Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2022 Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. For the 2022 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: CASA of Northeast Oklahoma Inc Address change Doing business as 73-1482426 Name change Number and street (or P.O. boy if mail is not delivered to street address) Room/euile 918-923-7276 Initial return 1222 N. Florence Avenue Suite A Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Claremore OK 74017 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? X No Application pending Julie Sellmeyer H(b) Are all subordinates included? If "No." attach a list. See instructions 501(c) (4947(a)(1) or) (insert no.) https://www.casaneok.org/ Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Other Year of formation: 1995 M State of legal domicile: OK Part I Summary 1 Briefly describe the organization's mission or most significant activities: CASA OF NORTHEAST OKLAHOMA PROVIDES A VOICE FOR ABUSED AND NEGLECTED Governance CHILDREN IN THE COURS OF ROGERS, MAYES, CRAIG, OTTAWA, DELAWARE, AND WASHINGTON COUNTIES, AS WELL AS THE SHAWNEE NATION'S TRIBAL COURT. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 330,050 9 Program service revenue (Part VIII, line 2g) 4,516 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 25,062 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 359,628 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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) 244,882 16aProfessional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 77,079 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 321,961 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 37,667 Beginning of Current Year End of Year 119,102 20 Total assets (Part X, line 16) 88,807 21 Total liabilities (Part X, line 26) 13,170 5,798 22 Net assets or fund balances. Subtract line 21 from line 20 ,304 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. Signature of officer Sign Here Julie Sellmever Board Chair Type or print name and title Print/Type preparer's name Preparer's signature Date X if PTIN Paid 11/02/23 Greg L. Hambay, CPA Greg L. Hambay, CPA self-employed P00137502 Preparer Ober & Littlefield CPAs 47-4648903 Firm's name Firm's EIN **Use Only** 124 S Main St

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

74354

918-542-4401

X Yes

		3-1482426	Page 2
	gram Service Accomplishments		-
	O contains a response or note to any line	in this Part III	
CHILDREN IN THE CO	s mission: OKLAHOMA PROVIDES A VOICE OURTS OF ROGERS, MAYES, CR ES, AS WELL AS THE SHAWNEE	AIG, OTTAWA, DELAW	
2 Did the organization undertake ar	ny significant program services during the year which	were not listed on the	
prior Form 990 or 990-EZ? If "Yes," describe these new serv 3 Did the organization cease condu	T. Tele Progression State Constitution of the		Yes X No
services?			Yes X No
expenses. Section 501(c)(3) and	ram service accomplishments for each of its three land 501(c)(4) organizations are required to report the arm if any, for each program service reported.		
CHILD MAY NEED WHI PROGRESSION ON COU SAFETY, PERMANENCY THE CHILD AT LEAST INTEREST OF THE CE RECOMMENDATIONS RE	S IN THE CHILD'S LIFE; 2) ILE LIVING IN FOSTER CARE; URT ORDERED TREATMENT PLAN Y NEEDS, AND BEST INTEREST I EVERY 30 DAYS; AND 4) AD HILD, FILING A WRITTEN REP EGARDING THE CHILD'S CIRCU	3) MONITOR THE PA S, AND MONITOR THE S THROUGH IN-PERSO VOCATE IN COURT FO PORT TO THE COURT W	RENT'S CHILD'S N VISITS WITH THE BEST OTHER
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	5-11		
	complete Schedule D, Part III	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			10
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	ا ۵۰ ا		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		<u>X</u>
•	VII, VIII, IX, or X, as applicable.	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u>X</u>
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	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			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			4.5
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I. See instructions	4,		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	<u>X</u>
	Part VIII lines 1c and 8a? If "Ves." complete Schedule G. Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
DAA		-	በበሰ	

Form 990 (2022) CASA of Northeast Oklahoma Inc 73-1482426 Page 4 Checklist of Required Schedules (continued) Yes No 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 X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Schedule J X 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 X 25b 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 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 X 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b 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 non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 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)? X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 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. X 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Forn	1990 (2022) CASA OF NORTHEAST OKIANOMA INC 73-1482426		Pa	ige 5
	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
L	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			3.5
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b	-	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c	-	
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6.		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		Λ.
	gifts were not tax deductible?	66		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	- 1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_	
	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.		_	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	_
	Note: See the instructions for additional information the organization must report on Schedule O.			
Þ	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 Enter the amount of recence on head	-	4	
C 140	Enter the amount of reserves on hand	44.	-	v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	<u>X</u>
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		_
	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?	45		v
	If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
. •	If "Yes," complete Form 4720, Schedule O.	10		A.
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?	17		
	If "Yes." complete Form 6069	''		

- - Own website Another's website X Upon request Other (explain on Schedule O)
- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records

Angela Henderson

Claremore

1222 N. Florence Avenue

918-923-7276

OK 74017

Form 990 (2022) CASA of Northeast Oklahoma Inc

73-1482426

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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 tille	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable Reportable compensation from the from related				ne Reportable Reportable Estimated amou compensation compensation of other from related compensation				
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Angela Henderso										
Executive Director	40.00	x		x				68,708	0	0
(2) Father David Br										
Member	0.00	x						o	0	0
(3) Cassandra Coats										
Member	1.00	x						o	0	0
(4) Amanda Hall		Г								
	1.00									
Member	0.00	X	_		_			0	0	0
(5) Ashley Millikan	0.00									
Member	0.00	x						0	0	0
(6) John Myers	0.00	1				\vdash	_			
	0.00									
Treasurer	0.00	X		X				0	0	0
(7) Dynda Post										
CONTRACTOR	0.00									_
Member (8) Julie Sellmeyer	0.00	X			_	-	-	0	0	0
(e) Durie Serimeyer	5.00									
Board Chair	0.00	x		x				0	0	0
(9) Dr Steve Smith										
Member	0.00	x						0	0	0
(10) Daniel Webster	0.00	1						0	U	
	0.00									
Board Vice Chair	0.00	X		X				0	0	0
(11)Susan Young										
***************************************	0.00	,							_	
Member	0.00	X						0	0	5 990 (2222)

Form 990 (2022)

1 0	IL AII GOOTIGEL LE GILLOCI	o, Directors, 11	uot	000,	,		picy	CCC	, and ingliest compens	ated Employees (contin)	ucuj			
	(A) Name and title	(B) Average hours per week	off	Position do not check more than one ox, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from I ganizati ed orga	he on and	ns
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1b c d_	Subtotal Total from continuation sho Total (add lines 1b and 1c)	eets to Part VII	, Se	CENT	n A ,	JC 4504			68,708 68,708					
	Total number of individuals (i reportable compensation from			ited 0	to th	ose	liste	d ab	pove) who received more t	han \$100,000 of			Yes	No
3	Did the organization list any temployee on line 1a? If "Yes	," complete Sch	edui	le J 1	for s	uch	indiv	idua	al			3	,00	x
4	For any individual listed on lin organization and related orga individual	anizations greate	er th	an \$	150	,000	? If	"Yes	s," complete Schedule J fo	or such	CHECKE.	4		x
5 Soci	Did any person listed on line for services rendered to the c tion B. Independent Contract	organization? If								on or individual		5		x
1	Complete this table for your f compensation from the organ	five highest com nization. Report	pen:	sate	d inc	depe	nder r the	nt co	endar year ending with or	within the organization's	tax year		(6)	
	Name and	(A) I business address							Descrip	(B) tion of services		Co	(C) mpensa	ation
						_								
	Total number of independent	contractors (inc	dud:	ng h	utr	ot lin	nitod	to 4	those listed above) who					
	received more than \$100,000	of compensation	สนนิโ <u>อก fr</u>	om t	the c	orgai	nizat	ion	inose listed above) wno	0				

				r Revenue iedule O con	tains	a response or not	e to any line in	this Part VIII	08040,8080,40904040404040404040404040404040404040	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelaled business revenue	(D) Revenue excluded from tax under sections 512-514
t t	1a	Federated cam	paigns	onnavan	1a	16,500				
	b	Membership du	-		1b					
A,	С	Fundraising eve	ents	a pressea no mar	1c					
2 5	d	Related organiz	zations		1d					
S.E	е	Government grants (c			1e	184,526				
and Other Similar Amounts	f q	All other contributions and similar amounts or Noncash contributions	ot includ	led above	1f	129,024				
50	9	lines 1a-1f			1g \$					
38	h	Total. Add lines	s 1a-1	f		000000000000000000000000000000000000000	330,050			
						Business Code				
3	2a	5 T.X.								
≥ •	b					100000000				
en o	c							=		
Rev	d									
Program Service Revenue	e	3								
-	f	All other progra	m ser	vice revenue		4943444				
_	g					************				
	3	Investment inco	,	-	ıds, inte	erest, and				
		other similar am	nounts) Thirmson	suriatat	proceeds	4,516	4,516		
	4		/estm	ent of tax-exem	pt bond	proceeds				
	5	Royalties								
				(i) Real	_	(ii) Personal				
	6a	Gross rents	6a		_		100			
	b	Less: rental expenses			_					
	C	Rental inc. or (loss)	6c	21 =						
	d 7a	Net rental incom	ne or	- Annual Control		ACCUMATES ANTHORSE				
	' "	sales of assets	=20	(i) Securities		(ii) Other				
a	١.	other than inventory	7a							
Ž	b	Less: cost or other	2.0							
eve		basis and sales exps.								
Other Revenue		Gain or (loss)	7c							
the		Net gain or (los:								
0	oa	Gross income from								
		(not including \$ of contributions re	norted norted	on line						
		1c). See Part IV, li			8a	30,805				
	, h	Less: direct exp		******	8b	5,743				
		Net income or (25,062			
		Gross income fr		The second secon	events		23,002			
	Ja	activities. See F	_	-	9a					
	١,	Less: direct exp			9b					
		Net income or (
		Gross sales of i	,	1,750,000	VILLES					
	iva	returns and allo			10a					
		Less: cost of go			10b					
		Net income or (
o		Tat moonie of (.555/1	on ours of in	- STILOT Y	Business Code				
oc e	11a									
Miscellaneous Revenue	h	- Adventuration				1 1				
eve										
žě	q	All other revenu								
2						******				
		Total revenue.					359,628	4,516	0	C

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon	mplete all columns. All c	ther organizations must o	complete column (A).	
	not include amounts reported on lines 6b, 7b, 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		expenses	general expenses	expenses
•	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				
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	226,566	169,925	31,719	24,922
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	18,316	13,737	2,564	2,015
11	Fees for services (nonemployees):				
а	Management				
b	94249394143311333333414434144				
С	Accounting	7,537		7,537	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		05 000	0.4 -0.0		
	(A) amount, list line 11g expenses on Schedule O.)	25,003	24,500	503	
	Advertising and promotion	7 176	1 076	F 000	
13	Office expenses	7,176	1,976	5,200	
14	Information technology				
15	Royalties	21,621	21 621		
16 17	Occupancy	21,021	21,621		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	late and				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,077		5,077	
23	Insurance	10,665	6,115	3,910	640
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.)				
а	ANTONIA LANGUAGO DE LA COSSETATO SERVICIO.				
b					
С					
d	**************************************				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	321,961	237,874	56,510	27,577
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 if following SOP 98-2 (ASC 958-720)				A

Part X Balance Sheet

		Check if Schedule O contains a response of			(A)		(B)
_					Beginning of year		End of year
	1	Cash—non-interest-bearing			215	1	40,257
	2	Savings and temporary cash investments	· X-11 - Areas (brenes)		32,059	2	36,574
	3	Pleages and grants receivable, net			12,375	3	12,375
	4	Accounts receivable, net			28,514	4	19,639
	5	Loans and other receivables from any current or	former officer, dire	ector,			
		trustee, key employee, creator or founder, substa	antial contributor,	or 35%			
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifi	ed persons (as de	efined			
sts		under section 4958(f)(1)), and persons described	in section 4958(d	c)(3)(B)		6	
Assets	7	Notes and loans receivable, net	District Service		7		
ä	8	Investories for release to				8	
	9	Description and defeated above		3,616	9	1,805	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	29,836			
	b	The second secon	4.01	23,284	11,628	10c	6,552
	11	Investments—nublicly traded securities			400		1,900
	12	Investments—other securities. See Part IV, line 1			12		
	13	Investments—program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	STREET CARROLL STREET		15		
	16	Total assets. Add lines 1 through 15 (must equa		88,807	16	119,102	
	17	Accounts payable and accrued expenses			13,170	17	5,798
	18	Grants payable		20/2:0	18	57135	
	19	Deferred revenue	5505 1004 520007000000 .		19		
	20	Tax-exempt bond liabilities		Alian and and and and and and		20	
	21	Escrow or custodial account liability. Complete P	art IV of Schedule	D		21	
S	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
jg		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrelate	ed third parties	-		23	
	24	Unsecured notes and loans payable to unrelated	third parties			24	
	25	Other liabilities (including federal income tax, pay	ables to related the	nird		24	
		parties, and other liabilities not included on lines					
		of Oak adula D				25	
	26	Total liabilities. Add lines 17 through 25			13,170	26	5,798
		Organizations that follow FASB ASC 958, che		*************	13,170	20	3,130
Ses		and complete lines 27, 28, 32, and 33.	CK Here 25				
au	27	Net exects without down and their		l l	63 262	27	100,929
Bal	28				63,262 12,375	28	12,375
<u> </u>	20	Organizations that do not follow FASB ASC 9	EQ obook hou		12,313	20	12,313
፤∣		_	bo, check hei				
Net Assets or Fund Balances	20	and complete lines 29 through 33.	19		20		
ខ្ល	29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or equ	ipment tund			30	
ا ک	31	Retained earnings, endowment, accumulated inc			75 605	31	112 224
S	32	Total net assets or fund balances	75,637	32	113,304		
_	33	Total liabilities and net assets/fund balances		*******	88,807	33	119,102

Form **990** (2022)

	n 990 (2022) CASA of Northeast Oklahoma Inc 73-1482426			F	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		10124141414141		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,628
2	Total expenses (must equal Part IX, column (A), line 25)	2			,961
3	Revenue less expenses. Subtract line 2 from line 1	3		37	,667
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		75	,637
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8					
9	Prior period adjustments 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		113	,304
Pa	rt XII Financial Statements and Reporting				-
	Check if Schedule O contains a response or note to any line in this Part XII		variation (2004)		
					s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		2		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		22	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		AMOUNT .		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		21	5 3	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	1001000000	ddwrain i'r		
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		20		
	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?		3	a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		rate d'alla		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	E164 E184 E184	31	ь	
			F	orm 9	90 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 73-1482426 CASA of Northeast Oklahoma Inc 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 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 331/3% 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. 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

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

(E)

Page 2

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) 2018 (b) 2019 (d) 2021 (c) 2020 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 330,050 330,050 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 330,050 330,050 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 330,050 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 4 330,050 330,050 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources 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.) 11 Total support. Add lines 7 through 10 330,050 Gross receipts from related activities, etc. (see instructions) 12 12 35,321 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 Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 100.00% 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 33 1/3% support test—2022. 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 X 33 1/3% support test-2021. 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 17a 10%-facts-and-circumstances test—2022. 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 10%-facts-and-circumstances test—2021. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Page 3

Part III	Support Schedule for Organizations	s De	escrit	oed	in S	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.)

Sec	ction A. Public Support	quality arrange	. In a toolo note	a bolow, ploa	oo oompioto i	art my	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 fax-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						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
	line 6.)	A					
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
С	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 or organization, check this box and stop her	rganization's firs		ourth, or fifth tax y			BORNA SARA
Sec	tion C. Computation of Public S						
15	Public support percentage for 2022 (line 8	3, column (f), div	ided by line 13, co	olumn (f))		15	%
16	Public support percentage from 2021 Sch					16	%
Sec	tion D. Computation of Investme	ent Income F	Percentage				
17	Investment income percentage for 2022 (line 10c, column	(f), divided by line	e 13, column (f))		17	%
18 Ir	nvestment income percentage from 2021 S	chedule A, Part	III, line 17	EARTHOUGH PRODUCTS TO		18	%
19a	33 1/3% support tests—2022. If the orga						
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests—2021. If the orga						
	line 18 is not more than 33 1/3%, check the				•	-	1070171207
20	Private foundation. If the organization di	d not check a bo	ox on line 14, 19a,	or 19b, check thi	s box and see ins	structions	26.3263396

Schedule A (Form 990) 2022 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? 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),
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

r		Yes	No
	1		
ļ	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
Sched	dule A	(Form 9	90) 2022

Page 5

	- Cappering organizations (continued)		Yes	Ma
11	Has the organization accepted a gift or contribution from any of the following persons?		162	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
ű	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		
Sect	ion 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	- 1		
	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		
Sect	ion 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		4	
	the supported organization(s).	1		
Sect	ion 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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) provided or elected by the supported.			
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			
3	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		
Sect	ion 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 instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	, .		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruc	tions).	
2	Activities Test. Answer lines 2a and 2b below.	the same of the sa	Yes	No
а	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			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those 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.			
а	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		

1

2

3

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	emergency temporary reduction (see instructions).	6		
,	Check here if the current year is the organization's first as a non-functionally integrate	ed Ty	pe III supporting organizat	ion
	(eaginetructions)			

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

2 Enter 0.85 of line 1.

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions, Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) (i) Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Distributable Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 **c** From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

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, 2t 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.)
×	
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SCHEDULE D (Form 990)

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 Employer identification number CASA of Northeast Oklahoma Inc 73-1482426 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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 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: Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

Schedule D (Form 990) 2022 CASA of				73-14824			Page 2
Part III Organizations Maintaini						sets (cont	tinued
3 Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other reco	ords, check any of	the following tha	t make significa	nt use of its		
a Public exhibition	d 📗	Loan or exchange	program				
b Scholarly research	e	Other			v		
c Preservation for future generations							
4 Provide a description of the organization's	s collections and expl	lain how they furth	er the organizati	on's exempt pui	pose in Part		
XIII.							
5 During the year, did the organization solid	it or receive donation	ns of art, historical	treasures, or oth	ner similar			
assets to be sold to raise funds rather that	n to be maintained a	s part of the organ	ization's collection	on?	rans entraction	Yes	No
Part IV Escrow and Custodial A							
Complete if the organization 990, Part X, line 21.	ion answered "Yo	es" on Form 99	90, Part IV, lir	ne 9, or repor	ted an amo	ount on Fo	orm
1a Is the organization an agent, trustee, cust	odian or other interm	ediary for contribu	itions or other as	sets not			
included on Form 900 Part Y2					vii imeriyasa	Yes	No
b If "Yes," explain the arrangement in Part >				ANNELLEGATIVELLA			
						Amount	
c Beginning balance	**.*.*.				1c		
d Additions during the year					1d		
e Distributions during the year					1e		
f Ending balance					1f		
2a Did the organization include an amount or	n Form 990, Part X, I	ine 21, for escrow	or custodial acc	ount liability?		Yes	No
b If "Yes," explain the arrangement in Part >	KIII. Check here if the	explanation has t	een provided or	n Part XIII	i kantanan da katana. Kantanan katana		
Part V Endowment Funds.							
Complete if the organization	ion answered "Ye	es" on Form 99	00, Part IV, Iir	ne 10.			
	(a) Current year	(b) Prior year	(c) Two year	s back (d) Th	ree years back	(e) Four yea	ars back
1a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and							
programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the o	current year end hala	nce (line 1a. colun	un (a)) held as:				
a Board designated or quasi-endowment		ince (inte 19, colui	iii (a)) iiciu as.				
b Permanent endowment %							
c Term endowment %							
The percentages on lines 2a, 2b, and 2c s	should equal 100%						
3a Are there endowment funds not in the pos		ization that are he	ld and administs	ared for the			
organization by:	ssession of the organ	iization that are ne	iu anu aumimiste	sied for the		Ye	s No
,							3 110
(i) Unrelated organizations (ii) Related organizations						0 - (**)	_
b If "Yes" on line 3a(ii), are the related organ	nizatione lieted as re						_
4 Describe in Part XIII the intended uses of			e IV: Mississippis			30	
Part VI Land, Buildings, and Eq		idowinent idilds.					
Complete if the organizati		es" on Form 90	0 Part IV lin	e 11a See I	-orm 990	Part X lin	e 10
Description of property	(a) Cost or other t		or other basis	(c) Accumulat		(d) Book valu	
boompton or property	(investment)		(other)	depreciation		(u) book valu	
1a Land			,,	20,700,400			
\$24 \text{ \ \text{ \ \text{ \text{ \text{ \text{ \text{ \text{ \text{ \text{ \text{ \							
b Buildings	*						
c Leasehold improvements							
d Equipment	0		29,836	22	,284		,552
e Other Total. Add lines 1a through 1e. (Column (d) mu	st equal Form 000 1	Part X column (D)			, 204	6	552
I State / New III ICS TO THE OWNER I C. TOURININ TO HIM	St Suudi i Ulli 330, F	WILLY, COMMITTED I	IIIIO IOU.I		I		

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

	D(Form 990) 2022 CASA of Northeast Oklah		1482426	Page 4
Part X	Reconciliation of Revenue per Audited Financi Complete if the organization answered "Yes" on F			•
1 Tota	I revenue, gains, and other support per audited financial statements		1	359,628
	ounts included on line 1 but not on Form 990, Part VIII, line 12:		1.004601601	000/020
	unrealized gains (losses) on investments	2a		
b Don	ated services and use of facilities	2b		
c Rec	overies of prior year grants	2c		
d Othe	er (Describe in Part XIII.)	2d		
e Add	lines 2a through 2d		2e	
	tract line 2e from line 1	TELEFORM TO A THE TELEFORM TO THE	3	359,628
	unts included on Form 990, Part VIII, line 12, but not on line 1:			
	stment expenses not included on Form 990, Part VIII, line 7b	4a		
	er (Describe in Part XIII.)	4b		
	lines 4a and 4b		4c	
	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			359,628
Part X	Reconciliation of Expenses per Audited Finance Complete if the organization answered "Yes" on F			rn.
1 Tota	I expenses and losses per audited financial statements	omi ooo, aat wy mie 12	1 1	321,961
	unts included on line 1 but not on Form 990, Part IX, line 25:			321,301
	ated services and use of facilities	2a		
b Prior	year adjustments	2b		
c Othe	er losses			
	r (Describe in Part XIII.)	and the second s		
e Add	lines 2a through 2d	NOCEEN/REFEE 1	2e	
3 Subl	ract line 2e from line 1		3	321,961
	unts included on Form 990, Part IX, line 25, but not on line 1:	33.31.511.44.47.7 217.53.9 2.53.5 3.53.5 1.51.5	12.18.161.810.0	= 60
a Inve	stment expenses not included on Form 990, Part VIII, line 7b	4a		
b Othe c Add	r (Describe in Part XIII.) lines 4a and 4b	4b	4c	
b Othec Add5 Tota	er (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, I</i>	4b	4c 5	321,961
b Othe c Add 5 Tota Part X	er (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I III Supplemental Information.	4b	5	
b Othe c Add 5 Tota Part X	or (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I III Supplemental Information. e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part X,	
b Othe c Add 5 Tota Part X	er (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I III Supplemental Information.	ine 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part X,	
b Othe c Add 5 Tota Part X	or (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I III Supplemental Information. e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part X,	
b Othe c Add 5 Tota Part X	or (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I III Supplemental Information. e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part X,	
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b Othe c Add 5 Tota Part X	or (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I III Supplemental Information. e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part X,	
b Othe c Add 5 Tota Part X	or (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I III Supplemental Information. e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b	; Part V, line 4; Part X,	
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b Othe c Add 5 Tota Part X	or (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I III Supplemental Information. e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b art to provide any additional inf	; Part V, line 4; Part X, ormation.	line
b Othe c Add 5 Tota Part X	or (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I III Supplemental Information. e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ine 18.) and 4; Part IV, lines 1b and 2b art to provide any additional inf	; Part V, line 4; Part X, ormation.	line
b Othe c Add 5 Tota Part X	or (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I III Supplemental Information. e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ine 18.) and 4; Part IV, lines 1b and 2b art to provide any additional inf	; Part V, line 4; Part X, ormation.	line
b Othe c Add 5 Tota Part X	or (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I III Supplemental Information. e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ine 18.) and 4; Part IV, lines 1b and 2b art to provide any additional inf	; Part V, line 4; Part X, ormation.	line
b Othe c Add 5 Tota Part X Provide the ; Part XI,	or (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I III Supplemental Information. e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	ine 18.) and 4; Part IV, lines 1b and 2b art to provide any additional inf	; Part V, line 4; Part X, ormation.	line
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b Other Add 5 Tota Part XI Provide the Part XI,	or (Describe in Part XIII.) lines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I III Supplemental Information. e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part III.	and 4; Part IV, lines 1b and 2b art to provide any additional inf	; Part V, line 4; Part X, ormation.	line
b Other Add 5 Tota Part XI Provide the Part XI,	In (Describe in Part XIII.) Ilines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I II Supplemental Information. Be descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Allines 2d and 4b; and Part XII, lines 2d and 4b.	and 4; Part IV, lines 1b and 2b art to provide any additional inf	; Part V, line 4; Part X, ormation.	line
b Other Add 5 Tota Part XI Provide the Part XI,	In (Describe in Part XIII.) Ilines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I II Supplemental Information. Be descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Allines 2d and 4b; and Part XII, lines 2d and 4b.	and 4; Part IV, lines 1b and 2b art to provide any additional inf	; Part V, line 4; Part X, ormation.	line
b Other Add 5 Tota Part XI Provide the Part XI,	In (Describe in Part XIII.) Ilines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I II Supplemental Information. Be descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Allines 2d and 4b; and Part XII, lines 2d and 4b.	and 4; Part IV, lines 1b and 2b art to provide any additional inf	; Part V, line 4; Part X, ormation.	line
b Other Add 5 Tota Part XI Provide the Part XI,	In (Describe in Part XIII.) Ilines 4a and 4b I expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I II Supplemental Information. Be descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Allines 2d and 4b; and Part XII, lines 2d and 4b.	and 4; Part IV, lines 1b and 2b art to provide any additional inf	; Part V, line 4; Part X, ormation.	line
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Schedule D	(Form 990) 202	2 CASA of	Northeas	t Oklaho	ma Inc	73-1482426	Page 5
Part XIII	Suppleme	ental Informat	tion (continued)			
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SCHEDULE G (Form 990)

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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

CASA of Northeas	t Oklahom	a I	nc		73-14824	
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	e if the organiz	ation	ans	wered "Yes" on F		
1 Indicate whether the organization raised funds throu				es. Check all that app	ly.	
a Mail solicitations	e Solicitation	on of n	on-go	vernment grants		
b Internet and email solicitations	f Solicitation	on of g	overni	ment grants		
c Phone solicitations	g 🗌 Special fi	undrais	sing e	vents		
d In-person solicitations						
2a Did the organization have a written or oral agreeme or key employees listed in Form 990, Part VII) or en	itity in connection	with pr	ofessi	onal fundraising servi	ces?	Yes No
b If "Yes," list the 10 highest paid individuals or entitie compensated at least \$5,000 by the organization.	s (fundraisers) pu	rsuant	to agr	eements under which	the fundraiser is to b	e
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise cust con	id fund- ir have ody or trol of outions?	(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	I.	1	1 -			
List all states in which the organization is registered registration or licensing.	or licensed to sol	icit cor	ntributi	ons or has been notif	ied it is exempt from	
$161 \pm 1.01 \pm 1$			100550			

Schedule G (Form 990) 2022 CASA of Northeast Oklahoma Inc

73-1482426

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 (b) Event #2 (c) Other events (d) Total events Fundraising None (add col. (a) through (event type) (event type) (total number) col. (c)) Revenue 1 Gross receipts 30,805 30,805 2 Less: Contributions 3 Gross income (line 1 minus 30,805 30,805 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 5,743 5,743 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 5,743 11 Net income summary. Subtract line 10 from line 3, column (d) 25,062 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No No 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? **b** if "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes **b** If "Yes," explain:

DAA

Sche	edule G (F	Form 990) 2022	CASA	of No	rtheast	t Oklahor	na Inc	73-148242	6	Page 3
11	Does the	e organization con	duct gamine	activities	with nonmen	nbers?			T	Yes No
12	Is the or	ganization a grante	or, beneficia	ary or truste	ee of a trust,	or a member of a	partnership	or other entity		_
	formed t	o administer charit	table gamin	g?					resultarine	Yes No
13	Indicate	the percentage of	gaming act	ivity condu	cted in:				41 24	
а	The orga	anization's facility	#140#100#1#1#1#1#1#1#1	eccess accessor	encente en en en experience				13a	%
b	An outsi									%
14	Enter the records:	e name and addre								
	Name	************						******************		83 a (4 a)
	Address	30 0 0 0 KE 0 0 0 0 0 0 EE 0 0 0 0								63.744
15a		e organization hav				_			Ī	Ti vaa Tii Na
b	If "Yes,"	enter the amount	of gaming r	evenue red	eived by the	organization \$		and the		Yes No
	amount	of gaming revenue	e retained b	y the third	party \$					
С	If "Yes,"	enter name and a	ddress of th	e third par	ty:					
	Name							**********		C2-11-4
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16	Gaming	manager informat	ion:							
	Name		*********	6 (6) 6 (6) 6 (6) 6 (6) 6 (6)	era reconscione				18568181808185878	
	Gaming	manager compens	sation \$	000000000000000000000000000000000000000	1631 1031 1031 1031					
	Descript	ion of services pro	vided		nestra antica				0.078.709.65	
	Dire	ector/officer	Emp	loyee	Inc	dependent contra	ctor			
17	Mandato	ory distributions:								
		ganization required	d under stat	e law to m	ake charitabl	e distributions fro	om the gamine	a proceeds to		
_								**************************************		Yes No
ь	Enter the	e amount of distrib	utions requ	ired under	state law to b	oe distributed to	ther exempt	organizations or		
						_	-	•		
Pa	rt IV	Supplementa	al Inform 9, 9b, 10t	ation. Pi	rovide the	explanations		/ Part I, line 2b, colur o provide any additio		
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								S	chedule G (F	orm 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

2022

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

CASA of Northeast Oklahoma Inc

Employer identification number 73-1482426

Form 990 - Additional Information

CASA OF NORTHEAST OKLAHOMA AS AN ORGANIZATION PROVIDES A WHISTLEBLOWER POLICY AND A DOCUMENT DESTRUCTION POLICY. THEY ALSO HAVE DOCUMENTATION RETENTION AS REQUIRED BY THE IRS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The board receives a copy of the 990 in their packet to review for the next scheduled board meeting. After Q&A with the preparer, A vote is then taken to accept the 990 and the President signs the return; thus, authorizing for efiling.

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

The organization distributes their conflict of interest policy, annually.

Members, staff and volunteers are required to read, disclose any conflicts if any, and sign the policy.

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

Compensation is determined by the executive work group for consultation
with the finance work group at the time of budget preparation.

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

There are no additional officers or key employees receiving compensation.

If that should change, the same process in 15a would be used.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
CASA of Northeast Oklahoma Inc	73-1482426
No documents available to the public	rantiintatatatatatatatatatatatatatatatata
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11/2/2023 3:36 PM		Raising
	-employee)	Management & General \$ 503
tements	ees for Service (Non	Service \$ 9,692 10,741 4,067 \$ 24,500
Federal Statements	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	Fxpenses \$ 10,195 10,741 4,067 \$ 25,003
Oklahoma Inc	Form 990, Part	5
CASA CASA of Northeast Oklahoma Inc 73-1482426 FYE: 12/31/2022		Other Vehicle Membership and dues Total

CASA CASA of Northeast Oklahoma Inc 73-1482426 FYE: 12/31/2022	st Oklahoma Inc Federal Statements	11/2/2023 3:36 PM
	Schedule A, Part II, Line 1(e)	
	Description	Amount
Federated Campaigns CASA VOCA Donations		\$ 16,500 43,337 141,189 123,867
Other Total		\$ 330,050
	Schedule A, Part II, Line 12 - Current year	
	Description	Amount
Interest Fundraising Total		\$ 4,516 30,805 \$ 35,321