amounts Included in Financials - Other Special events	\$	52,115
Part XII, Line 4b - Expense Amounts Included on Return - Other Investment fees	\$	42,168

Part XIII Supplemental Information (continued)

SCHEDULE G
(Form 990)(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection

Name of the organization

Piedmont CASA, Inc.Employer identification number
**** - ***4064****Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of nongovernment grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 Bracket Breakfa (event type)	(b) Event #2 Mustaches 4 Kid (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	89,590	26,704	10,092	126,386
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	89,590	26,704	10,092	126,386
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	16,839	4,563	160	21,562
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	26,172	1,053	3,328	30,553
10 Direct expense summary. Add lines 4 through 9 in column (d)				52,115
11 Net income summary. Subtract line 10 from line 3, column (d)				74,271

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Schedule G (Form 990) (Rev. 12-2024) **Piedmont CASA, Inc.****** - ***4064**

Page 3

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

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

 Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

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

.....

.....

.....

.....

.....

.....

.....

SCHEDULE M
(Form 990)**Noncash Contributions**

OMB No. 1545-0047

2024**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

Piedmont CASA, Inc.

Employer identification number

***** - *** 4064****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Supplies/Svcs)	X	85	39,031	Market Value
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a	X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Piedmont CASA, Inc.

OMB No. 1545-0047

Supplemental Information to Form 990 or 990-EZComplete 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 Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

Employer identification number

**** - * * * 4064****Form 990 - Organization's Mission**

Piedmont CASA provides best-interest advocacy for children in the courts of the 16th Judicial District of Virginia. We strive to make sure that every child experiencing possible abuse and/or neglect is safe, has a permanent home, and has the opportunity to thrive. We serve children before the juvenile courts of Charlottesville City and the Counties of Albemarle, Fluvanna, Greene, Louisa, and Madison.

Piedmont CASA draws support from private donations, businesses and corporations, private and corporate foundations, and government grants. Volunteer time was valued at nearly \$400,000 in FY25.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Board members review and approve form 990 before submission.

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

Board members are asked at each meeting if they have any conflicts of interest with the organization. Board members also sign annual statements disclosing any conflicts of interest.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official
President & CEO's salary is approved by board members with annual budget.**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Documents are available upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Special events	\$ 52,115
Investment fees	\$ -42,168
Special events	\$ -52,115
Investment fees	\$ 42,168

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024Attachment
Sequence No. **179****Piedmont CASA, Inc.**Identifying number
**** - ***4064**

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,713

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs.		S/L
c	30-year			30 yrs.	MM	S/L
d	40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	16,713
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2024)
There are no amounts for Page 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
1	Raiser's Edge Software Sold/Scrapped: 7/01/24	4/01/99	12,650				12,650	3	MO Amort	12,650	0
2	5 Drawer Lateral File	9/29/04	700				700	7	MO S/L	700	0
3	Dell Power Edge Server	9/25/08	2,673				2,673	5	MO S/L	2,673	0
4	818 East Hight St Bldg	8/02/10	465,210				465,210	39	MO S/L	166,004	11,929
5	Server Installation	1/25/10	2,023				2,023	5	MO S/L	2,023	0
6	818 East High Land	8/02/10	491,807				491,807	0	-- Land	0	0
7	Carpeting	10/19/10	7,091				7,091	5	MO S/L	7,091	0
8	Townsend 89" Sofa	7/09/12	1,099				1,099	7	MO S/L	1,099	0
	Sold/Scrapped: 7/01/24										
9	2 HP Pavilion H8-1360T Desktop	8/01/13	1,440				1,440	5	MO S/L	1,440	0
10	13.3" Macbook	7/06/17	1,609				1,609	5	MO S/L	1,609	0
	Sold/Scrapped: 7/01/24										
11	Conference Room Renovation	5/04/18	63,359				63,359	39	MO S/L	10,018	1,625
12	Dell Precision Tower	7/17/18	2,177				2,177	5	MO S/L	2,177	0
13	Samsung Laptop	7/25/18	1,012				1,012	5	MO S/L	1,012	0
14	Conference Room Rug	4/17/18	1,185				1,185	7	MO S/L	1,044	141
15	Xerox Printers	6/30/21	1,590				1,590	5	MO S/L	1,590	0
16	1st Floor HVAC	2/22/22	10,482				10,482	39	MO S/L	627	269
17	2nd Floor HVAC	1/31/22	8,599				8,599	39	MO S/L	533	220
18	3rd Floor HVAC	4/11/22	8,435				8,435	39	MO S/L	487	216
19	Basement Waterproofing	3/14/22	6,480				6,480	39	MO S/L	388	166
20	3rd Floor Window	5/23/22	8,342				8,342	39	MO S/L	446	214
21	Roof Repairs	6/22/22	7,200				7,200	39	MO S/L	369	185
22	3rd Floor Windows	10/11/22	8,342				8,342	39	MO S/L	366	214
23	Dell Laptop	8/10/22	1,240				1,240	5	MO S/L	475	124
	Sold/Scrapped: 1/07/25										
24	2 Dell Laptops	1/10/23	2,916				2,916	5	MO S/L	875	583
25	Owl Meeting Camera	1/25/23	1,024				1,024	5	MO S/L	290	205
26	Security Alarm	7/02/24	1,698				1,698	5	MO S/L	0	340
27	Duct installation	1/10/25	6,000				6,000	20	MO S/L	0	150
28	Dell Computer - Kari	1/08/25	1,318				1,318	5	MO S/L	0	132
Total Other Depreciation			<u>1,127,701</u>				<u>1,127,701</u>			<u>215,986</u>	<u>16,713</u>
Total ACRS and Other Depreciation			<u>1,127,701</u>				<u>1,127,701</u>			<u>215,986</u>	<u>16,713</u>
Grand Totals			<u>1,127,701</u>				<u>1,127,701</u>			<u>215,986</u>	<u>16,713</u>
Less: Dispositions and Transfers			<u>16,598</u>				<u>16,598</u>			<u>15,833</u>	<u>124</u>
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u><u>1,111,103</u></u>				<u><u>1,111,103</u></u>			<u><u>200,153</u></u>	<u><u>16,589</u></u>

VA Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
Other Depreciation:								
1	Raiser's Edge Software Sold/Scrapped: 7/01/24	4/01/99	12,650	12,650	12,650	0	0	0
2	5 Drawer Lateral File	9/29/04	700	700	700	0	0	0
3	Dell Power Edge Server	9/25/08	2,673	2,673	2,673	0	0	0
4	818 East Hight St Bldg	8/02/10	465,210	465,210	166,004	11,929	11,929	0
5	Server Installation	1/25/10	2,023	2,023	2,023	0	0	0
6	818 East High Land	8/02/10	491,807	491,807	0	0	0	0
7	Carpeting	10/19/10	7,091	7,091	7,091	0	0	0
8	Townsend 89" Sofa Sold/Scrapped: 7/01/24	7/09/12	1,099	1,099	1,099	0	0	0
9	2 HP Pavilion H8-1360T Desktop	8/01/13	1,440	1,440	1,440	0	0	0
10	13.3" Macbook Sold/Scrapped: 7/01/24	7/06/17	1,609	1,609	1,609	0	0	0
11	Conference Room Renovation	5/04/18	63,359	63,359	10,018	1,625	1,625	0
12	Dell Precision Tower	7/17/18	2,177	2,177	2,177	0	0	0
13	Samsung Laptop	7/25/18	1,012	1,012	1,012	0	0	0
14	Conference Room Rug	4/17/18	1,185	1,185	1,044	141	141	0
15	Xerox Printers	6/30/21	1,590	1,590	1,590	0	0	0
16	1st Floor HVAC	2/22/22	10,482	10,482	627	269	269	0
17	2nd Floor HVAC	1/31/22	8,599	8,599	533	220	220	0
18	3rd Floor HVAC	4/11/22	8,435	8,435	487	216	216	0
19	Basement Waterproofing	3/14/22	6,480	6,480	388	166	166	0
20	3rd Floor Window	5/23/22	8,342	8,342	446	214	214	0
21	Roof Repairs	6/22/22	7,200	7,200	369	185	185	0
22	3rd Floor Windows	10/11/22	8,342	8,342	366	214	214	0
23	Dell Laptop Sold/Scrapped: 1/07/25	8/10/22	1,240	1,240	475	124	124	0
Total Other Depreciation			<u>1,127,701</u>	<u>1,127,701</u>	<u>215,986</u>	<u>16,713</u>	<u>16,713</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>1,127,701</u>	<u>1,127,701</u>	<u>215,986</u>	<u>16,713</u>	<u>16,713</u>	<u>0</u>
Grand Totals								
Less: Dispositions								
Less: Start-up/Org Expense								
Net Grand Totals								
			<u>1,127,701</u>	<u>1,127,701</u>	<u>215,986</u>	<u>16,713</u>	<u>16,713</u>	<u>0</u>
			<u>16,598</u>	<u>16,598</u>	<u>15,833</u>	<u>124</u>	<u>124</u>	<u>0</u>
			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
			<u><u>1,111,103</u></u>	<u><u>1,111,103</u></u>	<u><u>200,153</u></u>	<u><u>16,589</u></u>	<u><u>16,589</u></u>	<u><u>0</u></u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
2	5 Drawer Lateral File	9/29/04	700				700	7	MO S/L	700	0
3	Dell Power Edge Server	9/25/08	2,673				2,673	5	MO S/L	2,673	0
4	818 East Hight St Bldg	8/02/10	465,210				465,210	39	MO S/L	166,004	11,929
5	Server Installation	1/25/10	2,023				2,023	5	MO S/L	2,023	0
6	818 East High Land	8/02/10	0				0	0	HY	0	0
7	Carpeting	10/19/10	7,091				7,091	5	MO S/L	7,091	0
8	Townsend 89" Sofa	7/09/12	1,099				1,099	7	MO S/L	1,099	0
	Sold/Scrapped: 7/01/24										
9	2 HP Pavilion HPE H8-1360T Desktop	8/01/13	1,440				1,440	5	MO S/L	1,440	0
10	13.3" Macbook	7/06/17	1,609				1,609	5	MO S/L	1,609	0
	Sold/Scrapped: 7/01/24										
11	Conference Room Renovation	5/04/18	63,359				63,359	39	MO S/L	10,018	1,625
12	Dell Precision Tower	7/17/18	2,177				2,177	5	MO S/L	2,177	0
13	Samsung Laptop	7/25/18	1,012				1,012	5	MO S/L	1,012	0
14	Conference Room Rug	4/17/18	1,185				1,185	7	MO S/L	1,044	141
15	Xerox Printers	6/30/21	1,590				1,590	5	MO S/L	1,590	0
16	1st Floor HVAC	2/22/22	10,482				10,482	39	MO S/L	627	269
17	2nd Floor HVAC	1/31/22	8,599				8,599	39	MO S/L	533	220
18	3rd Floor HVAC	4/11/22	8,435				8,435	39	MO S/L	487	216
19	Basement Waterproofing	3/14/22	6,480				6,480	39	MO S/L	388	166
20	3rd Floor Window	5/23/22	8,342				8,342	39	MO S/L	446	214
21	Roof Repairs	6/22/22	7,200				7,200	39	MO S/L	369	185
22	3rd Floor Windows	10/11/22	8,342				8,342	39	MO S/L	366	214
23	Dell Laptop	8/10/22	1,240				1,240	5	MO S/L	475	124
	Sold/Scrapped: 1/07/25										
24	2 Dell Laptops	1/10/23	2,916				2,916	5	MO S/L	875	583
25	Owl Meeting Camera	1/25/23	1,024				1,024	5	MO S/L	290	205
26	Security Alarm	7/02/24	0				0	0	HY	0	0
27	Duct installation	1/10/25	0				0	0	HY	0	0
28	Dell Computer - Kari	1/08/25	0				0	0	HY	0	0
Total Other Depreciation			614,228				614,228			203,336	16,091
Total ACRS and Other Depreciation			614,228				614,228			203,336	16,091
Grand Totals			614,228				614,228			203,336	16,091
Less: Dispositions and Transfers			3,948				3,948			3,183	124
Net Grand Totals			610,280				610,280			200,153	15,967

Bonus Depreciation Report
Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
11	Conference Room Renovation	5/04/18	63,359		0	0	0	63,359
19	Basement Waterproofing	3/14/22	6,480		0	0	0	6,480
20	3rd Floor Window	5/23/22	8,342		0	0	0	8,342
21	Roof Repairs	6/22/22	7,200		0	0	0	7,200
22	3rd Floor Windows	10/11/22	8,342		0	0	0	8,342
Grand Total			93,723		0	0	0	93,723

There are no assets that meet the criteria of this report

Form Unit Asset Description Tax AMT Adjustments/Preferences

AMT Adjustments/ Preferences

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
2	5 Drawer Lateral File	9/29/04	700	0	0
3	Dell Power Edge Server	9/25/08	2,673	0	0
4	818 East Hight St Bldg	8/02/10	465,210	11,928	11,928
5	Server Installation	1/25/10	2,023	0	0
6	818 East High Land	8/02/10	491,807	0	0
7	Carpeting	10/19/10	7,091	0	0
9	2 HP Pavilion HPE H8-1360T Desktop	8/01/13	1,440	0	0
11	Conference Room Renovation	5/04/18	63,359	1,624	1,624
12	Dell Precision Tower	7/17/18	2,177	0	0
13	Samsung Laptop	7/25/18	1,012	0	0
14	Conference Room Rug	4/17/18	1,185	0	0
15	Xerox Printers	6/30/21	1,590	0	0
16	1st Floor HVAC	2/22/22	10,482	269	269
17	2nd Floor HVAC	1/31/22	8,599	221	221
18	3rd Floor HVAC	4/11/22	8,435	216	216
19	Basement Waterproofing	3/14/22	6,480	166	166
20	3rd Floor Window	5/23/22	8,342	213	213
21	Roof Repairs	6/22/22	7,200	184	184
22	3rd Floor Windows	10/11/22	8,342	214	214
24	2 Dell Laptops	1/10/23	2,916	583	583
25	Owl Meeting Camera	1/25/23	1,024	205	205
26	Security Alarm	7/02/24	1,698	339	0
27	Duct installation	1/10/25	6,000	300	0
28	Dell Computer - Kari	1/08/25	1,318	264	0
Total Other Depreciation		<u>1,111,103</u>	<u>16,726</u>	<u>15,823</u>	
Total ACRS and Other Depreciation		<u>1,111,103</u>	<u>16,726</u>	<u>15,823</u>	
Grand Totals		<u>1,111,103</u>	<u>16,726</u>	<u>15,823</u>	

Asset	Description	Date In Service	Cost	VA
Other Depreciation:				
2	5 Drawer Lateral File	9/29/04	700	0
3	Dell Power Edge Server	9/25/08	2,673	0
4	818 East Hight St Bldg	8/02/10	465,210	11,928
5	Server Installation	1/25/10	2,023	0
6	818 East High Land	8/02/10	491,807	0
7	Carpeting	10/19/10	7,091	0
9	2 HP Pavilion HPE H8-1360T Desktop	8/01/13	1,440	0
11	Conference Room Renovation	5/04/18	63,359	1,624
12	Dell Precision Tower	7/17/18	2,177	0
13	Samsung Laptop	7/25/18	1,012	0
14	Conference Room Rug	4/17/18	1,185	0
15	Xerox Printers	6/30/21	1,590	0
16	1st Floor HVAC	2/22/22	10,482	269
17	2nd Floor HVAC	1/31/22	8,599	221
18	3rd Floor HVAC	4/11/22	8,435	216
19	Basement Waterproofing	3/14/22	6,480	166
20	3rd Floor Window	5/23/22	8,342	213
21	Roof Repairs	6/22/22	7,200	184
22	3rd Floor Windows	10/11/22	8,342	214
24	2 Dell Laptops	1/10/23	2,916	583
25	Owl Meeting Camera	1/25/23	1,024	205
26	Security Alarm	7/02/24	1,698	339
27	Duct installation	1/10/25	6,000	300
28	Dell Computer - Kari	1/08/25	1,318	264
Total Other Depreciation		<u>1,111,103</u>	<u>16,726</u>	
Total ACRS and Other Depreciation		<u>1,111,103</u>	<u>16,726</u>	
Grand Totals		<u>1,111,103</u>	<u>16,726</u>	

Form 990	Event Income and Deduction Worksheet Description Bracket Breakfast	2024
Name Piedmont CASA, Inc.	Taxpayer Identification Number **-***4064	

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1. 89,590
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. 89,590
8. Cost of Goods Sold	8. _____
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. 43,011
15. Total expenses. Add lines 8 through 14	15. 43,011
16. Net Income/Loss. Line 7 minus Line 15	16. 46,579

Expense Details - Cost of Goods Sold:

Beginning inventory .....	.....
Purchases .....	.....
Labor .....	.....
Section 263A costs .....	.....
Other costs .....	.....
Ending inventory .....	.....
Total Cost of Goods Sold .....	.....

Expense Details - Employment Expense:

Compensation of officers .....	.....
Other salaries and wages .....	.....
Pension plan contributions .....	.....
Other employee benefits .....	.....
Payroll taxes .....	.....
Total Employment Expense .....	.....

Expense Details - Fees for Services:

Management .....	.....
Legal .....	.....
Accounting .....	.....
Lobbying .....	.....
Professional fundraising .....	.....
Investment management .....	.....
Other .....	.....
Total Fees for Services .....	.....

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____	Seq # _____
Part V, Debt Financing	.....
Part VI, Controlled Org Income	.....
Part VII, Investments for C(7)(9)(17)	.....
Part VIII, Exploited Activities	.....
Part IX, Advertising Income	.....

Expense Details - Indirect Expense:

Advertising and promotion .....	.....
Office .....	.....
Printing/publication/postage .....	.....
Info technology/Maintenance .....	.....
Royalties & License Fees .....	.....
Occupancy/Real Estate Taxes .....	.....
Travel & Repairs .....	.....
Travel/entertainment (officials) .....	.....
Conferences/meetings .....	.....
Interest .....	.....
Insurance .....	.....
Total Indirect Expense .....	.....

Expense Details - Depreciation Expense:

On investment property .....	.....
On non-investment property .....	.....
Amortization .....	.....
Depletion .....	.....
Total Depreciation Expense .....	.....

Expense Details - Exempt Activity Expense:

Repairs and Maintenance .....	.....
Bad debts .....	.....
Taxes/licenses .....	.....
Charitable contributions .....	.....
Dividend recd deductions .....	.....
Readership costs .....	.....
Other expenses .....	.....
Total Exempt Activity Expense .....	.....

Expense Details - Fundraising Expense:

Cash prizes .....	.....
Non-cash prizes	16,839
Rent and facility costs .....	.....
Food & beverages (Part II only) .....	.....
Entertainment (Part II only) .....	.....
Other direct expenses	26,172
Total Fundraising Expense	43,011

Allocation of Expense to Program Service Accomplishments:

First .....	.....
Second .....	.....
Third .....	.....
All other .....	.....

Form 990	Event Income and Deduction Worksheet Description Playhouse Raffle	2024
Name Piedmont CASA, Inc.	Taxpayer Identification Number ***-***4064	

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1. 10,092
2. Advertising income	2.
3. Circulation income	3.
4. Other income	4.
5. Returns and allowances	5.
6. Contributions received	6.
7. Total revenue. Add lines 1 through 6	7. 10,092
8. Cost of Goods Sold	8.
9. Employment Expense	9.
10. Fees for services	10.
11. Indirect Expense	11.
12. Depreciation Expense	12.
13. Exempt Activity Expense	13.
14. Fundraising Expense	14. 3,488
15. Total expenses. Add lines 8 through 14	15. 3,488
16. Net Income/Loss. Line 7 minus Line 15	16. 6,604

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	Seq #
Part V, Debt Financing	
Part VI, Controlled Org Income	
Part VII, Investments for C(7)(9)(17)	
Part VIII, Exploited Activities	
Part IX, Advertising Income	

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	160
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	3,328
Total Fundraising Expense	3,488

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet Description Mustaches 4 Kids	2024
Name Piedmont CASA, Inc.	Taxpayer Identification Number ***-***4064	

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1. 26,704
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. 26,704
8. Cost of Goods Sold	8. _____
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. 5,616
15. Total expenses. Add lines 8 through 14	15. 5,616
16. Net Income/Loss. Line 7 minus Line 15	16. 21,088

Expense Details - Cost of Goods Sold:

Beginning inventory .....	.....
Purchases .....	.....
Labor .....	.....
Section 263A costs .....	.....
Other costs .....	.....
Ending inventory .....	.....
Total Cost of Goods Sold	.....

Expense Details - Employment Expense:

Compensation of officers .....	.....
Other salaries and wages .....	.....
Pension plan contributions .....	.....
Other employee benefits .....	.....
Payroll taxes .....	.....
Total Employment Expense	.....

Expense Details - Fees for Services:

Management .....	.....
Legal .....	.....
Accounting .....	.....
Lobbying .....	.....
Professional fundraising .....	.....
Investment management .....	.....
Other .....	.....
Total Fees for Services	.....

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____	Seq # _____
Part V, Debt Financing	.....
Part VI, Controlled Org Income	.....
Part VII, Investments for C(7)(9)(17)	.....
Part VIII, Exploited Activities	.....
Part IX, Advertising Income	.....

Expense Details - Indirect Expense:

Advertising and promotion .....	.....
Office .....	.....
Printing/publication/postage .....	.....
Info technology/Maintenance .....	.....
Royalties & License Fees .....	.....
Occupancy/Real Estate Taxes .....	.....
Travel & Repairs .....	.....
Travel/entertainment (officials) .....	.....
Conferences/meetings .....	.....
Interest .....	.....
Insurance .....	.....
Total Indirect Expense	.....

Expense Details - Depreciation Expense:

On investment property .....	.....
On non-investment property .....	.....
Amortization .....	.....
Depletion .....	.....
Total Depreciation Expense	.....

Expense Details - Exempt Activity Expense:

Repairs and Maintenance .....	.....
Bad debts .....	.....
Taxes/licenses .....	.....
Charitable contributions .....	.....
Dividend recd deductions .....	.....
Readership costs .....	.....
Other expenses .....	.....
Total Exempt Activity Expense	.....

Expense Details - Fundraising Expense:

Cash prizes .....	.....
Non-cash prizes	4,563
Rent and facility costs .....	.....
Food & beverages (Part II only) .....	.....
Entertainment (Part II only) .....	.....
Other direct expenses	1,053
Total Fundraising Expense	5,616

Allocation of Expense to Program Service Accomplishments:

First .....	.....
Second .....	.....
Third .....	.....
All other .....	.....

SCHEDULE G (Form 990 or 990-EZ)		Fundraising Other Events			2024
		For calendar year 2024, or tax year beginning <u>07/01/24</u> , and ending <u>06/30/25</u>			
Name					Employer Identification Number ** - ***4064
Piedmont CASA, Inc.					
Revenue	(a) Other event Playhouse Raffl (event type)	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))	
	1 Gross receipts 10,092			10,092	
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2) 10,092			10,092	
Direct Expenses	4 Cash prizes				
	5 Noncash prizes 160			160	
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
9 Other expenses 3,328			3,328		

Two Year Comparison Report

Form 990

2023 & 2024

For calendar year 2024, or tax year beginning 07/01/24, ending 06/30/25

Name

Taxpayer Identification Number

Piedmont CASA, Inc.

-*4064

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1. 683,695	521,404	-162,291
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 394,963	335,746	-59,217
	4. Program service revenue	4.	1,550	1,550
	5. Investment income	5. 35,283	74,360	39,077
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.	549,830	549,830
	8. Net income or (loss) from fundraising events	8. 60,546	74,271	13,725
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 1,174,487	1,557,161	382,674
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 112,719	120,479	7,760
	16. Salaries, other compensation, and employee benefits	16. 771,516	801,491	29,975
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 32,989	73,083	40,094
	19. Occupancy, rent, utilities, and maintenance	19. 23,343	41,648	18,305
	20. Depreciation and Depletion	20. 16,295	16,711	416
	21. Other expenses	21. 127,181	111,591	-15,590
	22. Total expenses. Add lines 13 through 21	22. 1,084,043	1,165,003	80,960
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 90,444	392,158	301,714
	24. Total exempt revenue	24. 1,174,487	1,557,161	382,674
Other Information	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 35,283	625,740	590,457
	27. Total assets	27. 4,500,435	4,468,589	-31,846
	28. Total liabilities	28. 63,719	25,524	-38,195
	29. Retained earnings	29. 4,436,716	4,443,065	6,349
	30. Number of voting members of governing body	30. 14	14	
	31. Number of independent voting members of governing body	31. 14	14	
	32. Number of employees	32. 13	15	
	33. Number of volunteers	33. 92	118	

Form 990	Tax Return History					2024
Name						Employer Identification Number **-***4064
	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants				1,078,658	857,150	
Membership dues						
Program service revenue					1,550	
Capital gain or loss					549,830	
Investment income				35,283	74,360	
Fundraising revenue (income/loss)				60,546	74,271	
Gaming revenue (income/loss)						
Other revenue						
Total revenue				1,174,487	1,557,161	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				112,719	120,479	
Other compensation				771,516	801,491	
Professional fees				32,989	73,083	
Occupancy costs				23,343	41,648	
Depreciation and depletion				16,295	16,711	
Other expenses				127,181	111,591	
Total expenses				1,084,043	1,165,003	
Excess or (Deficit)				90,444	392,158	
 Total exempt revenue				1,174,487	1,557,161	
Total unrelated revenue						
Total excludable revenue				35,283	625,740	
Total Assets				4,500,435	4,468,589	
Total Liabilities				63,719	25,524	
Net Fund Balances				4,436,716	4,443,065	