Sign Here Lindsay Mulkay, Executive Director Date X Print/Type preparer's name nature Paid P01038404 Jay C Hoover II CPA 04-20-2020 Preparer Firm's EIN Firm's name Hoover & Comp **Use Only** PO Box 479 Phone no Bryant AR 72089 501-554-6574 Yes May the IRS discuss this return with the preparer shown above (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Forn	n 990 (2018) Tri-Lakes CASA, Inc.	71-0778193	Page 2
Pa	rtilli Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	· · · · []
1	Bnefly describe the organization's mission		
	The organization and it's volunteers served as advocates for abused and neg	lected child	lren.
	The nationwide organization has helped more than two million children.		
			-
	District the second sec		-
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	No No
	If "Yes," describe these new services on Schedule O	103	M III
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	· · · · 🏻 Yes	No No
	If "Yes," describe these changes on Schedule O	_	_
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$244,045 including grants of \$) (Revenue	\$)
	Provide advocates for abused and neglected children.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		· ·	
		<u> </u>)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$,
		 -	
		_	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 244,045		
EEA	· -	Forn	n 990 (2018)

Page 3 Form 990 (2018) Tri-Lakes CASA, Inc. **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Χ 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 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 6 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III 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 Х 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 11e

	Schedule D, Parts XI and XII	12a	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		
	fundraising, business, investment, and program service activities outside the United States, or aggregate		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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

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

Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

19

20a 20b

21

11f

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Pa	rt IV Checklist of Required Schedules (continued)			,
	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	-	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		,,
	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b	 	X
b	Did the diganization invest any processes of tax exempts and boyona a temporary period exception	240		₩
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d	-	┢
d 250	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	 	╁
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		1
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	130		1
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		<u> </u>	1
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		1
Ü	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		<u> </u>
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			t
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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-chantable			
	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, Part VI	37		X
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	Χ	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	Щ
		·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	2	1	
b		힉		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	I 1c	I	ıχ

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		4.6.4.4.5.4.5.4.5.4.5.4.5.4.5.4.5.4.5.4.	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			25 J. 4 J
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ر در	, , , , , , , , , , , , , , , , , , ,	34.7
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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 account)?	4a		X_
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			2000 2000 2000
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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).			Prophie
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	14,77	الرافعية مر كان أول الم	J 150
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
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		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	2552	**************************************	
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter		- E13-	11.0
а	Initiation fees and capital contributions included on Part VIII, line 12		12	法関
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			130
11	Section 501(c)(12) organizations. Enter		1.34	
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources		2.3	`a
	against amounts due or received from them)			£123
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	2 ". N	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		学遊戲	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	_ '28'	
	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	17 4 2 12 (4)	1 5 46	
	the organization is licensed to issue qualified health plans			-ris4
C	Enter the amount of reserves on hand	45(1985)(1		V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1,7
	excess parachute payment(s) during the year	15	5,7 £ W9-84	X
	If "Yes," see instructions and file Form 4720, Schedule N	. Addition (inches)	1 42 42 <u>(8)</u>	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	್ಷಾಪ್ಪೆಯನ	X
	If "Yes," complete Form 4720, Schedule O	STATE OF THE PARTY		Pini

Form	1990 (2018) Tri-Lakes CASA, Inc.	71-07781	93	Pa	age 6
Ŗа	rt 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 C	See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			. 🛛
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 12	Taken by Calif		4 40°
	If there are material differences in voting rights among members of the governing body, or			· KA	732
	if the governing body delegated broad authority to an executive committee or similar		1	(d) "	6785
	committee, explain in Schedule O		E CHE		
þ	Enter the number of voting members included in line 1a, above, who are independent	1b 12		35 G	#\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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, or trustees, or key employees to a management company or other person?		3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	• • • • • • •	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		<u>X</u>
6	Did the organization have members or stockholders?		6	\sqcup	<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a_	\sqcup	<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b	4.7.8	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	the year by the following		******	ا سندشد	لنستس
а	The governing body?		8a	X	
þ	Each committee with authority to act on behalf of the governing body?		8b	X	
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 in Schedule O		9		Х
202	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	0)			
<u> </u>	CON D. 1 Oncies (This Section & requests information about policies not required by the internal Nevertue Cou	- /			
10-	Did the executation have local chapters, branches, or affiliates?		10a	Yes	X
10a	Did the organization have local chapters, branches, or affiliates?		IVA	\vdash	
Þ	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form?	11a	Х	
b			J. Salar		<u>Limi</u>
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	arairi salah
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by		100	- 3.33	18 I
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			Tipijales,	<u> </u>
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		* 11 L		1 2 No. 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		18 Th		
	with a taxable entity during the year?	• • • • • • • • • •	16a	28/98 137,774	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		Panguare 力。 力。	1.75	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		غلاملگا <u>ت</u> ۱۹۵۰ م	. نشکی	الأنتثث
	organization's exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Arkansas Out the C404 control of a copy of this Form 990 is required to be filed Arkansas	ntion 501/s\			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se	cuon ou i(c)			
,	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)				
19	Own website Another's website U Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	st nolicy and			
. 3	financial statements available to the public during the tax year	or policy, and			

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

Lindsay Mulkay (501) 321-9269, 508 Quachita Avenue, Hot Springs, AR 71901

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000 (20.0)			

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

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 related organization compensated any current officer, director, or trustee

Check this box if heither the organization not any related	Julyanization	Comp	C113	aleu	any	Currer	IL OII	ncer, unector, or tre	19166	
					(C)					
(A)	(B)	,,,,	at ab		sition	han one		(D)	(E)	(F)
Name and Title	Average	,				is both a		Reportable	Reportable	Estimated
	hours per	offic	er an	d a di	recto	r/trustee)	compensation	compensation from	amount of
	week (list any hours for							from the	related organizations	other compensation
	related	Individual trustee or director	Ins	Officer	ξ e	em Hig	For		(W-2/1099-MISC)	from the
	organizations below dotted	l rec	nstitutional trustee	ĘĘ	Key employee	hest	Former	(W-2/1099-MISC)		organization and related
	line)	tor in	onal		ploy	e 8				organizations
		uste	sna		ee	her				_
		"	ee			Highest compensated employee				
						, a				
(1) Lisa Wood	6.00									
President		Х						0	0	0
(2) Will Rainwater	3.00									
Vice President		Х						0	0	0
(3) Christina Terrazas	2.00									
Treasurer		X						0	0	0
(4) Thomas Rizzo	2.00					[
Board Member		Χ						0	0	0
(5) Gabriel Fisher	1.00									
Board Member		Х						0	0	0_
(6) Jeanie Fisher	1.00									
Board Member		Х					L	0	0	0
(7) Raphael Martinez	1.00									
Board Member		X						0	0	0
(8) Esther Dixon	1.00									
Board Member		Χ						0	0	0
(9) Vicki Cook	1.00									
Board Member		Х					L	o	0	0
(10)Stephanie Kleinman	1.00							-		
Board Member		Χ						0	0	. 0
(11)Lindsay Mulkay	40.00									
Executive Director		Χ						22,513	0	0
(12)Kerı Crenshaw										
Secretary		Х						0	0	0
(13)										
(14)										
							\Box		<u> </u>	· · · · · · · · · · · · · · · · · · ·

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Part	VII Section A. Officers, Directors, Trustees,	Key Employe	es, and	d Hi	ghe	st C	ompe	ensa	ted Employees (co	ontinued)	т — —		
	(A) Name and title	(B) Average hours per week (list any	box, ui officer	nless	pers a dire	tion ore th	an one both ar trustee)) 	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) stimated mount o other	
		hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensati from the ganization nd relate ganization	e on ed
<u>(15)</u>													
(16)													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)_													
(24)	·												
(25)	·												
1b c	Sub-total							>					
d	Total (add lines 1b and 1c)				_			<u> </u>	22,513	0			0
2	Total number of individuals (including but not limited reportable compensation from the organization		d abov	e) w	ho r	ece	ived m	nore	than \$100,000 of	0			
	reportable compensation norm the organization >											Yes	No
3	Did the organization list any former officer, director,		-	oyee	, or	hıgh	est co	ompe	ensated				
	employee on line 1a? If "Yes," complete Schedule of				ad a	· ·			tion from the		3	<u> </u>	X
4	For any individual listed on line 1a, is the sum of re- organization and related organizations greater than												
	ındıvıdual										4		X
5	Did any person listed on line 1a receive or accrue of			-			-	nızatı	on or individual			 	-
Socti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sche	edule J	for s	such	per	son			 	5	L	X
1	Complete this table for your five highest compensal compensation from the organization. Report compe												
	year								1			(C)	
	(A) Name and business address								Description of	services		(C) pensatio	on
					•			•					
2	Total number of independent contractors (including received more than \$100,000 of compensation from				sted	abo	ove) w	/ho					-

Form 990 (2018)

Statement of Revenue

		Check if Schedule O contains a response	or no	ote to any line in this	s Part VIII	<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
ស 	1a	Federated campaigns	1a		MIT SEE LOOK			
igu Lu	b	Membership dues	1b					
, G	С	Fundraising events	1c	8,452				
ifts ar A	d	Related organizations	1d					
S E	е	Government grants (contributions) · ·	1e	241,855				
r Si	f	All other contributions, gifts, grants,		,				
đặt Đặc Đại		and similar amounts not included above	1f	62,688	3 4 5 5 3 5 6			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1	f \$					
υğ	h	Total. Add lines 1a-1f			312,995			
				Business Code		THE CONSTRUCTION		
enu	2a							
evel	ь							
E E	С							
ě	d					•		
S E	е							
Program Service Revenue	f	All other program service revenue	. .		i			
ָ ﻣ ַ		Total. Add lines 2a-2f						AND PROCESSES
		Investment income (including dividends, inter and other similar amounts) Income from investment of tax-exempt bond						
		Royalties · · · · · · · · · · · · · · · · · · ·						
	5		•••	ī		Jenis-Altricionidan		mario de la foresta de la companya del companya del companya de la
	6-	(i) Real		(ii) Personal		and account four		
		Gross rents · · · · · ·		· ·				
		Less rental expenses · · · ·						
		Rental income or (loss) · · ·		<u> </u>	*SOURCE AND THE AND THE PARTY OF	Tresto dura fred in anti-	145 李明年54715公路本工,在《本文》。""。	make survival the side of
		Net rental income or (loss) · · · · · · ·		1		SECTION CASE	Marking Samszer (1986)	(-48.5-48.84.58.58.79.70)
	7a	Gross amount from sales of (i) Securities	5	(ii) Other				
		assets other than inventory						
	b	Less cost or other basis		,				
	_	and sales expenses						
		Gain or (loss) · · · · · ·					Sention-Marine statemen.	" and the second of the second
ø			• •			Alto problem a problem		Magrica di Granda di
enne	oa	Gross income from fundraising	,					
		events (not including \$ 8,452 of contributions reported on line 1c)	<u> </u>					
F.		•	•					
Other Rev	.	See Part IV, line 18 · · · · · · · · · · · · · · · · · ·						
S.		Net income or (loss) from fundraising events			**************************************		NAMES AND POST OF THE PERSON ASSESSMENT	no registered forbotheric (2002) Tables of Selection (1
		Gross income from gaming activities	•			Language Contract Contract		4524(038400386)
	Jd	See Part IV, line 19 · · · · · · · · · · · ·	2					
		Less direct expenses		<u>-</u> -				
		Net income or (loss) from gaming activities			and section to see the second section of the second section se	Santural Confident on works of	14.54、当立記から中国「ALL HEINELDH・まだの形字をの。者当年後、2000年の15.75。	Salester Miles of See 3/21 House See 3
		• '					PRINCESON.	
	10a	Gross sales of inventory, less returns and allowances	а					
		Less cost of goods sold						
		Net income or (loss) from sales of inventory			Company of the Control of the Contro	ence mercy drivings (CHEENER)	Secretary association of the contract of the first	
		Miscellaneous Revenue		Business Code				
1	11a	17113-0-01101110-013-11-11-11-11-11-11-11-11-11-11-11-11-1			New Concession of the second o	A Defende Ant Labille accountablingues	And hill count of the transferent street of	Francisco (1981) Marie Alban, va. 1 au 2528,
	b							-
ī						-		
	, O	All other revenue	_		· -			
,	-	Total. Add lines 11a-11d					UNICH DIE KARA	Wan Shall Ve
		Total revenue. See instructions			312,995			U SANGONIO
	. 4	TOWN TOTOTION COO HISTORIAN CO.			J12,39J	<u> </u>		·

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O'contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, Total expenses Program service expenses Fundraising Management and 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 195,264 156,211 39,053 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 3,900 3,120 780 10 Payroll taxes 16,961 13,569 3,392 11 Fees for services (non-employees) Legal h 3,760 360 3,400 Lobbying d HEAT WATER Professional fundraising services See Part IV, line 17 f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 1,745 1,745 12 Advertising and promotion 3,492 13 Office expenses 17,459 13,967 14 Information technology 15 16 22,600 22,600 18,664 17 18,664 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,154 1,154 20 21 Payments to affiliates 22 1,235 1,235 Depreciation, depletion, and amortization 23 4,636 4,636 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 180 144 5,219 5,219 b Telephone 2,110 2,110 C Fundraising d 6,057 6,057 е All other expenses 54,789 Total functional expenses. Add lines 1 through 24e 244,045 2,110 25 300,944 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)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1,712 15,347 2 3,567 3 Pledges and grants receivable, net 6,621 15,960 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Loans and other receivables from other disqualified persons (as defined under section 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 Notes and loans receivable, net **Assets** Inventories for sale or use 47,800 47,800 Prepaid expenses and deferred charges 916 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 54.289 Less accumulated depreciation 10b b 4,424 3.189 11 11 22 Investments - other securities See Part IV, line 11 12 12 13 13 14 14 15 18,718 15 18,730 Total assets. Add lines 1 through 15 (must equal line 34) 83,780 16 16 101,942 17 17 Accounts payable and accrued expenses 9,545 15,475 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 67,737 28 <u>18,7</u>18 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 74,235 86,467 Total liabilities and net assets/fund balances 83,780 101,942

		1-0//	6193		aye 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>· · · · · · · · · · · · · · · · · · · </u>		$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>312,9</u>	9 95
2	Total expenses (must equal Part IX, column (A), line 25)	2		300,9	944
3	Revenue less expenses Subtract line 2 from line 1	3		12,0)51_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		74,2	235_
5	Net unrealized gains (losses) on investments	5			181
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor 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		86,4	167
Рa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>		$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		, '	1,	
	Schedule O		,	. 2	
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		1		, 1
	reviewed on a separate basis, consolidated basis, or both				`
	Separate basis Consolidated basis Both consolidated and separate basis				<u> </u>
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		**	1	4
	separate basis, consolidated basis, or both		' ; · ,	1	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 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		,		
	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		Х
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		3b		1
ΕA			Forr	n 990 (2	2018)
-					

EEA

SCHEDULE A

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.

OMB No 1545-0047 2018

Open to Public

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization 71-0778193 Tri-Lakes CASA, Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2	╚	A school described in section 170(b)(1	1)(A)(iı). (Attach Sch	nedule E (Form 990 or 990)-EZ))			\boldsymbol{a}	
3		A hospital or a cooperative hospital ser	vice organization de	scribed in section 170(b)	(1)(A)(iii).			77	
4		A medical research organization operation	ted in conjunction wi	th a hospital described in	section 17	0(b)(1)(A)(iii). Enter the	\mathcal{O}_{I}	
		hospital's name, city, and state			_				
5		An organization operated for the bene	fit of a college or un	iversity owned or operate	ed by a gov	ernmental	unit described in		
		section 170(b)(1)(A)(iv). (Complete Pa	art II)						
6		A federal, state, or local government or	governmental unit o	described in section 170(I	o)(1)(A)(v).				
7		An organization that normally receives	a substantial part of	of its support from a gove	rnmental u	nit or from	the general public		
		described in section 170(b)(1)(A)(vi).	(Complete Part II)						
8	П	A community trust described in section		Complete Part II)					
9	П	An agricultural research organization de			in conjunct	ion with a la	and-grant college		
	_	or university or a non-land-grant colleg							
		university	,		,,,				
10	\boxtimes	An organization that normally receives	(1) more than 33	1/3% of its support from c	ontribution	s. member	ship fees, and gross		
		receipts from activities related to its ex							
		support from gross investment income		•					
		acquired by the organization after June				, -	-		
11	П	An organization organized and operated				(4).			
12	Ħ	An organization organized and operate	•	•			arry out the purposes		
	_	of one or more publicly supported organ	•	•			-		
		Check the box in lines 12a through 12d			•			a	
	а	Type I. A supporting organization of		*				•	
		the supported organization(s) the	•	•					
		supporting organization You must							
	b	Type II. A supporting organization s	•		supported o	organizatioi	n(s), by having		
		control or management of the sup	·						
		organization(s) You must comple	·						
	С	Type III functionally integrated.			on with, an	d functiona	Ilv integrated with.		
		its supported organization(s) (see ii		•			, ,		
	d	Type III non-functionally integra	•	•			rted organization(s)		
		that is not functionally integrated		-			_		
		requirement (see instructions) You							
	е	Check this box if the organization	-				pe II, Type III		
		functionally integrated, or Type III i					•		
	f	Enter the number of supported organiz	•						
	g	Provide the following information about		anization(s)					
		Name of supported organization	(ii) EIN	(III) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10		r governing	support (see	other support (see	
				above (see instructions))	docum	ent?	instructions)	instructions)	
					Yes	No			
/A)									
(A)					<u></u>				
(B)									
				· · · · · · · · · · · · · · · · · · ·	ļ.——				
(C)					1				
(D)									
/E\	_								
(E)								- -	
							i		

(i) Name of supported organization	(u) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the o listed in you docum	ir governing	(v) Amount of monetary support (see instructions)	(พ) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total			İ			

Sche	dule A (Form 990 or 990-EZ) 2018	Lakes CASA,	Inc.			71-07781	93 Page/
Pa	rt II Support Schedule for Org	ganizations C	Described in Se	ctions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	<u>(i)</u>
•	(Complete only if you chec	ked the box o	on line 5, 7, or 8	of Part I or if t	the organization	r failed to qual	fy under /
	Part III. If the organization	fails to qualify	under the tests	listed below,	please complet	te Part III)	
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				•		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · · · ·						
5	The portion of total contributions by		-			}	
	each person (other than a						
	governmental unit or publicly		1				
	supported organization) included on					1	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 • •						
Sec	ction B. Total Support		_ - 				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10					,	
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		cond, third, fourth, or f				▶□
Sec	tion C. Computation of Public Su	pport Percen	itage				
14	Public support percentage for 2018 (line 6, co					14	%
15	Public support percentage from 2017 Schedu	ile A, Part II, line 1	14 • • • • • •		· · · · · · · · · · · ·	15	%
16a	33 1/3% support test 2018. If the organization	on did not check the	e box on line 13, and	line 14 is 33 1/3%	or more, check this		
	box and stop here. The organization qualifies	as a publicly suppo	orted organization				▶ 📗
b	33 1/3% support test - 2017. If the organization	on 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 quali	fies as a publicly s	upported organization				▶ 🔲
17a	10%-facts-and-circumstances test - 2018. If	f the organization o	did not check a box on	line 13, 16a, or 10	6b, and line 14 is		
	10% or more, and if the organization meets the	e "facts-and-circum	nstances" test, check t	this box and stop	here. Explain in		
	Part VI how the organization meets the "facts	-and-circumstanc	es" test. The organiza	ation qualifies as a	a publicly supported		
	organization			. 			▶ 🔲
b	10% facts-and-circumstances test - 2017. If	the organization of	did not check a box on	line 13, 16a, 16b,	, or 17a, and line		
	15 s 10% or more, and if the organization mee	ets the "facts-and-c	circumstances" test, cl	heck this box and	stop here.		,
	Explain in Part VI how the organization meets	the "facts-and-cii	rcumstances" test Th	ne organization qu	ualifies as a publicly		
	supported organization			. .			▶ □
18	Private foundation. If the organization did not	check a box on lin	ne 13, 16a, 16b, 17a, d	or 17b, check this	box and see		
_/	instructions			<u></u>	· · · · · · · · · ·	<u></u>	<u></u> ▶ □
EBA						Schedule A (Fe	orm 990 or 990-EZ) 2018

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

(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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	167,733	195,317	218,518	223,668	313,175	1,118,411
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 •					<u>. </u>	
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 · · · · · · · ·	167,733	195,317	218,518	223,668	313,175	1,118,411
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						
¢	Add lines 7a and 7b · · · · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from		- -				
Se	ction B. Total Support	<u> </u>					1,118,411
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	167,733	195,317	218,518	223,668	313,175	1,118,411
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						
¢	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)	167,733	195,317	218,518	223,668	313,175	1,118,411
14	First five years. If the Form 990 is for the orga organization, check this box and stop here	nization's first, second					
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2018 (line 8, co	lumn (f), divided by li	ine 13, column (f))			15	100.00 %
16	Public support percentage from 2017 Schedul			<u></u>	<u></u>	16	100.00 %
	ction D. Computation of Investmen				 т		
17	Investment income percentage for 2018 (line 10		=	177	• • • • • • • • • • • • • • • • • • • •	17	0.00 %
18	Investment income percentage from 2017 Sche	•			L	18	0.00 %
19a	33 1/3% support tests - 2018. If the organizate 17 is not more than 33 1/3%, check this box and						▶ 🏻
b	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this box	x and stop here . The	organization qualifi	es as a publicly supp	ported organization		▶ 🔲
20_	Private foundation. If the organization did not	check a box on line 1-	4, 19a, or 19b, chec	k this box and see ii	nstructions .	· · · · · · · · ·	▶ 📋

Part IV Supporting C

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

- 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
- 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 (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 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1	-	
	2		
	3a	*****	
		*	
	3b		
	3c		
	4a		
		`	
	4b		
		¥	
		2°	
	4c	***	
	20.	_	
	5a		
	5b 5c		
	6		
	7	,= <u>"</u>	
	8		

	9a	·	
	9b		
i	مُو		
	9c		
	w		
	10a		
	106		
/Fo	10b	or 990 F	7) 2018

	rt IV Supporting Organizations (continued)		<u>·</u>	uge 3
<u>. u</u>	· Cupporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		162	140
				1
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a	 -	
	below, the governing body of a supported organization?	11b		<u> </u>
	A family member of a person described in (a) above?		<u> </u>	<u> </u>
	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	L	L
Sec	tion B. Type I Supporting Organizations		122	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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	l	,	ÌÌ
	controlled the organization's activities If the organization had more than one supported organization,			1
	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		
	3			
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			!
	supervised, or controlled the supporting organization.	2		
500	tion C. Type II Supporting Organizations			
<u> </u>	tion C. Type ii Supporting Organizations		Vaa	NI.
4	NATIONAL AND		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		1	
	the supported organization(s).	_1_	L	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		,	}
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	<u>'</u> '		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_				Ī
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		<u> </u>	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	• ′		- 1
•		, j		j
	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			لـــــا
~-	supported organizations played in this regard.	_3		
	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 instruction)	ctions	s).	
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 government entity (see	ınstru	ctions	<u>). </u>
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	_		- 1
	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,			1
	how the organization was responsive to those supported organizations, and how the organization determined			- 1
	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			\neg
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			- }
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
		2b		
2	activities but for the organization's involvement.	20		
3	Parent of Supported Organizations Answer (a) and (b) below.	.	ł	- 1
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? 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		

[Pa	irt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru	ust on	Nov. 20, 1970 (explain	n Part VI) See
	instructions. All other Type III non-functionally integrated supporting organization	tions n	nust complete Sections	A through E
Sec	tion 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		
	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
CC	ollection of gross income or for management, conservation, or		•	
	aintenance of property held for production of income (see instructions)	6		1
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		4	3
_ in:	structions for short tax year or assets held for part of year).			`_u
_ 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		
е	Discount claimed for blockage or other		. 1	don't
	actors (explain in detail in Part VI)			· · · · · · · · · · · · · · · · · · ·
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3	<u> </u>	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1		
_se	e 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		
Sec	tion C - Distributable Amount		,	Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
_ 3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		·
_4	Enter greater of line 2 or line 3	4		
_ 5	Income tax imposed in prior year	5		<u> </u>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions)	6	 	<u> </u>
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ated Type III supporting	organization (see
	instructions)			•

<u>Pa</u>	π v Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continuea)	
Se	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organization	ons	
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	organization is responsi	ve	<u> </u>
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See		J	
_	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			*
b	From 2014			
_ c	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
_ <u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7: \$	l l		
a	Applied to underdistributions of prior years			
_b	Applied to 2018 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions		}	
7	Excess distributions carryover to 2019 Add lines 3j			
8	and 4c			
	Breakdown of line 7			
	Excess from 2014			<u> </u>
	Excess from 2015	 		
	Excess from 2016	 		
_ <u>a</u>	Excess from 2017		— ———	

SCHEDULE D (Form 990)

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.

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

Tr	i-Lakes CASA, Inc.	71-0778193
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
,		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
O		
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	
Г <mark>Ба</mark>	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
	·	
	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)	
	Protection of natural habitat Preservation of a certified history	oric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conserv	
	easement on the last day of the tax year	Held at the End of the Tax Year
a	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 the organization	on 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	m
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation east	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easeme	ents 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)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that des	scribes the
	organization's accounting for conservation easements	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er 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 statement and ba	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	ance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance	ce sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	rance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	· · · · · • \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	ide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
à	Revenue included on Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990. Part X	

	dule D (Form 990) 2018 Tri-Lakes CASA,	Inc.			71-0778	193 Page 2
Pa	rt III Organizations Maintaining Co	llections of A	rt, Historical Tre	easures, or Oth	er Similar Asset	s (continued)
3	Using the organization's acquisition, accession, and	d other records, ch	eck any of the follow	ing that are a signific	ant use of its	<u>-</u>
	collection items (check all that apply)					
а	Public exhibition	d ∏ Loa	n or exchange progr	ams		
b	Scholarly research		ier			
C	Preservation for future generations	·	····			···
4	Provide a description of the organization's collection	ins and explain how	they further the ora:	anization's exempt ni	irnose in Part	
•	XIII	ms and explain not	rancy taraner and orga	amedion o exempt pe	21,p000 III 1 U.I.	
5	During the year, did the organization solicit or recei	vo donations of art	hietorical treasures	or other similar		
3	assets to be sold to raise funds rather than to be m				<u></u>	. Yes No
Pa	rt IV Escrow and Custodial Arrange		the organizations c	ollection		· [] les [] lto
<u> </u>	Complete if the organization ans		n Form 990 Pai	rt IV line 9 or re	enorted an amour	nt on Form
	990, Part X, line 21	Weiga ica o	11 1 01111 000, 1 01	1010, 11110 0, 01 10	ported arramour	10111 01111
	Is the organization an agent, trustee, custodian or o	othor into recording . 4	in contributions or of	hor accets not		
ıa	is the organization an agent, trustee, custodian or t	other intermediary i	or contributions or ot	ner assets not		. ☐ Yes ☐ No
L				• • • • • • • • •		· L les L Mo
D	If "Yes," explain the arrangement in Part XIII and co	omplete the following	ig table			
	Beginning balance			<u> -</u>	Amo	ount
С.	a continued				1c	
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 99					·· Yes No
_ <u>b</u>	If "Yes," explain the arrangement in Part XIII Check	k here if the explan	ation has been provid	ded on Part XIII	<u> </u>	<u>·····</u>
Ра	rt V Endowment Funds.					
	Complete if the organization ans	wered "Yes" o	n Form 990, Pai	rt IV, line 10		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions			ļ		
C	Net investment earnings, gains, and					
	losses			<u> </u>		
d	Grants or scholarships			<u> </u>		
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current year	ar end balance (line	e 1g, column (a)) hele	d as		
а	Board designated or quasi-endowment	%				
b	Permanent endowment > %					
С	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c should equ	ual 100%				
3a	Are there endowment funds not in the possession of		that are held and adn	ninistered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations li	isted as required or	n Schedule R?			3b
4	Describe in Part XIII the intended uses of the organ	•				Lillandon
Pai	rt VI Land, Buildings, and Equipmen					
	Complete if the organization ans		n Form 990. Par	t IV, line 11a Se	ee Form 990, Par	t X, line 10
	Description of property	(a) Cost or oth			:) Accumulated	(d) Book value
	besarphorn or property	(investme	1	(other)	depreciation	1-7 5551 15755
	Land					
b	Buildings					
	Leasehold improvements					
q C	•	-		E4 200	E1 100	2 100
d	Equipment	•		54,289	51,100	3,189
e Tatal	Other		umn (R) (mo 10-)			3,189
ı otal	 Add lines 1a through 1e (Column (d) must equal Fo 	ли ээо, гап X, сою	umm (D), IIII (DC)			3,189

Schedule D (Form 990) 2018 Tri-Lakes CASA, 3	<u></u>	71-0778193	Page :
Part VII Investments - Other Securities.			
Complete if the organization answered	'Yes" on Form 990, Pa	rt IV, line 11b See Form 990, Part X	K, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
_ (A)			
_ (B)			
_ (C)			
(D)			
(E)			
_ (F)			
_ (G)			
(H) ·			
Total (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.			
Complete if the organization answered "	Yes" on Form 990, Pa	rt IV, line 11c See Form 990, Part >	(, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)			
(2)	-		
_ (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 990, Part X, col (B) line 13)		-	
Part IX Other Assets.	<u></u>		
Complete if the organization answered "	Yes" on Form 990, Par	rt IV, line 11d See Form 990, Part >	(, line 15
(a) Descr	ıptıon	(b)) Book value
(1) Endowment Fund - Restricted			18,73
(2)			
(3)			
(4)			
(5)			
(6)			

(a) Description	(b) Book value
(1) Endowment Fund - Restricted	18,730
(2)	_
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Part X Other Liabilities.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

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

. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
_ (7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, ∞l (B) line 25	i) ▶	

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

18,730

	ule D (Form 990) 2018 Tri-Lakes CASA, Inc.		71-0778193	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen		r Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art 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	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	7	
е	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			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b	Other (Describe in Part XIII)	4b	7	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial Statem			
ـــــــ	Complete if the organization answered "Yes" on Form 990, P		•	
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	Donated services and use of facilities	2a	·	
b	Prior year adjustments	2b	┦ ┦	
c	Other losses	2c	┦ !	
d	Other (Describe in Part XIII)	2d	-	
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1		 	
4	f ·	4a	1.1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b	⊣	
b			 	
c			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·	5	
		1 10 D- 171 - 1 D- 1	<u> </u>	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1		A, line	
2, Pa	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information		
				
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		···· -		
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Schedule D (Form 990) 2018

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 2018

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Name of the organization			•		_	Employer ide	entification number
Tri-Lakes CASA, Inc.						71-0778193	
Part I Fundraising Activities	. Complete if t	he organiz	zation ans	wered "Yes" on F	orm 990), Part IV,	line 17
Form 990-EZ filers are no	t required to cor	nplete this	part _		_		
1 Indicate whether the organization raise	ed funds through a	ny of the follo	owing activiti	es Check all that appl	y		
a 🔲 Mail solicitations		е 🗌	Solicitation of	of non-government gra	nts		
b Internet and email solicitations		f 📗	Solicitation of	of government grants			
c Phone solicitations		g 🗍	Special fund	Iraising events			
d In-person solicitations			·	•			
2a Did the organization have a written or	oral agreement wi	th any individ	tual (includin	a officers, directors, tru	ıstees.		
or key employees listed in Form 990, I						∏ Y	es 🗍 No
b If "Yes," list the 10 highest paid individ							
compensated at least \$5,000 by the or	· ·	, ра					
	g						
	<u> </u>	(v.) D.d. (v.)	4		(v) Amo	unt paid to	() Amount and to
(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or ret	ained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) ricavity		utions?	from activity		er listed in ol. (i)	organization
	 	Yes	No			<u>'' '''</u>	
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otal	<u> </u>		▶		·		
3 List all states in which the organization i	s registered or lice	ensed to solic	cit contributio	ns or has been notified	l it is exem	pt from	
registration or licensing							
		· · · · · · · · · · · · · · · · · · ·					
			-	·			
							

	dule G		-Lakes CASA, Inc	answered "Yes" on Form		-0778193 Page 2		
		than \$15,000 of fundraising gross receipts greater than	event contributions an			· · · · ·		
Revenue		ground grounds man	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through		
			(event type)	(event type)	(total number)	col (c))		
	1	Gross receipts						
_	2	Less Contributions						
	3	Gross income (line 1 minus						
	4	Cash prizes						
	5	Noncash prizes						
nses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Direc	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary Add lines						
11 Net income summary Subtract line 10 from line 3, column (d)								
Je		than \$15,000 on Form 990	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
Revenue	1	Gross revenue						
Direct Expenses			·					
	2	Cash prizes						
	3	Noncash prizes						
	4	Rent/facility costs · · · · · ·						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes % No	Yes% No			
	7	Direct expense summary Add lines 2	2 through 5 in column (d)		,▶	<u> </u>		
	8 Net gaming income summary Subtract line 7 from line 1, column (d) · · · · · · · · · · · · · · · · · · ·							
9 a		Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? Yes No						
b	lf "I	If "No," explain						

Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b 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.

OMB No 1545-0047

Open to Public

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.

Inspection Employer identification number

Tri-Lakes CASA, Inc.	<u> </u>
01. Form 990 governing body review (Part VI, line 11)	
The Form 990 is reviewed by the Executive Director, the Treasurer and then	by the entire
Board of Directors. Once approved the President signs and mails the return	·
02. Conflict of interest policy compliance (Part VI, line 12c)	
Conflicts of interest are noted by management and those members abstain fro	m 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 employee	s
04. Other officer or key employee compensation (Part VI, line 15b	
The finance committee annually reviews salary compensation of all employees	
<u> </u>	
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.	<u> </u>
	
06. Explanation of other changes in net assets or fund balances (Part XI,	line 9)
Unrealized gain on investments carried at market value	
······································	