Return of Organization Exempt From Income Tax

2017

Department of the Treasury	
Internal Revenue Service	

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

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

Open to Public

A	For th	e 2017 calend	lar year, or tax year begin	ning	07-01 , 2017, and e	ending ^V	06-30 , 2018				
В	Check	f applicable	C Name of organization Tr1-	Lakes CASA, Inc.			D Employer identification no				
	Addres	change	change Doing business as								
	Name o	hange	Number and street (or PO bo	ox if mail is not delivered to street	address)	Room/suite	E Telephone number				
	Initial re	turn	(501) 321-9269								
	Final re	turn/terminated	G Gross receipts								
	Amende	ed return	s 223,247								
$\bar{\Box}$	Applica	lion pending	Hot Springs, A F Name and address of pnncpa			H(a) Is this a group ret	urn for subordinates? Yes X No				
					$ \stackrel{\sim}{\sim} V $	H(b) Are all subords	nates included? Yes No				
	Tax-exe	mpt status	501(c)(3) 501(c)() ◀ (insert no)	7(a)(1) or 527	If "No," atta	ach a list. (see instructions)				
J	Websit	⊳ N/A	otion number								
<u>к</u>	Form of	organization X	Corporation Trust Ass	sociation Other	L Year of formation	1995 M State of	legal domicile AR				
Pa	ırt l	Summar	r y								
	1.	Bnefly descr	be the organization's missi	ion or most significant acti	vities The organization	on and it's v	olunteers served				
ø		as advoc	on has helped								
σĔ			n two million chi								
æ				· · · · · · · · · · · · · · · · · · ·							
×2	2	Check this b	ox > I if the organization	discontinued its operation	ns or disposed of more than 25%	of its net assets					
ő	3		oting members of the gove			1	3 12				
'Ω'. -coΩ	4		•	• • •	Part VI, line 1b)		4 12				
itié	5		r of individuals employed in				5 6				
çtiğ	6		r of volunteers (estimate if				6 71				
⋖	<u>7</u> ا ڊ		•	• •	12		7a 0				
Щ.	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		d business taxable income			<u> </u>	7b 0				
Ž	2					Prior Year	Current Year				
٥	8	Contributions	s and grants (Part VIII, line	1h)		218,					
Revenye ANNE Activities & Governam	2 9		vice revenue (Part VIII, line	•	ŀ		0				
	10	_	ncome (Part VIII, column (/	=	ľ		0				
ş	11	Other revers	o (Dort VIII) polymo (A) lin	E Ed 9a 0a 10a and	110)		0				
_	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII. colur	(A), line 12) (A), line 5-10) (B) (B) (CE) (CE) (CE) (CE) (CE) (CE) (CE) (CE	218,					
_	13	Grants and s	similar amounts paid (Part	X. column (A), lines 1-3)	ENLY	\	0				
	14	Benefits paid	to or for members (Part I)	C. column (A), line 4)	DECE	<i>b</i> /	0				
	15	Salanes oth	er compensation, employe	e benefits (Part IX, column	(A), lines 5-10) , 0 2015	144,4					
Expenses	16	Professional	fundraising fees (Part IX, o	column (A), line 11e)	(CEB)		130,000				
ë		Total fundras	sing expenses (Part IX, col	umn (D), line 25)	FEB. A SEE UT	CALLET WAR	A MANAGEMENT				
×	17	Other expens	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)	la COLINI	58,8					
_	18	Total expens	ses Add lines 13-17 (must	equal Part IX. column (A).	line 25)	203,2					
	19	Revenue les	s expenses Subtract line	18 from line 12		15,2					
	_					Beginning of Current Ye					
Net Assets or	20	Total assets	(Part X, line 16)			94,0					
Asse	21		es (Part X, line 26)			13,:					
Net	22		or fund balances Subtract	line 21 from line 20 · ·		81,					
_	rtill;		ire Block				71/230				
Und	er pena	Ities of perjury, I dea	clare that I have examined this retu		dules and statements, and to the best of m	y knowledge and belief, it i	es .				
true	, correc	and complete De	claration of preparer (other than of	ficer) is based on all information of	of which preparer has any knowledge						
		Dest	ernie Sullivan	VIII.			46190				
Sig	n	1 -	re of officer	VVV 1			Date				
He	re	Dest	ernie Sullivan, E	Evecutive Directo	r						
			print name and title	ACCUCIVE DILECTO		<u> </u>					
		Pont/Type ore	eparer's name	Preparer's signature	C Pale	Check X	ıf PTIN				
Pai	d		Hoover II CPA	1	CPA 01-19-2019	self-employed	P01038404				
	pare			Company PC	p1-13-2019	Firm's EIN	1 501030404				
	e On										
		- Frams addres			l	Phone no	-554-6574				
May	the IF	S discuss this	Bryant A return with the preparer sh		ons) · · · · · · · · · · · · · · · · · · ·		554-6574 · · · · · ⊠ Yes ☐ No				
_			on Act Notice, see the se		ulia) · · · · · · · · · · · · · · · · · · ·		Form 990 (2017)				
. 🕠	. upci	** J. N. 1 10 G G G G G G G G G G G G G G G G G	ITULIUG, JEE LIIG JE!	parate 1113ti dell'ello.			- rom 990 (2017)				

Form	m 990 (2017) Tri-Lakes CASA, Inc. 71	-0778193	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> D</u>
1	Bnefly describe the organization's mission		
	The organization and it's volunteers served as advocates for abused and neglect	ted child	ren.
	The nationwide organization has helped more than two million children.		
2	Did the organization undertake any significant program services during the year which were not listed on the		٦
	prior Form 990 or 990-EZ?	· [Yes	K No
•	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ vos l	Z No
	If "Yes," describe these changes on Schedule O	. 🗀 ias I	Z] NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
•	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported		
	out. oup. out,,,,		
4a	(Code) (Expenses \$ 187,212 including grants of \$) (Revenue \$)
	Provide advocates for abused and neglected children.		
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		-	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4.1	Other recovery (Occasion in Ochadula C.)		· —
4d	Other program services (Describe in Schedule O)	,	
40	(Expenses \$ including grants of \$) (Revenue \$	<u>, </u>	
4e	Total program service expenses 187,212	Earm	990 (2017)
EEA		COIII	33U (2UII)

Form 990 (2017) Page 3 Tri-Lakes CASA, Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Χ 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II 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. 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 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 9 debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Χ 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 13 is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a

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Part IV Checklist of Required Schedules (continued) Yes Nο Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b h If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Χ through 24d and complete Schedule K. If "No," go to line 25a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Χ transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or Χ 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, of to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28¢ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X

Form 990 (2017)

Tri-Lakes CASA, Inc.

Rart W Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	• • •		
		29-4-C- 404	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		W	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
	reportable gaming (gambling) winnings to prize winners?	1c	Straight Str	X ************************************
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 6			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	30.35073
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			, , ,
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		Х
_	account)? ,	表際	418	A 1979
þ	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5 -	(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	aniilii	X
5a h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	\$3555	THE STATE	434.5
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	AND PARTY.	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N. San Marie	X 14-2/7/545W AMBER
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	ar war in	X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	207324	X
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12		2	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			177
11	Section 501(c)(12) organizations. Enter			35.2
а	Gross income from members or shareholders			为图
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	12a	a Didi	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	e de la companya de l	Ggis/H
b 12			700	23
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	200 T. W.	**************************************
а	Is the organization licensed to issue qualified health plans in more than one state?		13.9%	S2-586
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans		P.	發数
С	Enter the amount of reserves on hand			331
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	SET BEAT	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2017) Page 6 Tri-Lakes CASA, Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? ĥ Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? 8b 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes." did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 b 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Arkansas Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Own website Another's website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

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financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

Desternie Sullivan (501)321-9269, 508 Quachita Avenue, Hot Springs, AR 71901

Form 990 (201		71-0778193	Page 7
Part VIII	Compensation of Officers, Directors, T	rustees, Key Employees, Highest Compensated Employee	s, and
	Independent Contractors		_
	Check if Schedule O contains a response or note to a	ny 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any relate				(C)					
(A) Name and Tille	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Lisa Wood President	6.00	Х						0	0	0
(2) Will Rainwater Vice President	3.00_	Х						0	0	0
(3) Christina Terrazas	2.00	Х						0		0
(4) Thomas Rizzo Treasurer	2.00	Х						0		· 0
(5) Gabriel Fisher	1.00	Х						0		
Board Member	1.00	Х						0		0
(7) Jeanie Fisher Board Member	1.00	Х								0
(8) Rafael Martinez Board Member	1.00	Х						0	0	0
(9) Esther Dixon Board Member	1.00	Х						0	0	0
(10)Vicki Cook Board Member	1.00	Х						0	0	0
(11)Stephanie Kleinman Board Member	1.00	Х						0	0	o
(12)Desternie Sullivan Executive Director	40.00	Х						45,000	0	o
(13)								, ,		
(14)										

∣Ŗart	rt.VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (list any hours for	(do not check more than one box, unless person is both an officer and a director/trustee)			Reportable compensation from related organizations	am comp	(F) Imated ount of other pensation					
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	ær	(ey employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization I related nizations	
(15)													
(16)										-			
<u>(17)</u>													_
<u>(18)</u>						-							_
<u>(19)</u>													
(20)													_
<u>(21)</u>													_
(22)													
(23)													
(24)							-						_
(25)									-				
1b c	Sub-total	on A · ·						>	45,000	0		0	_
2	Total number of individuals (including but not limited							_		0			_
3	Did the organization list any former officer, director,			-		_		-				Yes No	τ
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep organization and related organizations greater than	ortable comp	ensati	on a	nd o	ther	comp	ensa		• • • • • • •	3	X	Ì
5	Individual	ompensation	from a	ny u	nrela	ated	organ		on or individual		5	X	,,,
Section	on B. Independent Contractors	on picto con	000,0		000				<u> </u>		l		-
1	Complete this table for your five highest compensation from the organization. Report compensation from the organization.												
	year (A)	•							(B)		(0		
	Name and business address			_					Description of	services	Compe	ensation	_
								•				-	_
						-				<u></u>	· · · · · · · · · · · · · · · · · · ·		_
2	Total number of independent contractors (including lifeceived more than \$100,000 of compensation from				sted	abo	ove) w	ho				42	*

Page 9

Form 990 (2017)
. Rart VIII

Statement of Revenue

		 Check if Schedule O contains a response 	or no	ite to any line in this	s Part VIII	<u></u>	<u></u>	<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
श्र क	1a	Federated campaigns	1a					
Grants mounts	b	Membership dues	1b					
	С	Fundraising events	1c	12,997				
Gifts, ilar A	d	Related organizations	1d					
	e	Government grants (contributions)	1e	171,116				
อู๊ง	f	All other contributions, gifts, grants,						
Contributions, and Other Sim	•	and similar amounts not included above	1f	39,134				
돌		Noncash contributions included in lines 1a-1		39,134				
S ဧ	9				222 247		1.74E92.41.144	
	h	Total, Add lines fa-11	•		223,247			TOTAL PROPERTY AND ADDRESS OF THE PARTY OF T
e l	2-	ı		Business Code	24.20.50.20.20.20.20.20.20.20.20.20.20.20.20.20			
Ven	2a							
&	b							
Š	C		`			4		
Se	a		_		<u>-</u> -			
E	0			,				
Program Service Revenue		All other program service revenue · · · · ·	•		-	ST GEORGE STEELSTEELTHEISTEELTHEIS SE	an the Kinggo of the dist. In 1886 alleged	Salar Language (Salar Salar
	9	Total Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·	• • •	• • • • • • •			ALL YOUR AND AREA	
		Investment income (including dividends, inter and other similar amounts)						
		Income from investment of tax-exempt bond						
	5	Royalties	• •	>	Abolis Silving and One of and I wild	CONTRACTOR SHAPE APPRICALLING	Maria Talah dalah seritan dalah dalah selebah	akoningi pakikakan pakin kandan d
1		(ı) Real		(ii) Personal				
		Gross rents · · · · · ·						
		Less rental expenses · · · ·				PHYSICAL SECTION	Services - Services	
		Rental income or (loss) · · ·					Elizabeth de la companya	
	d	Net rental income or (loss)	• •	•	CONTRACTOR OF THE SECOND SECON	SAME STREET, LOOK TONE LINES		FIX I 6-SHETH 12 WAS AS ALSO
	7a	Gross amount from sales of (i) Securitie	s	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis		1				
		and sales expenses · · · ·						
		Gain or (loss)						
4.	d	Net gain or (loss) · · · · · · · · · · · · · · ·			THE STATE OF STREET STREET, ST. STREET, ST. STREET, ST. STREET, ST. STREET, ST. STREET, ST. ST. STREET, ST. ST.	THE CONTRACT THE CONTRACT OF T	10-08 - 30-88, 1881, 1882-110, 31-54.	erangan merekankan dan diangan
eune	8a	Gross income from fundraising						
		events (not including \$ 12,99	<u>7</u>					
~ ~		of contributions reported on line 1c)						
Other Re		See Part IV, line 18 · · · · · · · · · · ·	а					
ᅙ	b	Less direct expenses	b					KASHING TE
	С	Net income or (loss) from fundraising events					70.00	
. ~ .	9a	Gross income from gaming activities						
		See Part IV, line 19 · · · · · · · · · · ·	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
			а					
	b	Less cost of goods sold	b		Transportation (III)			
	С	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С)		
	d	All other revenue	•	L				
	е	Total. Add lines 11a-11d				NACH PRODUCTION OF THE PARTY OF		START SERVE
	12	Total revenue. See instructions		<u> ▶</u>	223,247	0	0	0

RartiX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, Total expenses Fundraising Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic \individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 113,887 28,472 7 142,359 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 3,372 2,698 674 10 12,929 10,343 2,586 11 Fees for services (non-employees) Legal · · · · · · · · · · · · · · · · · Accounting 6,760 360 6,400 d Lobbying Professional fundraising services See Part IV, line 17 f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . 12 1,711 1,711 13 2,128 10,640 8,512 14 Information technology Royalties 15 16 17,700 17,700 17 16,141 16,141 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 3,335 3,335 20 21 22 Depreciation, depletion, and amortization 1,689 1,689 23 1,142 ,142 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Postage and delivery 299 239 60 7,320 b Telephone 7,320 C 2,268 2,268 Fundraising Ч е All other expenses <u>3,2</u>77 3,277 Total functional expenses. Add lines 1 through 24e 25 41,462 2,268 230,942 187,212 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2017)

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
	•		Beginning of year		End of year
	1	Cash - non-interest-bearing	5,690	1	1,712
	2	Savings and temporary cash investments	3,200	2	3,567
	3	Plèdges and grants receivable, net	8,171	3	6,621
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		5	HERE WAS A STATE OF THE SECOND
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		7(2) 2	
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	47,800	8	47,800
Ass	9	Prepaid expenses and deferred charges	916	9	916
`	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 54,289			
	b	Less accumulated depreciation	6,113	10c	4,424
	11	Investments - publicly traded securities	4,598	11	22
	12	Investments - other secunties See Part IV, line 11	,	12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	18,171	15	18,718
	16	Total assets. Add lines 1 through 15 (must equal line 34)	94,659	16	83,780
	17	Accounts payable and accrued expenses	13,150	17	9,545
	18	Grants payable	1	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S.	22	Loans and other payables to current and former officers, directors,		1 To 15	
Liabilities		trustees, key employees, highest compensated employees, and			
abi	``	disqualified persons Complete Part II of Schedule L	20,415,414,414,414,414,414,414,414,414,414	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
}	26	Total liabilities. Add lines 17 through 25	13,150	26	9,545
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
Ses		complete lines 27 through 29, and lines 33 and 34.		293	
au	27	Unrestricted net assets	63,338	27	55,517
Bal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets	18,171	29	18,718
교		Organizations that do not follow SFAS 117 (ASC 958), check here I and		Marie Con	
ō		complete lines 30 through 34.	Print in 1919 In 1919		
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	81,509	33	74,235
	34	Total liabilities and net assets/fund balances	94,659	34	83,780
				_	

		71-077819:	3 Page 12
Pa	Reconciliation of Net Assets		_
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	223,247
2	Total expenses (must equal Part IX, column (A), line 25)		230,942
3	Revenue less expenses Subtract line 2 from line 1	3	(7,695)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,509
5	Net unrealized gains (losses) on investments	5	421
6	Donated services and use of facilities	6	<u> </u>
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	. 10	74,235
Pa	rtXIII Financial Statements and Reporting		_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>
		• 1	Yes No
1	Accounting method used to prepare the Form 990		
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in		
	Schedule O		200 444 248
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. .	2a X
	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		
b	Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
	separate basis, consolidated basis, or both		
	Separate basis Consolidated basis Both consolidated and separate basis		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	ļ	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in	1	
	Schedule O	•	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?		3a X
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 in Schedule O and describe any steps taken to undergo such audits	!	l 3b l

Form 990 (2017)

EEA

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

<u>Trı</u>	1-Lakes CASA, Inc. 71-0778193												
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must o	complete	this part	t) See instructio	ns					
The	orga	nization is not a private foundation beca	·	<u> </u>	•								
1	Ц	A church, convention of churches, or)(A)(i).	\ /		I/I				
2	片	A school described in section 170(b)					(1 - 1					
3	닖	A hospital or a cooperative hospital se	-			-			1				
4	Ш	A medical research organization opera	ated in conjunction	with a hospital described	d in sectioi	n 170(b)(1)	(A)(iii). Enter the		,				
_		hospital's name, city, and state					L. and also and an						
5	Ц	An organization operated for the bene	•	niversity owned or opera	ted by a go	overnmenta	I unit described in						
_		section 170(b)(1)(A)(iv). (Complete F	•		70/5//4//4	W.A							
6	님	A federal, state, or local government of	•				the general suble						
7	П	An organization that normally receives	· ·	· · · -	emmentai	UTIIL OF ITOH	i the general public						
۰			scribed in section 170(b)(1)(A)(vi). (Complete Part II) community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
8 9	H	An agricultural research organization			ited in coni	unction with	a land-grant college	.					
3	Ш	or university or a non-land-grant college						•					
		university	ge of agriculture (st	comondono, Enter un	e name, on	y, and oldic	or the conege of						
10	X	An organization that normally receives	(1) more than 33	1/3% of its support from	contributio	ns. membe	ership fees, and gross	s					
		receipts from activities related to its ex											
		support from gross investment income				· 							
		acquired by the organization after Jun		•		•							
11		An organization organized and operate	ed exclusively to te	st for public safety See s	section 50	9(a)(4).							
12		An organization organized and operate	ed exclusively for th	ne benefit of, to perform t	the function	ns of, or to o	carry out the purpose	es					
		of one or more publicly supported orga	anizations describe	d in section 509(a)(1) o	r section 5	609(a)(2) S	ee section 509(a)(3)).					
		Check the box in lines 12a through 12	d that describes the	e type of supporting orga	anızatıon ar	nd complete	e lines 12e, 12f, and	12g					
	а	Type I. A supporting organization	operated, supervis	ed, or controlled by its si	upported o	rganızatıon((s), typically by giving	l					
		the supported organization(s) the	power to regularly	appoint or elect a majorit	ty of the dir	ectors or to	ustees of the						
		supporting organization You mus	<u>-</u>										
	b	Type II. A supporting organization	=			=							
		control or management of the sup			rsons that	control or m	anage the supported	j					
		organization(s) You must compl	•										
	С	☐ Type III functionally integrated.						1,					
	_	its supported organization(s) (see	•	•				(a)					
	d	Type III non-functionally integra											
		that is not functionally integrated requirement (see instructions). You				•	and an attentivenes	5					
	е	Check this box if the organization	•	•	•		vne II Tvne III						
	•	functionally integrated, or Type III				a type i, i	ype II, Type III						
	f	Enter the number of supported organic		· · · · · · · · · · · · · · · ·				1					
	g	Provide the following information about						'					
) Name of supported organization	(ii) EIN	(III) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amou	nt of				
	•		, ,	(described on lines 1-10	1 -	ur governing	support (see	other suppo	-				
				above (see instructions))	docum	nent?	instructions)	instructi	ons)				
					Yes	No							
/A\													
(A)						<u></u>							
(B)													
(5)													
(C)													
			-			 							
(D)													
						 							
(E)]							
Tota	1		-	.		1							

Schedule A (Form 990 or 990-EZ) 2017 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi). (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) · (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants\") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 Amounts from line 4 · · · · Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 . Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

15	Public support percentage from 2016 Schedule A, Part II, line 14	.	15	 %
16a	33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or			

- Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 10%-facts-and-circumstances test 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

71-0778193

990 or 990-EZ) 2017 Tri-Lakes CASA, Inc.
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	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	168,361	167,733	195,317	218,518		223,668	973,597
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				(
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			-				
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	168,361	167,733	195,317	218,518		223,668	973,597
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b · · · · · · · · · · · ·		the state of the s	and the last last last value of the same	u. So bondo o godo.	A.A.F. aw Camile	ALPER ALPROPALATION AND AND AND AND AND AND AND AND AND AN	
	Public support. (Subtract line 7c from line 6)							973,597
Sec	ction B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2		(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	168,361	167,733	195,317	218,518		223,668	973,597
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	,						
С	Add lines 10a and 10b · · · · · · · · · ·							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •			(
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·	168,361	167,733	195,317	218,518		223,668	973,597
	First five years. If the Form 990 is for the organization, check this box and stop here			or fifth tax year as a				▶ 📋
	ction C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·				, I		
	Public support percentage for 2017 (line 8, co	• • • •				15		100.00 %
	Public support percentage from 2016 Schedu			· · · · · · · · · · · · · · · · · · ·		16		100.00 %
	ction D. Computation of Investme					1		
	Investment income percentage for 2017 (line			* * * * * * * * * * * * * * * * * * * *		17		0.00 %
18	Investment income percentage from 2016 Sc	chedule A, Part III, li	ne 17 · · · ·			18		0.00 %
19a	33 1/3% support tests - 2017. If the organiz							▶ 🏻
b	33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this limits to the state of the state	box and stop here.	The organization of	ualifies as a publicl	y supported organ		nd • • • • •	▶ 📋
20	Private foundation. If the organization did n	ot check a box on li	ne 14, 19a, or 19b,	check this box and	see instructions	•	<u></u> :	<u>▶ ∐</u>

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 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)

a	_	<u>v)</u>		
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Pa	Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	23333	1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	is fishinimishlis	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	tion B. Type I Supporting Organizations			
	/		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		SEATTLE SEATTL	
	regularly appoint or elect at least a majority of the organization's 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 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	2074152253	45Nianismi
	, , , , , , , , , , , , , , , , , , , ,	KAN.	推動。	
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			24.6
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	11	
Sec	tion 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			2.2
-	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			237
	the supported organization(s)	1	atia XI Contains	3557.0073
Sec	tion D. All Type III Supporting Organizations	<u></u>		
	}		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			ar.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		100 Anni 100 A
_		14.5		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	er latic	2229 234
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	1-14-7-1666	and Delaboration
Sec	tion 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 it	nstruc	tions	 5).
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			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see i	nstruc	ctions
2	Activities Test Answer (a) and (b) below.		Yes	No
, a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			缺效
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			Tin 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	WA		全线
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	SSE	1);-%;.	
	reasons for the organization's position that its supported organization(s) would have engaged in these	125 1348 136 13		
	activities but for the organization's involvement	2b	ware the	الاستحدد
3	Parent of Supported Organizations Answer (a) and (b) below.			製了
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	数值	32.1
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	1	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	THE PARTY		1
~	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b	SKIPK.	

Schedule A (Form 990 or 990-EZ) 2017 Tri-Lakes CASA, Inc.		71-0778	8193Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	ızatıç	ons must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		ν	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	,	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	***	en i kiran et ili kan kan	
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	2150		TALL PROPERTY OF THE PROPERTY OF
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		,
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		,
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	al Seria de la Seria de la Seria de Se	
2 Enter 85% of line 1	2	10 (25 (45 (45 (45 (45 (45 (45 (45 (45 (45 (4	
3 Mınımum asset amount for prior year (from Section B, line 8, Column A)	3	Fig. C. S.	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			ī
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	/-inte	grated Type III supporting	organization (see

instructions)

71-0778193

	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		****	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	,		
		(i)	(ii)	(iii)
5	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			Paggolastatik wi 1996 Pag-awi nagila Membahwakan
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI) See			
	instructions		THE REST OF THE POST OF THE PO	
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e	THE PROPERTY OF THE PROPERTY O		
	Applied to underdistributions of prior years	- ASSESSMENT ASSESSMENT OF THE PROPERTY OF THE	, nasyw yskia na laun mierot Miastrandarchae	
	Applied to 2017 distributable amount		and the second s	POTENTICAL VARIABLETTA PODENTICA CATE DA PARTA
<u>i</u>				
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f	ALIENSKE PROGRESSE P		THE STATE OF THE STATE OF
4	Distributions for 2017 from	place and properties and the state of		
	Section D, line 7 \$			The second of the Carolina State Control
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			CARRENAS AN EXCENSES
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2. For result			
e	greater than zero, explain in Part VI See instructions			Being Effektive being grand
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j.			
•	and 4c.			
8	Breakdown of line 7 ⁻		Martin Company	
	Excess from 2013			
_	Excess from 2014			
	Excess from 2015	anterna kriet direction contractions		ENTER THE TABLE TO THE PROPERTY OF THE PROPERT
	Excess from 2016	Conference And the Action of t		+ Glades and the second
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part
	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information (See instructions)
	ines 2, 5, and 6. Also complete this part for any additional information (See instructions)
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SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2017

Open to Public Inspection

Name	of the organization	Employer identification number	
Tr:	i-Lakes CASA, Inc.	71-0778193	
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds o	or Accounts.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6		
	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor adv	vised	
	funds are the organization's property, subject to the organization's exclusive legal control?		No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can b	pe used	
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other pur	rpose	
	conferring impermissible private benefit?		No
Pa	rt II Conservation Easements.		
***************************************	Complete if the organization answered "Yes" on Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (check all that apply)		
	Preservation of land for public use (e.g., recreation or education)	historically important land area	
		certified historic structure	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	m of a conservation	
	easement on the last day of the tax year	Held at the End of the Tax Ye	∍ar
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a		
	historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by t	the organization during the	
	tax year 🕨	•	
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
			No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year	
	•		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserv	vation easements during the year	
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17	70(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?	Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expen	nse statement, and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statem	ments that describes the	
	organization's accounting for conservation easements		
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures	s, or Other Similar Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	tement and balance sheet	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research	arch in furtherance of	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes to	these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stateme	ent and balance sheet	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or resear	earch in furtherance of	
	public service, provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for finance		
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1	> \$	
b	Assets included in Form 990, Part X		

	ule D (Form 990) 2017 Trı-Lakes CASA,	Inc.				71-077		Page 2
Pa	rt III Organizations Maintaining Co	ollections of A	rt, Historical T	reasures,	or Oth	<u>er Similar As</u>	sets (co	<u>ntınued)</u>
3	Using the organization's acquisition, accession, a	nd other records, ch	eck any of the follo	wing that are a	a significa	int use of its		
	collection items (check all that apply)							
а	Public exhibition	d 🗌 Loar	n or exchange prog	rams				
b	Scholarly research	e 🗌 Othe	er					
С	Preservation for future generations							
4	Provide a description of the organization's collecti	ons and explain hov	v they further the or	rganization's e	xempt pu	rpose in Part		
	XIII							
5	During the year, did the organization solicit or rece	eive donations of art	, historical treasure	es, or other sim	nılar			
	assets to be sold to raise funds rather than to be	maintained as part o	of the organization's	collection?			Y	es 🗌 No
Pa	rt IV Escrow and Custodial Arrang							
	Complete if the organization ans	swered "Yes" or	n Form 990, Pa	art IV, line 9	, or rep	orted an amoi	unt on Fo	orm
	990, Part X, line 21							
1a	Is the organization an agent, trustee, custodian or	other intermediary	for contributions or	other assets r	not			
	ıncluded on Form 990, Part X?						🗌 Y	'es 🗌 No
b	If "Yes," explain the arrangement in Part XIII and o	complete the followi	ng table					
						An	nount	
C	Beginning balance							
d	Additions during the year				· · 1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 9	990, Part X, line 21,	for escrow or custo	dial account li	ability?		🗌 Y	'es 🗌 No
b	If "Yes," explain the arrangement in Part XIII Che	ck here if the explan	ation has been pro	vided on Part	XIII .			<u> </u>
Pa	rt V Endowment Funds.					·-		
	Complete if the organization ans	swered "Yes" or	n Form 990, Pa	art IV, line 1	0			
		(a) Current year	(b) Pnor year	(c) Two year	s back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
8	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance		r					•
2	Provide the estimated percentage of the current y	ear end balance (lin	e 1g, column (a)) h	neld as				
а	Board designated or quasi-endowment	%						
b	Permanent endowment ► %	 -						
С	Temporanly restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c should e	equal 100%						
3a	Are there endowment funds not in the possession	of the organization	that are held and a	idministered fo	r the			
	organization by							Yes No
	(i) unrelated organizations						. 3a(i)	
	(ii) related organizations					. 	. 3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations liste	ed as required on So	chedule R?			. 	. 3b	
4	Describe in Part XIII the intended uses of the orga	anization's endowme	ent funds					
Pa	rt VI Land, Buildings, and Equipme							
	Complete if the organization and	swered "Yes" or	n Form 990, Pa	art IV, line 1	1a See	Form 990, P	art X, line	e 10
	Description of property	(a) Cost or other	er basis (b) Cos	t or other basis	(c) /	Accumulated	(d) Boo	k value
		(investme	nt)	(other)	de	epreciation		
1a	Land	• •			<u></u>			
b	Buildings	• •	<u> </u>		ļ			
С	Leasehold improvements							
d	Equipment	• •		54,289	<u> </u>	49,865		4,424
е	Other				<u> </u>			
Tota	I. Add lines 1a through 1e (Column (d) must equa	I Form 990, Part X,	column (B), line 10	c)				4,424

Schedule D (Form	Investments - Other Securities.	, Inc.	71-07	78193 Page 3
Part VIII	Complete if the organization answere	od "Voo" on Form 000	Part IV June 11h See Form 990	Part Y line 12
	Complete if the organization answere	tes on Form 990,	Part IV, line 11b See Form 990	, rait A, iiile 12
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financial	denvatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)	,			
(D)				<u> </u>
_(E)				<u>.</u>
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11c See Form 990,	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation (c) Method of valuation (c) Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.		,	
	Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d See Form 990	, Part X, line 15
	' (a) C	Description		(b) Book value
(1) Endow	ment Fund - Restricted			18,718
(2)				
(3)	·			
(4)				
(5)				
(6)			(,
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15) <u> </u>		18,718
Part X	Other Liabilities. Complete if the organization answere	ed "Yes" on Form 990.	Part IV. line 11e or 11f See For	m 990. Part X.
	line 25			, •,
 1.	(a) Description of liability	(b) Book value		
	income taxes	(1) Book Fallo		
(2)				

1.	(a) Description of liability	(b) Book value	
(1) Federa	I income taxes		
(2)			
(3)			
(4)	-		
(5)			
(6)			
(7)			
(8)			
(9)		,	
Total (Column	(b) must equal Form 990, Part X, col (B) line 25)	•	Charles and the control of the World States

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

	ule D (Form 990) 2017 Tri-Lakes CASA, Inc.	<u> </u>	71-0778193	Page 4
Ŗа	Reconciliation of Revenue per Audited Financial Statement		Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			•
а	Net unrealized gains (losses) on investments	a		
b	Donated services and use of facilities	b		
С	Recoveries of prior year grants	c		
d	Other (Describe in Part XIII)	-		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1	NAME:	
	Investment expenses not included on Form 990, Part VIII, line 7b	_		
a	Other (Describe in Part XIII)			
b	· · · · · · · · · · · · · · · · · · ·	υ		
_ C			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 Dotum	
\$ 7,2	Reconciliation of Expenses per Audited Financial Statemen		per Keturn.	
	Complete if the organization answered "Yes" on Form 990, Par			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	,		
а		a		
b	Pnor year adjustments	b		
С	Other losses · · · · · · · · · · · · · · · · · ·	С		
d	Other (Describe in Part XIII)	d		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1	3457	
a	Investment expenses not included on Form 990, Part VIII, line 7b	a		
b	· .	<u>-</u>		
c	Add lines 4a and 4b	-	4c	•
				
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information.		5	
5 Pa Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b	and 2b, Part V, line 4, Par	5	
5 Pa Provi	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information.	and 2b, Part V, line 4, Par	5	
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5 Prov i 2, Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b	and 2b, Part V, line 4, Par	5	
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Schedule D (Form 990) 2017

EEA

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.

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

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

Open to Public

Name of the organization Employer identification number Tri-Lakes CASA 71-0778193 Inc Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants а f Solicitation of government grants b Internet and email solicitations Phone solicitations g Special fundraising events С d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, Yes ☐ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 2 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

71-0778193 Schedule G (Form 990 or 990-EZ) 2017 Tri-Lakes CASA, Inc. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col (a) through col (c)) (event type) (event type) (total number) Revenue Gross receipts 2 Less Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) · · · · · · · · · · · · · ▶

Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states?
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No If "Yes," explain

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

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

Tri-Lakes CASA, Inc.	71-0778193
01. Form 990 governing body review (Part VI, line 11)	
The Form 990 is reviewed by the Executive Director, the Treasurer and then by	y the entire
Board of Directors. Once approved the President signs and mails the return.	
• • • • • • • • • • • • • • • • • • • •	
02. Conflict of interest policy compliance (Part VI, line 12c)	<u> </u>
Confl _{lcts} of interest are noted by management and those members abstain from	voting on any ,
issue that would be perceived as a conflict of interest.	
03. CEO, executive director, top management comp (Part VI, line 15a)	
The finance committee annually reviews salary compensation for all employees.	
····	·- <u>-</u>
04. Other officer or key employee compensation (Part VI, line 15b	
The finance committee annually reviews salary compensation of all employees.	
05. Governing documents, etc, available to public (Part VI, line 19)	
The Organization makes its governing documents, conflict of interest policy,	and financial
statements available to the public upon request.	
06. Explanation of other changes in net assets or fund balances (Part XI, 1	line 9)
Unrealized gain on investments carried at market value	
	_