Ober & Littlefield, CPA's PLLC Certified Public Accountants 124 South Main St Miami, OK 74354

Tax Return CASA of Northeast Oklahoma, Inc. 2020

Form 512E 2020



Oklahoma Return of Organization Exempt from Income Tax Section 501(c) of the Internal Revenue Code

- beginning: ending		lace an 'X' if:			Amended ret	um (See Schedule
7/1 , 2020 6/3	0 , 2021 (1)	Initial re	turn (2) Final re	tum (3)	512E-X on pa	age 2)
Name of organization			Federal Employer Identification	on Number		
CASA OF NORTHEAST OKLA	HOMA, INC.	1 2	73-1482426			
Address (number and street)		123 16 5	Date qualified for tax exempt	status		
103 E. CENTRAL SUITE 5		1.0				
City, State or Province, Country and ZiP or For	reign Postal Code			OFFICE USE	ONLY	
MIAMI, OK 74354		1.5				
PART 2: STATEMENT OF UN	RELATED BUSIN	ESS TAXAB	I F INCOME (Please	read instruction	ne on name	2-31
			То	tal Federal		cable Oklahoma
A Total unrelated trade or busines					0	
B Total unrelated trade or busines					0	
C Unrelated business taxable inco	ome - enter here and o	on line 1 below			0	
INCOME SUBJECT TO TAX						
1 Unrelated business taxable inco						0
2 Other net income - enclose sch						
3 Oklahoma Capital Gain deduction						
4 Oklahoma taxable income (total	of lines 1, 2 and 3)				4	0
TAX COMPUTATION						
5 Tax at 6% of line 4. If Trust - Se						
If recapturing the Oklahoma Afford						
enter a '2' in the box. If making a						
68 O.S. Sec. 2368(K), add the ii					5	C
6 Less: Other Credits Form (total						0
7 Balance of tax due (line 5 minus						С
8 2020 Oklahoma estimated tax a	ind extension paymen	its and prior ye	ar carryforward		8	
9 Oklahoma withholding (provide						
10 Amount paid with original return	and amount paid afte	er it was filed (a	amended return only)	<u></u>	10	C
11 Any refunds or overpayment ap	plied (amended return	n only)			11 (0)
12 Total of lines 8 through 11	8				12	C
13 Overpayment (if line 12 is larger						C
Amount of line 13 to be credited ine 15 provides you the opportunity to make a fir organization from page 3 of this form in the box b the the box and attach a schedule showing how you	nancial gift from your refund t elow and enter the amount yo u would like your donat <u>ion</u> sp	o a variety of Oklaho u are donating, If gi lit.	oma organizations. Place the I ving to more than one organiz	ine number of the ation, put a "99"		C
Donations from your refund			\$		15	0
Add lines 14 and 15 and enter a						· O
17 Amount to be refunded to you (li	ine 13 minus line 16)			Refund	17	_ C
Direct Deposit Note:	Is this refund going to	or through an acc	ount that is located outsid	e of the United S	tates?	Yes N
All refunds must be by direct deposit. See Direct Deposit Information on	Deposit my refund		hecking account	100000000000000000000000000000000000000	account	
page 4 for details.	Routing Number:		Account Number:			
8 Tax Due (if line 7 is larger than I	ine 12 onter tay due)			Tay Dua	10	0
of rax bac (in line i is larger than i	operal Povenue Fund (Fe	- info ti	6 h:- 61 0 40	lax Due	10-	
9 (a) Donation: Support the Oklahoma G		r miormadon (edarc	iing ulis iunu, see page 3, #3			C
9 (a) Donation: Support the Oklahoma G			fund see page 2 #01		10h	
(a) Donation: Support the Oklahoma G(b) Donation: Public School Classroom	Support Fund (For informa	ation regarding this	fund, see page 3, #8)		19b	C
 (a) Donation: Support the Oklahoma G (b) Donation: Public School Classroom For delinquent payment, add pe 	Support Fund (For information and Support Fund (For information and Support Su	ation regarding this est at 1.25% pe	er month		20	С
 (a) Donation: Support the Oklahoma G (b) Donation: Public School Classroom For delinquent payment, add pe Underpayment of estimated tax 	Support Fund (For information of 5% plus interestinterest	ation regarding this est at 1.25% pe	er month Annu	ualized	20 21	C (
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(a) Donation: Support the Oklahoma G (b) Donation: Public School Classroom For delinquent payment, add pe Underpayment of estimated tax Total tax, penalty and interest du Under penalty of periory. Lectare the information	Support Fund (For information nalty of 5% plus interestinterest	ation regarding this est at 1.25% pe cay in full with attachments and sci	Annument of Preparer Christie Littlefield Printed Name Annument of Preparer Christie Littlefield	ualized	20 21 22 owledge and beli	C C C

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For th	e 2020 ca	lendar year, or tax year i	beginning	7/1/2020	, and e	nding	6/	30/2021	
В	Check if	applicable:	C Name of organization	CASA of Northea	st Oklahoma, Inc.			D Employ	er identifi	cation number
\Box	Address	change	Doing business as							
\Box	Name ch	aango	Number and street (or P.O	box if mail is not deli	ivered to street address)	Room/suite	- 1	73-148242	26	
\vdash	ivanie ci	lange	103 E. Central Suite 50	00				E Telepho	ne numbei	
	Initial ret	urn	City or town		State	ZIP code				
	Final return	n/terminated	Miami		OK	74354			4	
믐			Foreign country name	Foreign pro	vince/state/county	Foreign postal	code		- 1	
Ш	Amende	d return						G Gross re	celpts \$	409,958
	Applicati	on pending	F Name and address of princ	cipal officer:			H(a) Is thi	s a group cetur	r or subord	rates? Yes X No
			Ashley Landon 7506 E.	. 560 Road, Clare	emore OK 74019		I .	all subordine		
$\overline{}$	Tay ava	mpt status:					1:	lo," altach a	*	
÷				() (In	sert no.) 4947(a)(1	1) or 527	-	o. aleach a	IISL SEE II	istructions
	Website	e: Cas	aneok.org				H(c) Grou	up exemption	number	<u> </u>
K	Form of	organization	n: X Corporation Tr	ust Association	Other ▶	L Yea	ar of format	ion 1995	, Ms	tate of legal domicile: OK
F	art I	Sui	mmary							
	1		escribe the organization	n's mission or mo	st significant activitie	es: CAS	A of Nor	theast Ok	lahoma	provides a
8	1		r abused and neglected				tawa			
an	1	Delawar	e and Washington coun	ties, as well as th	ne Quanaw Ntation's	s tribal court	<i>J</i> 7			
Activities & Governance	2					200	-	then OF0/	-6 is-	
Ó	3		of voting members of the	gariization discor	tinued its operations	s or aisposea	ormore	than 25%	1 1	
∞ 5	4		of voting members of the						3	11
98	1	Tatal	of independent voting n	nembers of the g	overning body (Fart	Vivline 1b).	2 5 2	T 1 1 1	4	11
풀	5		mber of individuals emp					8 2 4 2	5	9
퓽	6		mber of volunteers (esti			NE REP		€ € €	6	
•	7a	l otar un	related business revenu	ie from Part VIII,	column (C), line 12	2 (8): N: 02 N: 16	#S 90 000	8 3 6	7a	0
_	b	Net unre	elated business taxable	income from Fori	m 990-T, Part I, line	11			7b	0
		02212	Alteria e constitui di secono per diperco di vi	WWW.TMESSTOCKNESS	-			Prior Year		Current Year
e	8		itions and grants (Part V			1 12 10 15 10		4(08,763	400,532
Revenue	9		service revenue (Part \						0	0
æ	10		ent income (Part VIII, co						847	9,426
	11		venue (Part VIII, column						0	0
_	12	Total rev	enue—add lines 8 through	n 11 (must equal F	an VIII, column (A), I	ine 12)		40	09,610	409,958
	13		and similar amounts paid			89. 35 St 16			0	0
	14		paid to or for members			50 (5 1), (5			0	0
88	15		other compensation, emp					3	13,789	312,314
91.5	16a		onal fundraising fees (P			20 06 24 29			0	0
Expenses	b	Total fur	ndraising expenses (Par	fIX, column (D).	line 25) ▶	56,868	100		0 25	
ш	17	Other ex	penses (Part IX, column	n (A) Ines 11a-1	l1d, 11f–24e)	80 8 8 8			91,317	83,586
	18	Total exp	penses. Add lines 13-17	7 (must equal Pa	rt IX, column (A), lin	e 25) 🚎 🖫		4(05,106	395,900
_	19	Revenue	e less expenses. Subtra	ct line 18 from lin	ie 12	00 19 KL (K 19C			4,504	14,058
8 or			(7)				Beginni	ng of Curre	nt Year	End of Year
Net Assets o	20		sets (Part X, line 16)	088 88 84		# a # #		10	08,586	121,261
Pt A	21		oilities (Part X, Jine 26).	9 8 9 6 8 96		5 5 5 5 5 5 S			15,283	13,900
		Net asse	ets or fund balances. Su	btract line 21 from	m line 20	1 8 8 8 4	11		93,303	107,361
	irt II		nature Block		7					
Unde	er penalti	es of perjury	, I declare that I have examine	d this return, including	accompanying schedules	s and statements.	and to the	best of my	knowledge	
and	belief, it is	s true, corre	ct. and complete. Declaration of	i preparer (other bar)	officer) is based on all inf	ormation of which	preparer	has any knov	vledge:	
Sig	ın) ,	Mylan	1	0 V			1	1-//	-2/
He			Signature of officer					Date		
		- X - X -	Ashley Landon AND	LEW HAIR	E, BOARD CH	AIR -1112	2020 - [111120	21	
			Type or print name and title							
		Print	Type preparer's name	Pre	parer's signature		Date		Ob F	PTIN
Pai		Chri	stie Littlefield	Ch	ristie Littlefield		11/	9/2021	Check self-emple	if oved D01790791
	parer		VASUU	SAC(\$7)(045)						1.011,00101
Us	e Only			field, CPA's PLL				Firm's EIN	0.000 45.0000	
_			s address ► 124 South M					Phone по.	(918)	542-4401
May	the IR	S discuss	s this return with the pre	parer shown abo	ve? See instructions	S	** ** **		90 to 90	X Yes No

8879-EC

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

ioi all Exoli	.p	garnzacion		
For calendar year 2020 or fiscal year beginning	7/1	2020, and ending	6/30	20.21

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-0047

Name of exempt organization or person subject to tax Taxpayer identification number CASA of Northeast Oklahoma, Inc. 73-1482426 Name and title of officer or person subject to tax Andrew Haire Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b Form 990-EZ check here ▶ Form 1120-POL check here b Total tax (Form 1120-POL, line 22). Form 990-PF check here **b** Tax based on investment income (Form 990-PF, Part VI, line 5) Form 8868 check here 6a Form 990-T check here ▶ 7a Form 4720 check here ▶ **b** Total tax (Form 4720, Part III, line 1) 7h Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to name of organization) CASA of Northeast Oklahoma, Inc. (EIN) 73-1482426 and that I have examined a copy true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only Ober & Littlefield, CPA's PLLC to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS/Fed/State program will enter by PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 73776344154 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/9/2021 **ERO Must Retain This Form—See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

	990 (2020)	CASA of Northeast Oklahoma, Inc.		73-1482426	Page 2
P	art III	Statement of Program Service Accomplisher Check if Schedule O contains a response or no	nents		
1	Briefly d	escribe the organization's mission:	ne to any line in this Part III	20 C	
•		Northeast Oklahoma provides a voice for abused and	neglected children in the		
	courts o	Rogers, Mayes, Craig, Ottawa, Delaware and Washing	iton counties, as well as the		
		Ntation's tribal court.			
2		rganization undertake any significant program services		1 7	
		Form 990 or 990-EZ?		Yes	X No
3		rganization cease conducting, or make significant chan	ages in how it conducts, any program	A	
•	services			Yes	X No
	If "Yes,"	describe these changes on Schedule O.			IX NO
4	Describe	the organization's program service accomplishments for	or each of its three largest program serve	ices, as measured by	
	expense	s. Section 501(c)(3) and 501(c)(4) organizations are rec	quired to report the amount of grants and	d allocations to others,	79
	the total	expenses, and revenue, if any, for each program service	e reported.		
4a	(Code:) (Expenses \$ 238,783 include	ing grants of \$	/enue \$	
	•	pointed special advocate (CASA) services for children v		enue p	/
	their par	ents or guardians. Our CASA Volunteers: 1) Complete a	an investigation of the child's		************
	circumst	ances and interview significant adults in the child's life;	2) Facilitate any services the		*************
		need while living in Foster Care; 3) Monitor the parent			
		t plans, and monitor the child's safety, permanency nee			
	interests	visits with the child at least every 30 days; and 4) Adverge of the child, filing a written report to the court with recor	ocate in coun for the best		
	child's ci	cumstances and progress and the parent's circumstance	ces and progress		
	*****		<i></i>		
					
4b	(Code:) (Expenses \$ Includi	ng grants of \$) (Rev	venue \$	- A
		• ()	//g grams or 4 /(i.e.		
	********		***********		
			***************************************	******************	

	***************************************	(<u>\</u>			
	*		***************************************		
4c	(Code:	(Expenses \$ includi	ng grants of \$) (Rev	renue \$	
					•
		V			
	******	······································			

	******		***************************************		
4d	Other pro	gram services (Describe on Schedule O.)			
Ψu	(Expense	,	0)(Revenue \$	0)	
40		Iram service expenses:	2) (I/cveride 3	0)	

Part IV **Checklist of Required Schedules**

			162	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		V	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Χ	
	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 Revenue Procedure 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D. Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
4.0	negotiation services? If "Yes," complete Schedule D, Part IV	9		_ X
10	Did the organization, directly or through a related organization, hold assets in donor restricted endowments			
4.4	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1656
9	VII, VIII, IX, or X as applicable.	ES/M	COLE I	BUILD A
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		\ \	
ь	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	Х	
	of its total assets reported in Part X. line 16? If "Yes," complete Schedule D. Part VII.	11b		_
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		X
	of its total assets reported in Part X, line 16? If "Yes." complete Schedule D, Part VIII.	11c	The state of	Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X.	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
4.2	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		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	Х
IJ	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			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4.5	1	~
16	Did the organization report on Part IX, column (A), line 3 more than \$5,000 of aggregate grants or other	15		X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		
	on 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	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		Χ
20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a		Х
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		X

	of the dame a software continued			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
2/12	employees? If "Yes," complete Schedule J	23		X
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	-	X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		_
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
0.7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	SWA	(5)(5)	^
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	COLUMN TO SERVICE		137
а	A current or former officer, director, trustee, key employee, creater or founder, or substantial contributor? If			-
	If"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	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		Χ
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? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		_ X
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
37	organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
31	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		V
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	-	X
30	19? Note: All Form 990 filers are required to complete Schedule O.	20		
Par		38	X	
	Check if Schedule O contains a response or note to any line in this Part V	72 35	2	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	E 11		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	FLE		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		Section	
	gaming (gambling) winnings to prize winners?	1c		

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year enting with or within the year overed by this return. 2a g 3 bit at least one is reported on line 2a, did ne organization file alterquied federal employment lax returns? Note: If he sum of lines 1a and 2 is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have underlated business gross income of \$1.000 or more during the year? bit "Yes," has it filed a Form 990-F for this year? If "No" to fine 3b, provide an explanation on Schoolub O 4 At any time during the cellandar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. See instructions for filing requirements for FincEN Form 114. Report of Foreign Bank and Financial Accounts (FRAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b. Did any taxable party mortly the organization that it was or its garty to a prohibited bit shelter transaction at any time during the tax year? 5c. Did any taxable party mortly the organization that it was or its garty to a prohibited bit shelter transaction at any time during the tax year? 5c. Did any taxable party mortly the organization that it was or its garty to a prohibited bit shelter transaction at any time during the tax year? 5d. If "Yes," to line 5a or 5b, add the organization that it was or its garty to a prohibited bit shelter transaction at any time during the tax year? 5c. Did the organization received an amount gloss secreption that the responsable organization and the organization shelt was received the during the year and year years as secretary that the prohibited of the prohibit of the year years and services provided to the payor? 7c. Organizations that may receive deductible contributions under section 170(c). b) If "Yes," did the organization neithy as a prohibit of the year years and services provided to th	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	52426	189	age :
Statements, filed for the calandar year ending with or within the year covered by this return 2 9 bit at a least one is reported on line 20, did the organization file all required federal employment size returns? Note: If the sum of lines it and 2a is greater than 250, you may be required to e-five (see instructions) bit if regardization are unrelated business gross income of \$1,000 or more during the year? bit If Yes," has it fied a Form 990-T for this year? If Not 10 sine 30, provide an explanation on Schedule 0. 3b if Yes," has it fied a Form 990-T for this year? If Not 10 sine 30, provide an explanation on Schedule 0. 3b if Yes," enter the name of the foreign country (seurch as a bank account, securities account, or other financial accountry) bit Yes," enter the name of the foreign country (seurch as a bank account, securities account, or other financial accountry) bit Yes," enter the name of the foreign country (seurch so a bank account, securities account, or other financial accountry) bit is the organization apparty to a prohibited tax shelter transaction at any time during the tax year? bit is the organization apparty to a prohibited tax shelter transaction at any time during the tax year? bit is the organization apparty to a prohibited tax shelter transaction at any time during the tax year? city is the organization apparty to a prohibited tax shelter transaction at any time during the tax year? bit if Yes," to line 5a or 5b, cit dhe organization file form 8886-17? city is the companization selection shell with evers not tax deductible as charitable contributions are gifts were not tax deductible? city if it is organization selection include with every solicitation an express statement that such contributions are gifts were not tax deductible? bit if Yes," indicate the number of Forms 8282 filed during the year. bit if Yes," indicate the number of Forms 8282 filed during the year. bit if yes, indicate the number of Forms 8282 filed during the year. bit if yes, indicate the number of F				Yes	No
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against amounts due or received from them.) 11a Section 4947(a)(1) non-exempl charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified corprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. 15 X		Gross income from members or shareholders.			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) quantied comprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand. Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. 15 X	Ŋ	against amounts due at received from them.			
If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified comprofit health insurance issuers. 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. 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 reserves on hand. Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. 15 X	12a		1000	500	5.
Section 501(c)(29) qualified corprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand. Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. 15 X		If "Yes " enter the amount of taxes empt interest received or accrued during the year.	12a	01.00	max
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 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. 13a 13a 13b 13b 13c 13b 13c		Section 501(c)(29) qualified nouncrofit health insurance issuers			
Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand 13c 13b 13c 14a		Is the organization licensed to issue qualified health plans in more than one state?	42-	A REAL	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. 15 X		Note: See the instructions for additional information the organization must report on Schedulo O	13a	NO.	19
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. 15 X	b	Enter the amount of reserves the organization is required to maintain by the states in which	201		
c Enter the amount of reserves on hand. 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. 15 X		the organization is licensed to issue qualified health plans		25	\$
Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 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. 14a	С	Enter the amount of reserves on hand	10.30		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. 15 X	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year. 15 X	b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation on Schedule O	-	-1	-,
excess parachute payment(s) during the year	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		-	
			15		X
The state of the s		If "Yes," see instructions and file Form 4720, Schedule N.	(38)	8.73	
16 In the experientian and all the state of	16		16	-	X
If "Yes," complete Form 4720, Schedule O.				100	

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	structi	ions.
Sec	tion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			70
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 supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization s assets?	5		X
6 7a	Did the organization have members or stockholders?	6		X
b	one or more members of the governing body?	7a		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X
а	The governing body?	8a	X	IIII III OO
b	Each committee with authority to act on behalf of the governing body	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (Code.		
40-	Did the agreeication to a land of the land		Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa		9 4 7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	NEWSON.
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently menitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written cosument retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			13.2
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	THE R	2000	WES.
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's example status with respect to such arrangements?	4.61		
Sect	the organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	501(c))	
	Own website Another's website X Upon request Other (explain on Schedule O			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy.		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Child Advocates of Northeast Oklahoma, Inc. 918-325-7202	•		

103 E. Central, Suite 500, Miami, OK 74354

orm 990 (2020)	CASA	of Northeast	Oklahoma	Inc

73-1482426

Pane 7

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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.

	, ,						2 17			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dottec line)	box	unles er an	Pos neck	erson	of the signest compensated to be signest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Ashley Landon	1.00	1								
Member	0.00	X								
(2) Dynda Post	1.00	6.								
Member	0.00	X								
(3) Daniel Webster	1.00									
Member	0.00	X								
(4) Mylisa Gains	1.00									
Member	0.00	X								
(5) John Myers	1.00		П							
Treasurer	0.00	X		X						
(6) Andrew Haire	1.00									
President	0.00	X		X						
(7) Angela Henderson	40.00									
Executive Director	0.00	X								
(8) Tara Howard	1.00									
Member	0.00	X								
(9) Ben Barnes	1.00									=======================================
Member	0.00	X								
(10)										
(11)										
(12)										
(13)										
(14)										
				3 .						

(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson lirect	than o is both	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)									4	
(16)								2		
(17)										
(18)								\cup		
(19)						-				
(20)					4	1				
(21)			4		1		- 4			
(22)		#	9		1	-				
(23)										
(24)		-								
(25)	-,(
1b Subtotal		8 8	37	# 10	i E	ī iā	•	0	0	0
d Total (add lines 1b and 1c)		* ***	23 28	: S: :		# 100 # 12		0	0	0
2 Total number of individuals (including reportable compensation from the compensation)	ng but not limited to those lis organization ►	sted a	bov	e) w	vho	receiv	/ed	more than \$100	,000 of	0
3 Did the organization list any former employee on line 1a? If "Yes," com	officer, director, trustee, ke	y emp	oloy	ee,	or h	ighes	t cc	ompensated	And the second	Yes No
4 For any individual listed on line 1a the organization and related organization	is the sum of reportable con	npens	atio	n a	nd c	ther o	com	pensation from	7	
individual	Ваман намана ка	· ***	60		: 3	(* *))		6 × 300 × 9 × 9	6 × 16 × 100	4 X
for services rendered to the organiz	ation? If "Yes," complete So	chedu	le J	for	suc	h pers	son	anization or indivi	iduai	5 X
Section B. Independent Contractors 1 Complete this table for your five hig	hest compensated independ	dent c	onti	ract	ors	that re	есе	ived more than \$	100,000 of	
compensation from the organization	 Report compensation for t (A) 	he ca	lend	dar	yea	r endi	ng '	with or within the	organization's t	ax year. (C)
Name and	business address							Description of serv	ices C	Compensation
										0
										0
										0
Total number of independent contra more than \$100,000 of compensation	ctors (including but not limit on from the organization		thos	se li	sted	d abo	/e) 0	who received		

Form 990 (2020) CASA of Northeast Oklahoma, Inc. 73-1482426 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII... (B) (C) (A) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 15,000 1a Contributions, Gifts, Grants and Other Similar Amounts b Membership dues 1b 0 С Fundraising events 1c 18,410 1d Related organizations. 1e 251.371 f All other contributions, gifts, grants, and similar amounts not included above in 1f 115,751 Noncash contributions included in lines 1a–1f 1g Total. Add lines 1a-1f 400.532 Business Code Program Service 0 0 Revenue All other program service revenue: Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real 6a Gross rents 6a Less: rental expenses 6b 0 С Rental income or (loss) 6c Net rental income or (loss) d O (i) Securities 7a Gross amount from sales of assets other than inventory as a 7a Other Revenue **b** Less: cost or other basis and sales expenses 🖫 🛊 c Gain or (loss) 0 7c d Net gain or (loss) n 8a Gross income from fundraising events (not including \$ of contributions reported on line 16) See Part IV, line 18. 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 0 9a Gross income from gaming activities. See Part IV line 19. 9a b Less: direct expenses. 9b 0 c Net income or (loss) from gaming activities. 0 10a Gross sales of inventory less returns and allowances a 10a 10b 0 Net income or (loss) from sales of inventory . 0 Business Code Miscellaneous 0 11a 0 0

All other revenue v . Total. Add lines 11a-11d

Total revenue. See instructions.

12

0

0 409,958

0

	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other o	rganizations must c	omplete column (A).	
	Check if Schedule O contains a response or note				
-		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			Lord	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	- 0			
3	trustees, and key employees	0	1	0	
6	Compensation not included above to disqualified	0	- APRA	0	
•	persons (as defined under section 4958(f)(1)) and			M	
	persons described in section 4958(c)(3)(B)	284,933	74,035	63,059	47,839
7	Other salaries and wages	0	1.002	00,000	47,000
8	Pension plan accruals and contributions (include		4		
	section 401(k) and 403(b) employer contributions).	l ol			
9	Other employee benefits	0			
10	Payroll taxes	27,384	16,702	6,024	4,655
11	Fees for services (nonemployees):	b			2/2-2-2
а	Management	0			
b	Legal	0	lb .		
С	Accounting	18,350		18,350	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17 .	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	N. C.			
	(A) amount, list line 11g expenses on Schedule 0.)	0		0	
12	Advertising and promotion	2,272			2,272
13	Office expenses	4,361	660	3,701	
14	Information technology	0			
15 16	Royalties	28,932	20.022		
17	Occupancy	28,932	28,932		
18	Travel	0			
10	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,104	0	3,104	0
23	Insurance	5,573	2,449		
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	Dues	3,995	3,995		
b	Bank Charges/Other	1,699	1,349	350	
C	Employee Training	0			
d	Vehicle Expense	7,237	7,237		
е	All other expenses	8,063	3,424		2,102
25	Total functional expenses. Add lines 1 through 24e	395,900	238,783	100,249	56,868
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet CASA of Northeast Oklahoma, Inc.

Balario Office			
Check if Schedule O contains a response or note to any line in this Part X		x (5) 5	
	(A) Beginning of year		(B) End of year
Cash—non-interest-bearing	42,082	1	41.382

			Beginning of year		End of year
	1	Cash—non-interest-bearing	42,082	1	41,382
	2	Savings and temporary cash investments	29,214	2	38,640
	3	Pledges and grants receivable, net	7,500	3	7,500
	4	Accounts receivable, net	18,776	4	18,866
	5	Loans and other receivables from any current or former officer, director,	And the State of t		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0	1	
	6	Loans and other receivables from other disqualified persons (as defined		Acres 1	VENEZIONE MESSAMEN
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	BOUNDALONALISMAN STREET, T
e s	7	Notes and loans receivable, net		7	0
Assets	8	Inventories for sale or use	4 7	8	
⋖	9	Prepaid expenses and deferred charges .	1.827	9	3,425
	10a	Land, buildings, and equipment: cost or	intent mayorese treasur		3,423
		other basis. Complete Part VI of Schedule D 10a 23,976			
	b	Less: accumulated depreciation 10b 12.928	8,787	10c	11,048
	11	Investments—publicly traded securities	0.707	11	0
	12	Investments—other securities. See Part IV, line 11.	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	400	15	400
	16	Total assets. Add lines 1 through 15 (must equal line 33)	108.586	16	121,261
	17	Accounts payable and accrued expenses	15,283	17	13,900
	18	Grants payable	0	18	13,800
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
80	22	Loans and other payables to any current or former onicer, director,		O SWITE S	occupied security
Liabilities		trustee, key employee. creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons .	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			
		Part X of Schedule D	o	25	0
	26	Total liabilities. Add lines 17 through 25	15,283	26	13,900
9		Organizations that follow FASB ASC 958, check here ▶ X			
ances		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	83,065	27	94.204
ñ	28	Net assets with donor restrictions	10.238		84,394
Ē		Organizations that do not follow FASB ASC 958, check here ▶	10,236	20	22,967
Ţ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		20	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	29	
88	31	Retained earnings, endowment, accumulated income, or other funds	0	30	
Net Assets or Fund Bala	32	Total net assets or fund balances	0 202	31	407.554
S	33	Total liabilities and net assets/fund balances	93,303	32	107,361
_		Total habilities and fiet assets/fully palatices	108,586	33	121,261

Form	990 (2020) CASA of Northeast Oklahoma, Inc.	73-14	182426	Pac	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.	8 8 3	* 1	.]	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		409	9,958
2		2			5,900
3		3		14	1,058
4		4			3,303
5		5			
6		6			
7		7			
8		8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	A			
		10		107	7,361
Рагі	XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII	e vae 94 - 1	v = 9	28	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			65	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				100 A
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	85.58	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	20 21 12	2b	X	and the second
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			100	1
	separate basis, consolidated basis, or both;		200		
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				170
_	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	-
	If the organization changed either its oversight process or selection process during the tax year, explain on		20	7	(ACITY
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		A STATE OF THE PARTY OF THE PAR		-
	the Single Audit Act and OMB Circular A-133?	0.04 40	3a		Ιx
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	38 61 38	3b		

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

CAS	CASA of Northeast Oklahoma, Inc. 73-1482426							
Par		rity Status. (All or	rganizations must co	omplete t	his part.)	See instructions.		
	organization is not a private founda							
1	A church, convention of church				1000000	(A)(i).		
2	A school described in section		·					
3	A hospital or a cooperative hos	spital service organi	zation described in sec	tion 170(b)(1)(A)(iii	i).		
4	A medical research organization hospital's name, city, and state	on operated in conju e:	inction with a hospital o	described	in section	170(b)(1)(A)(iii). Er	iter the	
5	An organization operated for the section 170(b)(1)(A)(iv). (Con	ne benefit of a colleg	ge or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6	A federal, state, or local govern	nment or governmer	ntal unit described in s	ection 170	D(b)(1)(A)(v).		
7	X An organization that normally r described in section 170(b)(1)	eceives a substanti (A)(vi). (Complete F	al part of its support fro Part II.)	om a gove	rnmental i	unit or from the gene	ral public	
8	A community trust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)				
9	An agricultural research organ or university or a non-land-grau university:	ization described in nt college of agricult	section 170(b)(1)(A)(in ture (see instructions).	() operate Enter the	name, city	, and state of the co	llege or	
10	An organization that normally receipts from activities related support from gross investment acquired by the organization as	to its exempt function income and unrelat	ons—subject to certain red business taxable in	exception come (les	is, and (2) s section !	no more than 33 1/3 511 tax) from busine	3% of its	SS
11	An organization organized and	operated exclusive	ly to test for public safe	ety. See s e	ection 509	9(a)(4).		
12	An organization organized and of one or more publicly suppor Check the box in lines 12a thro	ted organizations de	escribed in section 509	9(a)(1) or	section 50	09(a)(2). See sectio	n 509(a)(3).
а	Type I. A supporting organization(organization. You must cor	s) the power to regu	ılarly appoint or elect a	by its supp majority	oorted orga of the direc	anization(s), typically ctors or trustees of th	y by giving he suppor	g ting
b	Type II. A supporting organic control or management of the organization(s). You must o	ization supervised one supporting organ	r controlled in connect ization vested in the sa	ion with its ame perso	s supporte ons that co	d organization(s), by ntrol or manage the	/ having supported	d
С	Type III functionally integr	ated. A supporting	organization operated	in connect	tion with, a	and functionally integ	rated witl	٦.
	its supported organization(s) (see instructions).	You must complete I	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionally in that is not functionally integrated requirement (see instruction	rated. The organizat	tion generally must sat	isfy a distr	ibution red	quirement and an att	janization tentivenes	(s) ss
е	Check this box if the organize	zation received a wr	itten determination from	m the IRS	that it is a	Type I, Type II, Typ	e III	
	functionally integrated, or Ty							
f ~	Enter the number of supported			s · · ·				0
g	Provide the following information (i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) A	mount of
		(.,, =	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other su	pport (see uctions)
				Yes	No			
(A)								======
(B)								
(C)								
(D)								
(E)								
Total				May Carl		0		0

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.").	399,845	345,363	350,818	408,763	382,122	1,886,911
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the))		
	organization without charge						0
4	Total. Add lines 1 through 3	399,845	345,363	350,818	408,763	382,122	1,886,911
5	The portion of total contributions by	A 18 98 MINE			A A CALL		
	each person (other than a		K B B III				
	governmental unit or publicly						
	supported organization) included on			March St.			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f).						
6	Public support, Subtract line 5 from line 4	Note: Edition	1250	National Control			1,886,911
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4.	399,845	345,363	350,818	408,763	382,122	1,886,911
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	294	1,241	1,588			3,123
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on any analysis and a						0
10	Other income. Do not include gain or		11				
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10		Myloroxol E 80				1,890,034
12	Gross receipts from related activities, etc. (se	e instructions)	g · g · · · ·	98		12	
13	First 5 years. If the Form 990 is for the organ	nization's first, seco	and, third, fourth, or	fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here.		9 BBBBB	70 (0.10 (0.	10 01 15 25		
	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (line 6, co	lumn (f), divided by	y line 11, column (f)) = = = = = = = =	area non a	14	99.83%
	Public support percentage from 2019 Schedu						99.81%
16a	33 1/3% support test—2020. If the organiza	tion did not check	the box on line 13,	and line 14 is 33 1.	/3% or more, ched	ck this box	
	and stop here. The organization qualifies as						. X
b	33 1/3% support test—2019. If the organiza	tion did not check :	a box on line 13 or	16a, and line 15 is	33 1/3% or more,	check this	W
	box and stop here. The organization qualifies	s as a publicly supp	ported organization	60 - 00 00 00 - 00 -	· (0. (98) 80 · 30 ·	9 90 8 9 9 9	10 10 N 10 P
17a	10%-facts-and-circumstances test—2020.	If the organization	did not check a bo	x on line 13, 16a, o	or 16b, and line 14	ļ.	
	10% or more, and if the organization meets the	e facts-and-circum	nstances test, checl	k this box and stop	here. Explain in		
	Part VI how the organization meets the facts-	and-circumstances	test. The organiza	tion qualifies as a p	publicly supported		
L	organization						3 720 10 A P
D	10%-facts-and-circumstances test—2019.	If the organization	did not check a bo	x on line 13, 16a, 1	16b, or 17a, and li	ne	
	15 is 10% or more, and if the organization me in Part VI how the organization meets the fact	ets the facts-and-c	ercumstances test,	check this box and	stop here. Expla	ain ed	
	organization .		DESCRIPTIONS	zadon qualifies as	a publicly support	cu	▶ □
	Private foundation. If the organization did no					186 A N A M A A A	
	instructions						
		585 W R (4) (4 14) 4	and the second of the second	1 H H D D H TWO DY DI	* * * * * * * *	* * * * * * * * *	

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
	+						0
6	Total. Add lines 1 through 5 and a second	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified	1					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b.	0	0	0	0	0	0
8	Public support (Subtract line 7c from	day to some of			TARROW THE RESIDENCE		U
•	line 6.)						0
Sac	ction B. Total Support						0
	ndar year (or fiscal year beginning in)	(a) 2016	(h) 2017	(-) 2040	(-1) 2040	(-) 0000	(0 T + 1
		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	- 0	0	0	0	0	0
10a	Gross income from interest, dividends						
	payments received on securities loans, rents						
	royallies, and income from similar sources : 🚃 🖟						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	- i		0	0	0	
• •							
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	ol	0	0
14	First 5 years. If the Form 990 is for the organ	nization's first, seco				•	
	organization, check this box and stop here						
Sac	tion C. Computation of Public Sup				1.1.1.11.11.11.11.11.11.11.11.11.11.11.	4 P S O C (2) N N	2 2 2 3 3
				F1.3			0.000/
15	Public support percentage for 2020 (line 8, co					15	0.00%
16	Public support percentage from 2019 Schedu					16	0.00%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (line					17	0.00%
18	Investment income percentage from 2019 Sc					18	0.00%
19a	33 1/3% support tests—2020. If the organiz	ation did not check	the box on line 14	and line 15 is m	ore than 33 1/3%,		
	not more than 33 1/3%, check this box and st						: W N = Q ►
b	33 1/3% support tests—2019. If the organiz						
	line 18 is not more than 33 1/3%, check this b						
20	Private foundation. If the organization did no						

Part IV Supporting Organizations

(Complete only if you checked a box in 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.
- 4a 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**.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in 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**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? 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.)

73		Yes	No
	1		
	2		112
	3a		
	3b		
	3с	ENGLES	
	4a	106 V	ESSIO)
	4b		
	4c		
	5a 5b		
	5c		
	6	D 0	
	7		
	8		
	9a		
	9b	MIN N	
	9c		
	10a 10b	E DES	

Part	V Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	
	11c below, the governing body of a supported organization?	11a
b	A family member of a person described in line 11a above?	11b
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	
Soct	detail in Part VI.	11c
Sect	on B. Type I Supporting Organizations	IN IN
1	Did the governing body members of the governing hady officers and a first light of	Yes No
'	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	Control Control
_	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	on C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Secti	on D. All Type III Supporting Organizations	
1	Did the organization provide to each of its currented experientions by the least the office of the fifth	Yes No
'	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	HER SEPTEMBER
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	100 Bit 100 Bi
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	CATE DESCRIPTION
	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 in line 2, above, did the organization's supported organizations have	S0 (4 (5) 4 (5) -
	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
	on 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 instr	uctions)
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 (se	e instructions)
2	Activities Test. Answer lines 2a and 2b below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	163 110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described in 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	Sign Sylves
	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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	Organiz	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		
instructions. All other Type III non-functionally integrated supporting orga	nization	s must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors	20,0		
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		C
7 Check here if the current year is the organization's first as a non-functional	ally integ	rated Type III supporting	organization (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part VI)	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	ne organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required—explain in Part VI), See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 0	是 第二次 经基金银行		
b	From 2016			
С	From 2017 0	Market Street,		
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e	0		
9	Applied to underdistributions of prior years		0	SECTION STATES
h_	Applied to 2020 distributable amount			0
i	Carryover from 2015 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f,	0		
4	Distributions for 2020 from			
	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4.	0		
<u>c</u> 5		0	INAMANTAND, WALLESTON FOR	
J	Remaining underdistributions for years prior to 2020, if any, Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3	RESIDENTIAL PROPERTY OF THE PROPERTY OF		
,	and 4c.	0		
8	Breakdown of line 7:	NAME OF STREET		
<u>о</u> а	Excess from 2016			
a_ b	Excess from 2017	Particular and the second seco		
С .	Excess from 2018			
	Excess from 2019			
d e				
e	LACCOS HOITI ZUZU	Discovery of the last of the l		Manager and the same of the sa

Schedule A (Fo	rm 990 or 990-EZ) 2020	CASA of Northeast Oklahoma	a, Inc.		73-1482426	Page 8
Part VI	III, line 12; Part IV, Se B, lines 1 and 2; Part I 3a, and 3b; Part V, line	ation. Provide the explanation ction A, lines 1, 2, 3b, 3c, 4b, 4 V, Section C, line 1; Part IV, Se 1; Part V, Section B, line 1e; complete this part for any add	ns required by Part II, line 4c, 5a, 6, 9a, 9b, 9c, 11a, Section D, lines 2 and 3; P Part V, Section D, lines 5	10; Part II, line 17a or 11b, and 11c; Part IV, art IV, Section E, lines i, 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,	
		and the second s		- Internation - Sites Internation of		

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						9

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Employer identification number

CASA of Northeast Oklahoma, Inc. 73-1482426					
Organization type (check or	ne).				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 r property) from any one contributor. Complete Parts I and II, See instructions for determining a ntributions.				
Special Rules					
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
contributor, during th literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one se year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
contributor, during th contributions totaled during the year for a General Rule applie	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.				
Caution: An organization tha 990-EZ, or 990-PF), but it mu	it isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, ust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its				

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 2 Name of organization Employer identification number CASA of Northeast Oklahoma, Inc. 73-1482426 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Oklahoma CASA Association 1 Person Χ 3813 N Santa Fe Avenue Payroll Oklahoma City OK 73118 48,148 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 State of Oklahoma VOCA Person 421 NW 13th Street, Suite 290 Payroll Oklahoma City OK 73103 203,223 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Ottawa County United Way 3 Person PO Box 267 Payroll OK 74355 15,000 Noncash Foreign State or Province (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province: (Complete Part II for Foreign Country:

noncash contributions.)

Name of organization

Employer identification number

CASA of N	lortheast Oklahoma, Inc.		73-1482426
Part II	Noncash Property (see instructions). Use duplicate co	ppies of Part II if additional space	e is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
*******		\$. 55 7 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1222224		\$	0.0000000000000000000000000000000000000
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
78 7		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
******		\$	

Name of org	ganization Iortheast Oklahoma, Inc.		Employer identification number 73-1482426					
Part III	Exclusively religious, charitable, etc., contr (10) that total more than \$1,000 for the year the following line entry. For organizations com	from any one contributor. Co	scribed in section 501(c)(7), (8), or omplete columns (a) through (e) and					
	contributions of \$1,000 or less for the year. (E							
	Use duplicate copies of Part III if additional spa	ace is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
1,000,000,000								

		(e) Transfer of gift						
	Transferee's name, address, and ZIP	+ 4 Relat	ionship of transferor to transferee					

78.00 \$ 00 \$ \$ 00	For, Prov. Country							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relation		ionship of transferor to transferee					
	373337713333344444444444							
	For. Prov. Country							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					

******	22.22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	***********						
	(e) Transfer of gift							
	Transferee's name, address, and ZIP	+ 4 Relat	ionship of transferor to transferee					
	For. Prov. Country							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					

	(e) Transfer of gift							
	Transferee's name, address, and ZIP	+ 4 Relat	ionship of transferor to transferee					
	For, Prov. Country	*****						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Open to Public Inspection

	A of Northeast Oklahoma, Inc.		73-1482426
Par	t Organizations Maintaining Donor	Advised Funds or Other Similar Fu	unds or Accounts.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6)
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don		
_	funds are the organization's property, subject to	o the organization's exclusive legal contro	ol?
6	Did the organization inform all grantees, donor	s, and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the ber	nefit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?	<u> </u>	Yes No
Par	Conservation Easements.		
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 7	62
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (for examp	le, recreation or education) Preservation	on of a historically important land area
	Protection of natural habitat	Preservati	on of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organizatio	n held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	,	Held at the End of the Tax Year
а	Total number of conservation easements .	88	
b	Total acreage restricted by conservation easen	nents	2b
С	Number of conservation easements on a certifi	ed historic structure included in (a).	2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not on a	
2	historic structure listed in the National Register		2d
3	Number of conservation easements modified, t	ransferred, released, extinguished, or ter	minated by the organization during
4	the tax year		
5	Number of states where property subject to cor Does the organization have a written policy reg	regular the periodic manifesing in a set of	
5	violations, and enforcement of the conservation	arding the periodic monitoring, inspection	n, nandling of
6	Staff and volunteer hours devoted to monitoring, ins	enacting handling of violations and enforcing	Yes No
	The state of	specting, hariding of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspect	ing handling of violations, and enforcing con-	servation easements during the year
	▶ \$	ing handling of violations, and emoleting cons	servation easements during the year
8	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)?	and 2(a) above satisfy the requirements	Yes No
9	In Part XIII, describe how the organization repo	rts conservation easements in its revenue	e and expense statement and
	balance sheet, and include, if applicable, the te	xt of the footnote to the organization's fin	ancial statements that describes the
	organization's accounting for conservation ease	ements.	
Part	III Organizations Maintaining Collecti	ons of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 8	N
1a	If the organization elected, as permitted under I	ASB ASC 958, not to report in its revenu	ue statement and balance sheet
	works of art, historical treasures, or other similar	r assets held for public exhibition, educat	tion, or research in furtherance of
	public service, provide in Part XIII the text of the		
b	If the organization elected, as permitted under I	FASB ASC 958, to report in its revenue s	tatement and balance sheet
	works of art, historical treasures, or other similar	r assets held for public exhibition, educal	tion, or research in furtherance of
	public service, provide the following amounts re	elating to these items:	
	(i) Revenue included on Form 990, Part VIII, Iir	ne 1	▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art	, historical treasures, or other similar asse	ets for financial gain, provide the
	following amounts required to be reported under	r FASB ASC 958 relating to these items:	·
a	Revenue included on Form 990, Part VIII, line 1		87 8 8 8 8 € \$
b	Assets included in Form 990, Part X	0.00 11 0 120 2 8 00 0 8 8 00 8 8 0 0	\$ C

Раг	t III Organizations Maintaining Co	ollections of A	rt, Histor	rical Tre	asures, or	Other :	Similar Asset	s (contir	iued)	
3	Using the organization's acquisition, acce	ession, and other	records,	check any	of the followi	ing that	make significan	t use of its	3	
	collection items (check all that apply):									
а	Public exhibition		d 🗌	Loan or	exchange pr	ogram				
Ь	Scholarly research		е 🗀	í						
			• Ш	0 11101						
C	Preservation for future generations			AL C-		: : :	-1	in D-	_	
4	Provide a description of the organization XIII.	s collections and	explain n	ow they it	artner the orga	anizatioi	n's exempt purp	ose in Pa	π	
5	During the year, did the organization soli	cit or receive don	ations of a	art, histori	cal treasures,	, or othe	r similar		_	
	assets to be sold to raise funds rather that	an to be maintain	ed as part	of the ore	ganization's c	ollection	1?	Ye	s	No
Par	Complete if the organization and 990, Part X, line 21.		n Form 9	990, Part	: IV, line 9, c	or repor	ted an amour	nt on For	m	
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?							Ye	s 🗍	No
b	If "Yes," explain the arrangement in Part									
		·		Ū				Amount		
С	Beginning balance	3 8 8 8 8 8 8		8 8 80 8 8		1c				0
d	Additions during the year .					1d				
e	Distributions during the year					1e				
f	Ending balance	5 6 5 8 60 5 5		30 0 G F	18 8 8 90 8	1f				0
2a	Did the organization include an amount of					ial accou	unt liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Part	XIII. Check here	if the expl	anation ha	as been provi	ided on	Part XIII . ::+: •			
Part	V Endowment Funds.									
	Complete if the organization and	swered "Yes" o	n Form 9	90. Part	IValine 10.					
		(a) Current year		or year	(c) Two years		(d) Three years bac	k (e) Fo	ur years	back
1a	Beginning of year balance	0		0		0		0		
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships							_		
e	Other expenditures for facilities									
G	and programs a									
f	Administrative expenses									
	End of year balance	0		0		0		0		0
g 2	Provide the estimated percentage of the		halance (lump (a)) bal			O]		
a	Board designated or quasi-endowment	-	%	iiie ig, cc	nullili (a)) liei	u as.				
b	Permanent endowment	3/6	70							
c	Term endowment ► %									
•	The percentages on lines 2a, 2b, and 2c		1%							
3a	Are there endowment funds not in the po	•		n that are	held and ad	minister	ed for the			
• • •	organization by:		ngamzane	in that are	mora ana aa		04 101 1110	Ĭ	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations						20 95 5	3a(ii)		
ь	If "Yes" on line 3a(ii), are the related orga						N 4 8 8 8 N	3b		
4	Describe in Part XIII the intended uses of							00		
Part			15 CHQOWI	none rana	J.					
	Complete if the organization and		n Form (agn_Part	IV_line 11	See	Form 990. Pa	rt X line	10	
	Description of property	(a) Cost or ot			or other basis	-	Accumulated		ook valu	
	Description of property	(investm			other)	` '	epreciation	(0) 10	JOK Valu	C
1a	Land	a i	0	· ·	0					0
b	Buildings	8. 3 8	0		0		0			0
С	Leasehold improvements	(80	0		0		0			0
d	Equipment	32	0		23,976		12,928		1	11,048
е	Other		0		0		0			0
Tota	. Add lines 1a through 1e. (Column (d) mu	ist equal Form 99	0, Part X,	column (i	B), line 10c.)	E 20 S 10	E x 6		1	11,048

Complete if the organization answered "\	res" on Form 990,		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financial derivatives	C		
(2) Closely held equity interests (3) Other	C		
(A)			
(B)			
(C)			
(D)		1	
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0		
Part VIII Investments—Program Related.			
Complete if the organization answered "\	es" on Form 990,	Part IV, line 11c. See Form 9	990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year i	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).	0	EDECEMBER OF STREET	
Part IX Other Assets.			
Complete if the organization answered "Y	es" on Form 990	Part IV, line 11d, See Form	990 Part X line 15
(a) Descript			(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	0 1 F W		
Part X Other Liabilities.	3 10)	<u> </u>	0
Complete if the organization answered "Y	os" on Form 000	Part IV line 11e er 11f See	Form 000 Dart V
line 25.	es on Form 990,	Fartiv, line Tie or Til. See	rom 990, Pan X,
1. (a) Descriptio	n of liability		(b) Book value
(1) Federal income taxes			(2) 500% (and
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	77474 1 HT		
Total. (Column (b) must equal Form 990, Part X, col. (B) line		<u> </u>	0
Liability for uncertain tax positions. In Part XIII, provide the text organization's liability for uncertain tax positions under FASB ASC	of the footnote to the o	organization's financial statements the	at reports the
organization a hability for uncertain tax positions under FASB ASC	740 Check here it the	e text of the loothote has been provid	ieu in Paπ XIII 🥫 📗

	CASA di Nottheast Orianoma, inc.	73-1402420	Page 4
Par		turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	15500	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	THE STATE OF THE S	
a b	Investment expenses not included on Form 990, Part VIII, line 7b		
C	Other (Describe in Part XIII.) Add lines 4a and 4b	40	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5	0
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		0
I all	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	3770	
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	21/21	
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
Part	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
222222			*******

	orm 990) 2020	CASA of Northe	ast Oklahoma, In	IC.		73-1482426	Page 5
Part XIII	Supplem	ental Informatio	on (continued)				
		***************************************	************		 		

					 ***********	*******	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

		**********			 *******		*******

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			************	*****************			

SCHEDULE G (Form 990 or 990-EZ)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

CAS	A of Northeast Oklahoma, Inc.					73-148	
Pai					ered "Yes" on For	m 990, Part IV, li	ne 17.
	Form 990-EZ filers are not						
1 a	Indicate whether the organization ra X Mail solicitations	ised funds throu					
b	X Internet and email solicitations				of non-government g of government grants		
	X Phone solicitations				•	5	
d	X In-person solicitations		g 🔲 S	peciai iuno	Iraising events		
2a	tu-	or aral agrees	at with any	المناملة بالمصار	(including office)	1600 ataua tanahara	
Za	Did the organization have a written of key employees listed in Form 990, F						Yes X No
b	If "Yes," list the 10 highest paid indiv					(5)	
	be compensated at least \$5,000 by	the organization).				
		-					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(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	5	· · · · · ·	
1							
_					0	0	0
2					0	0	0
3					0	0	0
4			1-		0	0	0
5							
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
					0	0	0
10					0	0	0
Total					0	0	0
3	List all states in which the organizati	on is registered	or licenser	to solicit		0 heen notified it is e	vemnt from
	registration or licensing.	575 regionore	0. 1.001.00	2 10 0011011			Admpe ir drii
OK							

	***************************************		*******				
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			CASA of Northeast Oklaho			73-1482426 Page 2
P	art I		Complete if the organiz	ation answered "Yes	" on Form 990, Part IV	, line 18. or reported
		more than \$15,000 of f	undraising event contri	butions and gross ind	come on Form 990-EZ,	, lines 1 and 6b. List
-	T	events with gross recei	pts greater than \$5,000		1	
			, , , , ,	(b) Event #2	(c) Other events	(d) Total events
			doll sponsorship/don (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
ine			(3133.9)	(evant type)	(total named)	
Revenue	1	Gross receipts	18,410		0	18,410
Re						
	2		18,410		0	18,410
	3	missims (mis i minas				
_		line 2)	0		0	0
	4	Cash prizes			0	0
						0
Direct Expenses	5	Noncash prizes			0	0
	6	Rent/facility costs 2 2 7 2			0	0
	7	Food and beverages .			0	
		. see and severages			U	0
	8	Entertainment			0	0
	_					
	9	Other direct expenses	0		0	0
	10	Direct expense summary, Add	d lines 4 through 9 in colur	mn (d)		OV.
	11		ct line 10 from line 3. colur	nn (d)	6. 80 38 10: 30 30: 30: 30: 30: 30: 30: 30: 30: 30	0)
P	art II	Gaming. Complete if the	ne organization answer	ed "Yes" on Form 99	0, Part IV, line 19, or re	eported more than
	_	than \$15,000 on Form	990-EZ, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Ne.				blingo/progressive birige		col. (a) through col. (c))
ď	1	Gross revenue				0
ses	2	Cash prizes				0
ect Expenses	3	Noncash prizes				
щ	ľ	Troncasti prizes,				0
ect	4	Rent/facility costs				0
قَ						
_	5	Other direct expenses				0
			Yes%	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
	_	Direct evenence surrence A.	A Blanca Dallerra L. C. L.	(I)		
	7	Direct expense summary. Add	lines 2 through 5 in colur	nn (d) _{e se sesse}	St 51 17 15 18 16 16 16 1	(0)
	8	Net gaming income summary.	Subtract line 7 from line	1 column (d)		0
9		inter the state(s) in which the org				
		s the organization licensed to con	nduct gaming activities in	each of these states?	8 085 W 01 D 28 B 12 85 E	Yes No
	b f	"No," explain:				
	6.0					
10	a 1/	Vere any of the organization's ga	uming licopece revolved =:	innonded or to make it	d during the terms of 0	т.
		113.6				
	1000					

Sched	ule G (Form 990 or 990-EZ) 2020 CASA of Northeast Oklahoma, Inc.	73-1482426 Page 3
11	Does the organization conduct gaming activities with nonmembers?	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	~ · · ·
а	The organization's facility	13a %
Ь	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books an records:	d
	Name ▶	
	Address >	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ 0 and the	, Tes No
	amount of gaming revenue retained by the third party \$\bigs\\$ 0	
¢	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation > \$ 0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
100000000000000000000000000000000000000	spent in the organization's own exempt activities during the tax year \$	0
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona See instructions.	s (iii) and (v); and I information.
	•••••	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

CASA of Northeast Oklahoma, Inc.	73-1482426
Form 990, Part VI, Line 11: The 990 is available to the Board prior to filing and is signed by	
the board president.	***************************************
Form 990, Part VI, Line 12c: The organization has a conflict of interest policy for board	
members, volunteers and staff.	
Form 990, Part VI, Line 18: A copy of the 990 is available to the public upon request.	
Form 990, Part VI, Line 19: All documentation is available to the public upon request.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Form 990, Part VI, Section A, Line 4: September 18. 2019, Child Advocates of Northeast	***************************************
Oklahoma, Inc. filed a new Certificate of Incorporation with the Oklahoma Secretary of State	
amending their name to CASA of Northeast Oklahoma, Inc.	

00.110.444.100	

Schedule O (Form 990 or 990-EZ) 2020	Page 2	2
Name of the organization	Employer identification number	•
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