Form

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

OMB No. 1545-0047 2024 Open to Public

A	For th	e 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/	25		mspection
	Check if a			Employer	Identification number
	Address	change CASA of Northeast Oklahoma Inc		, ,	
	Name cha	Doing business as		2.1	100106
		Number and street (or P.O. box if mall is not delivered to street address)			482426 e number
	Initial retu	The state of the s			923-7276
	Final returninate				
9.0		Claremore OK 74017			207 700
	Amended	F Name and address of principal officer:	G	Gross rece	eipts\$ 387,789
L	Applicatio	Julie Sellmeyer	H(a) Is this a group re	lurn for si	ubordinates? Yes X No
		1	H/b) Are all subsection	_41	uded? Yes No
			H(b) Are all subordin		See instructions
1	Tay-exen	npt status: X 501(c)(3) 501(c) () (Insert np.) 4947(a)(1) or 527	- 17 NO, atta	un a list	See instructions
	Website	The state of the s			
-		TO SECOND THE SECOND T	H(c) Group exemption		t
-	art I		Year of formation: 199	5	M State of legal domicile: OK
		Summary			
Activities & Governance	2 (CASA OF NORTHEAST OKLAHOMA PROVIDES A VOICE FOR ABUSED CHILDREN IN THE COURS OF ROGERS, MAYES, CRAIG, OTTAWA, WASHINGTON COUNTIES, AS WELL AS THE SHAWNEE NATION'S TRUCKER Children in the organization discontinued its operations or disposed of more than 25% of Number of voting members of the governing body (Part VI, line 1a)	DELAWARE, AN IBAL COURT. its net assets.	D r r	
S	4 1	Number of independent voting members of the governing body (Part VI. line 14)		3	14
/itie	5	Number of independent voting members of the governing body (Part VI, line 1b)	0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 ×	4	14
cţ	6 -	Fotal number of individuals employed in calendar year 2024 (Part V, line 2a) Fotal number of volunteers (estimate if necessary)		5	6
4	727	Fotal unrelated business revenue from Part VIII, column (C), line 12		6	0
	h l	Net unrelated business revenue from Part VIII, column (C), line 12		7a	0
-	D 1	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
	8 (Contributions and grants (Part VIII, line 1h)	Prior Year	101	Current Year
Jue		Program service revenue (Part VIII, line 2g)	390,	421	382,344
Revenue					0
He		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	5,	294	5,445
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	12	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	395,	715	387,789
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	262,	264	244,356
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0
ă	b∃	Fotal fundraising expenses (Part IX, column (D), line 25) 6,811			
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	95,	566	103,306
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	357,		347,662
	19 F	Revenue less expenses. Subtract line 18 from line 12	37,	885	40,127
Net Assets or Fund Balances			Beginning of Current		End of Year
sets	20 1	Total assets (Part X, line 16)	163,		203,898
A B	21 7	otal llabilities (Part X, line 26)	12,		7,360
S.F	22 1	Net assets or fund balances. Subtract line 21 from line 20	151,		196,538
	art II	Signature Block	101/	107	130,330
Sig Her	jn	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has Signature of officer Julie Sellmeyer Type or print name and title	as any knowledge.	my kno	wledge and belief, it is
		Preparer's name Preparer's signature	Date		DTN
Paic	t		l const	Check	If PTIN
Prep	parer	Firm's name Ober & Littlefield CPAs	11/10/25		
Use	Only	124 S Main St	Firm's	EIN	47-4648903
	•				
May	the ID		Phone	no.	918-542-4401
vidy	nie iria	S discuss this return with the preparer shown above? See instructions		Mareres	X Yes No

Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 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 X 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 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 X 10 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 X 11b 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 Х 11c 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b 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? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 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? If "Yes," complete Schedule G, Part II X 18 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a 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 ...

X

	cheditat of riequired ochedules (continued)		T _v	Т
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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			1
	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	5-00/90/00		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
Ь	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		_
	to defease any tay-evennt honde?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		₩
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			\vdash
	transaction with a disqualified person during the year? If "Yes " complete Schedule I Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	********		<u> </u>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	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	1651010		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
21	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 I Part III			١.,
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			X
	L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions).			
а	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			
31	conservation contributions? If "Yes," complete Schedule M	30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
-	and the Colombia At D. 18			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	continuo 201 7701 0 and 201 7701 00 1/101 11 11 11 11 11 11 11 11 11 11 11 11	20		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		_
	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	res 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			
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
01	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		X
	19? Note: All Form 990 filers are required to complete Schedule O.	00		v
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	38		X
	Check if Schedule O contains a response or note to any line in this Part V			
	N A		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

Form	1 990 (2024) CASA of Northeast Oklahoma Inc 73-1482426 art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Р	age 5
	garang strict into things and tax compliance (commined)			Yes	No
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a	5			
3a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	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				
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
þ	If "Yes," enter the name of the foreign country				
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	R).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	bid any taxable party flotiny the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
C	res to line 3a or 50, did the organization file Form 8886-1?		5c		
6a	boes the organization have annual gross receipts that are normally greater than \$100,000, and did the	- C.1144			
ь	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	12.00			
7	gifts were not tax deductible?	***************************************	6b		
′_	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1			
b	and services provided to the payor?		7a		
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
•	but the digital action series of content seed as pose of tangible personal property for which it was				
d	If "Voe " indicate the number of Fours 2000 (")	*************	7c		
e	" 103, indicate the number of Forms 6262 filed during the year				
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
g	bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
h	The organization received a contribution of qualified intellectual property, did the organization file Form 8800 as requ	irod2	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	1098-C?	7h		
•	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	D0004.455			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		8		
а	Did the energering experiention makes and the first of th				
b	Did the sponsoring organization make any taxable distributions under section 4966?	***************	9a	_	
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b		
а					
b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts included on Form 990, Part VIII, line 12 formable and formation included on Form 990, Part VIII line 12 formable and formation included on Form 990, Part VIII line 12 formable and formation included on Form 990, Part VIII line 12 formable and formation included on Form 990, Part VIII line 12 formable and formation included on Form 990, Part VIII line 12 formation included on Form 990, Part VIII line 12 formation included on Form 990, Part VIII line 12 formation included on Form 990, Part VIII line 12 formation included on Form 990, Part VIII line 12 formation included on Form 990, Part VIII line 12 formation included on Form 990, Part VIII line 12 formation included on Form 990, Part VIII line 12 formation included on Form 990, Part VIII line 12 formation included on Form 990, Part VIII line 13 formation included on Formati				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b	If "Voo " optow the amount of the control of the co		12a		
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?				
	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.		13a	-	
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization in licensed to issue smaller 11. W. J.				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filled a Form 700 to annual the services during the tax year?		+		72
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14a	-	X
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		14b		
	Avenue parachuto payment/a) during the years		_		v
	If "Yes," see instructions and file Form 4720, Schedule N.		15		<u>X</u>
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?				v
	If "Yes," complete Form 4720, Schedule O.		16		<u>X</u>
7	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		

-orr	1 990 (2024) CASA of Northeast Oklahoma Inc 73-1482426				î	Dann I
P	Governance, Management, and Disclosure. For each "Yes" response to lines 2 thro	uah 7	h helow	and for	a "No	age (
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	on Sc	hedule O	Soo inc	tructi	one
	Check if Schedule O contains a response or note to any line in this Part VI	SeV		000 1110		X
sec	ction A. Governing Body and Management	*************				
		50			Yes	No
1a	and the state of the governing body at the still of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or					1
	if the governing body delegated broad authority to an executive committee or similar					
L	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	141111		3		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	1010010		4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	u and a second		5		X
7a	Did the organization have members or stockholders?		1	6		X
Ia	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?					
Ь				. 7a		X
_	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by t			. 7b		X
a	The governing body?	he folk	wing:			
b	Each committee with authority to act on behalf of the governing had 3			. 8a	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	اللحصي		. 8b	X	-
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnol l	201100110	. 9 Cada 1		Х
	equired by the line	iiiai i	ieveriue	Code.)	V	
0a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	.221		IUa		_
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the fo	rm?		11a	_	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	// III : 112		110	-	-
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to co	onflicts	· · · · · · · · · · · · · · · · · · ·	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."		*******	122		
	describe on Schedule O how this was done			12c	х	
3	Did the organization have a written whistleblower policy?	(68)		13	Х	
4	the organization have a written document retention and destruction policy?				Х	
5	bid the process for determining compensation of the following persons include a review and approval by		Seminara			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	2	553.0	15a	X	
b	and an individual of the organization			15b	X	
6-	res to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	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		. 22 . 223.		16a		X
~	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 evernt status with respect to such every several tax law, and take steps to safeguard the					
ec	organization's exempt status with respect to such arrangements?			16b		
7	List the states with which a copy of this Form 990 is required to be filed None					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	E01/-			. Transco	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	301(C)				
,	Own website Another's website X Upon request Other (explain on Schedule O)					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licv				
	and financial statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's books and records.					
Ar	gela Henderson 1222 N. Florence Avenue					

Claremore

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.

X 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	off	x, unle	Pos check ess pe nd a d	rson	than o s both r/trusto	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) EstImated amount of other compensation
	(list any hours for related organizations below dotted (lne)	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) Christine Beldne	r					Ë				
Member	5.00 0.00	x						0	0	0
(2) Dr. Candas Bullo										
Member	5.00 0.00	x								
(3) Cassandra Coats	0.00	^	-	_		_	_	0	0	0
Member	5.00 0.00	x								_
(4) Trish Farmer	0.00	^	-	_	_			0	0	0
(-, = = = = = = = = = = = = = = = = =	5.00									
Member	0.00	х						0	0	0
(5) Amanda Hall										
	5.00									
Member	0.00	X						0	0	0
(6) Angela Henderson										
Executive Director	40.00	١.,								
(7) Ashley Millikan	0.00	X		X	_		_	0	0	0
(/)Monitey Millikan	10.00									
Secretary	0.00	x		x				0	0	0
(8) John Myers										
2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10.00									
Treasurer	0.00	X		X				0	0	0
(9) Dynda Post										
Member	5.00							_		
(10) Julie Sellmeyer	0.00	Х		_	_	-	-	0	0	0
(.o,ourre perrmeyer	10.00									
Board Chair	0.00	$ \mathbf{x} $		x				o	0	0
(11)Alicia Smith						\Box				
Member	5.00 0.00	x						0	0	0

Part VII Section A. Officer	s. Directors. Tru	ietoo	OK.	Lar	non	ıa	Inc	73~148	32426			Pag
	7 20.013, 110	1	, , N	ey E	mpi (C)	oyee	s, an	d Highest Compensated	Employees (continued)			
(A)	(B)	1,	do ==-	Po	sition	- 41						
Name and title	Average	b	ox, un	less p	erson	e than Is bot	h an	(D) Reportable	(E)	l	(F)	
	hours per week	0	fficer	and a	direct	or/trus	tee)	compensation	Reportable compensation		nated amo	ount
	(list any hours for	or din	Instit	Officer	Key	eng	Former	from the organization (W-2/	from related organizations (W-2/	cor	npensatio	ก
	related	ector	l di	ū	Key employee	oyee o		1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	orga	nization a	
	organizations below	or director	Institutional trustee		уее	Highest compensated employee		,	1009-1450)	related	l organiza	tions
(12) Kit Waters III	dotted line)	_ •	tee			sated						
(12) Kit Waters U. (12)		İ										
Member	5.00	x	1						ľ			
(13) Kristina Ulre	У	1				\vdash		0	0			
(13)	5.00											
Member (14) Daniel Webste	0.00	X						0	0			
(14)	10.00											-
Board Vice Chair	0.00	x		x								
45)								0	0			
(15)					V N				1			
							_					
16)												
17)												-
				- 1				1				
(0)							\dashv					
18)				- 1					8			
		-	4	_	_							
19)												
1b Subtotal					Ц.		-					
o Total Holli Continuation sheet	s to Part VII, Se	ction	A			7.555	-					
u Total (add lines 1b and 1c)												
2 Total number of individuals (inclure reportable compensation from the	Jding but not limit e organization	ted to	thos	e lis	ted a	bove) who	received more than \$100,0	000 of			-
							-				TV.	1 41
employee on line 1a? If "Ves " co	ner officer, direct	or, tru	stee	, key	emp	oloye	e, or	highest compensated			Yes	No
							and	other compensation from the		3	4	X
individual	morro groater trial	Ψισ	0,00	U.S. II	re	s, cc	mple	te Schedule J for such				
Ulu ariv derson listed on line 1a r	eceive or accrue			ation	fron	any	unre	lated organization or individe	uol	4	1	X
for services rendered to the organication B. Independent Contractors	nization? If "Yes,	" com	plete	Sch	iedu	le J f	or su	ch person		5		х
Complete this table for your five b	ighost same		1.5		_		_					
		ensa	tion f	or th	e cal	enda	r yea	r ending with or within the o	00,000 of rganization's tax year			
Name and bu	A) Isiness address							Description	of services		(C) Compensat	rana iii
											uniperisal	aon
						+						
										1		
		_		_		-	_					
						1				_		
Total number of independent	rooteur (III i III											
Total number of independent control received more than \$100,000 of co	ompensation from	but in the	not lii orga	mitec nizati	to t	hose	listed	d above) who	1620			
4		-	-		-	_	_		0	1		

Part VIII Statement of Revenue
Check if Schedule O contains a response or note to any line

-	-	Crieck	3cn	edule O con	tains	a respo	nse or not	e to any line in t	his Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated camp	aigns	MITSTOWNSHAM.	1a		16,500				
in a	b	 Membership due 	9S		1b		- /	1			
S, E	c	Fundraising eve	nts		1c	1		1			
a if	d	Related organiza	ations		1d			1			
S,C	е	Government grants (c	ontributio	ns)	1e	1	135,090	1			
500	1	All other contributions	, gilts, gra	ints.	10	1	133,030	+			
port	_	and similar amounts n	ot include	ed above	1f		230,754	ļ			
FO	g	Noncash contributions lines 1a-1f			100	Φ.]			
Sol	h	Total. Add lines	1a-1f		1g	Φ		300 344			
			100 11					382,344			
d)	2a						Business Code				
.Š	Ь				10000011	*********					
Program Service Revenue	C	* * ***********************************	3 da			******					
am	d	16 · · · · · · · · · · · · · · · · · · ·				******					
50	e	· · · · · · · · · · · · · · · · · · ·				10000000					
ď	1	All other progran	n senin								
	a	Total. Add lines	22_2f	o revenue							
	3	Investment incor	ne /incl	Luding dividende	intoro						
	-	other similar amo	no (mo								
	4	Income from inve		t of toy overeal b	W 1	5	errener :	5,445	5,445		
	5										
	Ĭ	Royalties	T	(I) Real							
	6a	Gross rents	6a	(i) Noai		(0)	Personal				
	b	Less: rental expenses	-		_						
	c	Rental inc. or (loss)	6c		_						
	d	Net rental income		201	_						
		Gross amount from	01 (103	(I) Securities							
		sales of assets	7.	(i) Securiles		(11)	Other				
a	b	other than inventory Less: cost or other	7a								
ğ		basis and sales exps.	76								
eve	С	Gain or (loss)	7b 7c			-					
Other Revenue	4										
Ĕ.	8a	Net gain or (loss) Gross income from	fundeoi	olog gyente		**********					
١	-	(not including \$	iuiiuiai	sing events							
		of contributions rep	ortod or	ding.							
		1c). See Part IV, lin	. 10								
	b	Less: direct expe			8a 8b						
		Net income or (lo		m fundroloina eu							
	92	Gross income fro	m nam	ing ev	ents		*********				
- 1		activities. See Pa	niiyaiii ≓IV lir	20.10	0-						
	h	Less: direct expe	nsee	10 10 STORES	9a 9b						
	c	Net income or (lo	ss) from	n gaming activity						U.	
	10a	Gross sales of in	venton/	المود ا	US						
		returns and allow			10a						
	Ь	Less: cost of goo		4	10b						
	С	Net income or (lo	ss) from	n sales of invent							
S				Janes of Hivorit	J	********	Business Code				
iscellaneous Revenue	11a			************			-uomosa COUR				
and	b	2 000000000000000000000000000000000000		**********		*******					
e e	C	***************************************				5.555.555.5					
MIS	d	All other revenue	******		1000000	diameter :					
-	е	Total. Add lines 1	1a-11	d	e e e e e e e	*********	Contract Comment of the				
	12	Total revenue. S	ee inst	ructions		*********		387,789	E 445		
					111111			301,189	5,445	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) (C) (D) Fundralsing Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 227,853 160,013 67,840 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 510 510 Payroll taxes 15,993 11,209 4,784 Fees for services (nonemployees): Management Legal Accounting 6,315 6,315 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 21,850 18,685 3,165 2,388 12 Advertising and promotion 2,388 Office expenses 13 10,248 750 9,498 Information technology 14 15 Royalties 16 Occupancy 37,877 37,877 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 -1,294-1,294Insurance 23 15,137 8,403 6,734 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.) fundraising 6,811 6,811 miscellaneous 2,008 2,008 background checks 1,674 1,674 bank fee 292 292 e All other expenses 25 Total functional expenses. Add lines 1 through 24e . 347,662 240,619 6,811 100,232 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		AN WAY PARE INSTANTANCE SAND	86,408	1	114,415
2	Cavings and temporary cash investments		II.	41,867	2	47,312
3	1 100ges and grants receivable, riet		PROPERTY AND ADDRESS OF A STATE OF THE PROPERTY OF THE PROPERT	12,375	3	12,375
4	Accounts receivable, net			17,327	4	19,651
5	Loans and other receivables from any current or form	ner officer, director,				
	trustee, key employee, creator or founder, substantia	al contributor, or 35%	,			
	controlled entity or family member of any of these pe	rsons	. 19:57:5:59:57:000.000000		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)(E	3)		6	
7	Notes and loans receivable, net				7	
8	inventories for sale of use				8	
9	r repaid expenses and deferred charges		Museumperoses	2,513	9	1,683
10a	Land, buildings, and equipment: cost or other	1 1				
	basis. Complete Part VI of Schedule D	10a	33,819			
b	Less: accumulated depreciation	10b	27,257	1,286	10c	6,562
11	Investments—publicly traded securities		provincius pur estatem i	1,900	11	1,900
12	investments—other securities. See Part IV, line 11		I		12	
13	Investments—program-related. See Part IV, line 11	*****************			13	
14	intangible assets				14	
15	Other assets. See Part IV, line 11	a Maranarde a Marci de Berlando e de Companyo de Compa	INDEX YOUR TOUR PORTER OF THE		15	
16	Total assets. Add lines I through 15 (must equal lin	10 33)		163,676	16	203,898
17	Accounts payable and accrued expenses			12,487	17	7,360
18	Grants payable		CALL COLOR DE COLOR D		18	.,,
19	Deferred revenue				19	
20	rax-exempt bond habilities				20	
21	Escrow or custodial account liability. Complete Part	V of Schedule D			21	
22	Loans and other payables to any current or former of	ficer, director,				
	trustee, key employee, creator or founder, substantia		,			
	controlled entity or family member of any of these pe	rsons			22	
23	Secured mortgages and notes payable to unrelated t	hird parties	******************		23	
24	Unsecured notes and loans payable to unrelated thin				24	
25	Other liabilities (including federal income tax, payable				27	
	parties, and other liabilities not included on lines 17-2	24). Complete Part X				
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			12,487	26	7,360
	Organizations that follow FASB ASC 958, check	here X	311111111111111111111111111111111111111	12/10/	20	7,300
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			138,814	27	184,163
28	Net assets with donor restrictions			12,375	28	12,375
	Organizations that do not follow FASB ASC 958,	check here		12,313	20	12,313
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funda				20	
30	Paid-in or capital surplus, or land, building, or equipn	nent fund	0.007		29	
31	Retained earnings, endowment, accumulated income	or other funds			30	
32		o, or other fullus		151,189	31	196,538
					477	170.358

Form **990** (2024)

orn	990 (2024) CASA of Northeast Oklahoma Inc 73-1482426			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				90 12
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	87.	789
2	. otal oxportoes (must equal 1 at 1X, coluitin (A), lifte 23)	2			662
3	Total de las expenses. Gubti act inte 2 mont inte 1	3			127
4	The assets of fund balances at beginning of year (must edual Part X, line 32 column (A))	4			189
5	iver unrealized gains (losses) on investments	5		J-,	100
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Filor period adjustments	8		5	222
9	Other changes in net assets or fund balances (explain on Schedule O)	9		5,	444
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	3			
	32, column (B))	10	1	96,	520
Pa	rt XII Financial Statements and Reporting	10]		90,	336
	Check if Schedule O contains a response or note to any line in this Part XII				(T
	The first of the f			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			res	IVO
	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?		20		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2a		_
	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?				v
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	ç <u>.</u>	2b		<u>X</u>
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	
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?				
	If the organization changed either its oversight process or selection process during the tax year, explain on		2c		
	Schedule O.				
За	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. Port 200, Subport F2				
b		· · •(e)*· · · · ·	3a		
-	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.				
	required about or abouts, explain why on Schedule U and describe any steps taken to undergo such audits		_ 2h	- 1	

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

CASA of Northeast Oklahoma Inc

Employer Identification number 73–1482426

P	art	Reas	on for Public Charity	Status. (All organization	one much	complete	/5 II	02420
The	orga	nization is not	a private foundation because	it is: (For lines 1 through 12, cl	ons musi	complete	e this part.) See instruc	ctions.
1		A church co	nvention of churches or asso	ciation of churches described	neck only o	10 DOX.)	48).	
2	Ħ	A school des	cribed in section 170/b\/1\/	WIN (Attack Cabatala E (East	in section	170(b)(1)(A)	(i).	
3		A hospital or	Cocoporative benefit and in	N)(II). (Attach Schedule E (For	m 990).)			
4		A modical re-	a cooperative nospital service	organization described in sec	tion 170(b)	(1)(A)(III).		
~		oity and stat	search organization operated	in conjunction with a hospital d	lescribed in	section 170	O(b)(1)(A)(III). Enter the hosp	ital's name,
_		city, and state	· · · · · · · · · · · · · · · · · · ·					
5		An organizati	on operated for the benefit of	a college or university owned of	or operated	by a governr	nental unit described in	
6		Section 170((b)(1)(A)(iv). (Complete Part	II.)				
7	X	An argenizati	itte, or local government or gov	vernmental unit described in se	ection 170(b)(1)(A)(v).		
		described in	section 170(b)(1)(A)(VI). (Co	ubstantial part of its support fro omplete Part II.)		mental unit o	or from the general public	
8	H	A community	trust described in section 17	70(b)(1)(A)(vi) . (Complete Par	t II.)			
9		An agriculture or university:	al research organization desc or a non-land-grant college of	ribed in section 170(b)(1)(A)(i agriculture (see instructions).	ix) operated Enter the na	in conjunct ame, city, an	on with a land-grant college d state of the college or	
10		support from	gross investment income and	more than 33 1/3% of its support t functions, subject to certain e l unrelated business taxable in 1975. See section 509(a)(2).	exceptions;	and (2) no m	ore than 33 1/3% of ite	
11		An organizati	on organized and operated ex	clusively to test for public safe	tv. See sec	ion 509(a)(4)	
12		An organizati	on organized and operated ex	clusively for the benefit of, to p	erform the t	unctions of	or to carry out the purposes	of
		one or more p	publiciy supported organizatio	ns described in section 509(a) ribes the type of supporting or)(1) or sect	on 509(a)/2	See section 500/a)/3) CI	heck
	a b	the supportin	A supporting organization oper orted organization(s) the power organization. You must co A supporting organization sup	ated, supervised, or controlled or to regularly appoint or elect a mplete Part IV, Sections A a ervised or controlled in connecting organization vested in the sa	by its supp majority of nd B. ction with its	orted organi the directors	zation(s), typically by giving s or trustees of the	
		organizat	ion(s). You must complete I	Part IV. Sections A and C	arrie person	s that contro	or manage the supported	
	C	Type III 1	functionally integrated. A si	upporting organization operated	lin connect	ion with an	d functionally integrated with	
		its suppo	rted organization(s) (see instr	uctions). You must complete	Part IV, Se	ections A. C	a runctionally integrated with,	
	d	Type III ı	non-functionally integrated	. A supporting organization ope	erated in co	nection with	its supported organization/s)
		tnat is no	t functionally integrated. The c	organization generally must sat	isfy a distrit	oution requir	ement and an attentiveness	
		Charlette	ent (see instructions). You m	ust complete Part IV, Section	ns A and D	, and Part V	' .	
	е	functiona	is box if the organization recei lly integrated, or Type III non-	ved a written determination from functionally integrated supporti	m the IRS ti	nat it is a Ty	pe I, Type II, Type III	
	f	Enter the num	nber of supported organization	is	ng organiza	tion.		
	g		llowing information about the			C + 0 + 1 + 1 + 1 + 1 + 1		TIMOME .
(i)	Nam	e of supported	(II) EIN	(lii) Type of organization	(iv) le the	organization	/v) Amount of	4.0.4
	org	anization	.,	(described on lines 1-10		ur governing	(v) Amount of monetary support (see	(vI) Amount of other support (see
				above (see Instructions))		ment?	instructions)	Instructions)
	_				Yes	No		
(A)								
(B)								
(C)	-							
(C)								
(D)								
(E)								
·-/								
ota								

Schedule A (Form 990) 2024 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 330,050 390,421 382,344 1,102,815 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 330,050 390,421 382,344 1,102,815 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 1,102,815 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total Amounts from line 4 330,050 390,421 382,344 1,102,815 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 Gross receipts from related activities, etc. (see instructions) 1,102,815 12 12 56,324 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 14 100.00% Public support percentage from 2023 Schedule A, Part II, line 14 15 15 100.00% 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 16a box and **stop here**. The organization qualifies as a publicly supported organization X 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 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 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 _____

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Instructions

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.)

Sec	ction A. Public Support	quality dilicor	tile tests listed	below, please	complete Fart	11.)	
Cale	ndar 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.")			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4) 2020	(0) 2024	(i) Total
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.)						
Sec	tion B. Total Support	·					
Cale	ndar 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 orga	anization's first see	and third fourth a	- 6'60-			
	organization, check this box and stop here						
Sec	tion C. Computation of Public Si	upport Percen	itade				**************************************
15	Public support percentage for 2024 (line 8, c	column (f), divided b	ov line 13. column (f))		15	9/
16	T dollo support percentage from 2023 Sched	lule A, Part III, line	15	II commonweal and a second	****************	16	%
Sec	tion b. computation of investine	mi income Pe	rcentage				%
17	Investment income percentage for 2024 (line	10c, column (f), di	ivided by line 13, co	lumn (f))		17	0/.
18	investment income percentage from 2023	Schedule A, Part III	l, line 17			18	%
19a	33 1/3% support tests — 2024. If the organ	nization did not ched	ck the box on line 1	4, and line 15 is mo	re than 33 1/3%, a	nd line	
	17 is not more than 33 1/3%, check this box	and stop here. Th	e organization qual	fies as a publicly su	upported organizati	on	
b	33 1/3% support tests — 2023. If the organ	nization did not ched	ck a box on line 14	or line 19a, and line	16 is more than 33	3 1/3%, and	
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization of	qualifies as a public	ly supported organ	ization	*****
20	Private foundation. If the organization did r	not check a box on I	line 14, 19a, or 19b	, check this box and	see instructions		**************************************

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.
- 2 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- b 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.
- 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)? 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.
- 5a 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 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.
- **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? 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.
- b 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.)

,	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b Schedule A		

"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would

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.

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.

have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

3a

Sched	ule A (Form 990) 2024 CASA of Northeast Oklah	oma Inc	73-1482	2426 Page 6	
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organizat	ions	2426 Page 6	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 20, 1970 (e	explain in Part VI). See		
	instructions. All other Type III non-functionally integrated supporting organization	ns must complete S	ections A through E.		
Sect	ion A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1		(optional)	
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				
6	Portion of operating expenses paid or incurred for production or collection	5			
	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			
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see			(optional)	
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
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			
Sect	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				

Schedule A (Form 990) 2024

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

emergency temporary reduction (see instructions).

(see instructions).

Schedule A (Form 990) 2024 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V 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 2 organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 **(l)** (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions Underdistributions** Distributable Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 Underdistributions, if any, for years prior to 2024 (reasonable cause required-explain in Part VI). 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. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 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...

Schedule A (Form 990) 2024

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