

**Oldham County Fiscal Court
Grant Application**

Date of Application: December 31, 2025

Official Name of Organization: CASA, Inc. (Court Appointed Special Advocates of the River Region)

Address: P. O. Box 225, LaGrange, KY 40031 (Oldham County Office)

EIN: 61-1066568

Date and Place of Incorporation: November 1984 / Jefferson County, KY

Name, Complete Address, Email and Phone Number of Contact Person:

Nicole Cardwell / nicole@casarr.org / 502-595-4911

CASA, Inc.

982 Eastern Parkway, Box 9

Louisville, KY 40217

Purpose of Organization or Mission Statement and Services Rendered:

CASA's purpose is simple yet vital: to improve the well-being of children impacted by abuse and neglect by advocating for their best interests—a safe and stable home, access to academic support and needed medical and therapeutic services. Our trained volunteer advocates (CASAs) visit children regularly, monitor their safety and academic progress, connect families to resources that promote stability and healing, and advocate in court to ensure each child's needs are prioritized.

Amount Requested: \$3,000

Proposal for funding. On a separate page, please provide the following:

- Statement of need for project**
- Proposed use of funds to remediate the need**
- Project budget**

Attachments:

List of Officers and Directors – Name, Office, Address, Business Affiliation, Compensation from Organization.

- Copy of 501c(3) tax-exempt status letter from IRS;
- Documentation for most recent form 990;
- Documentation for most recent filing with KY Secretary of State;
- Most recent Organization/Agency budget **summary**, or balance sheet, or income/expense statement (Please, no complete budgets!);
- If a recipient of funds for the prior year, a statement of the use of those funds;
- Photographs, videos, letters of support.

Submission Guidelines:

Email complete applications to: Caroline Schoenig CSchoenig@oldhamcountky.gov no later than 12/30/2025.

PROPOSAL FOR FUNDING - OLDHAM COUNTY FISCAL COURT

STATEMENT OF NEED

CASA of the River Region serves children on Oldham County Family Court’s abuse and neglect docket—children whose lives are marked by trauma and instability. They face steep challenges:

- At least **81%** live in economically disadvantaged households.
- **Up to 94%** are impacted by parental substance abuse.
- **Nearly 50%** experience out-of-home care or multiple placements.
- **All** have endured at least one Adverse Childhood Experience (ACE) such as abuse, neglect, or parental incarceration.

These experiences create emotional, developmental, and academic barriers. CASA volunteers provide the stability these children lack—ensuring their voices are heard, their needs are met, and they have a consistent adult focused solely on their best interests. Research shows that when a child has even **one** stable, supportive adult, their resilience increases dramatically—improving school engagement, emotional well-being, and long-term stability. CASA provides that anchor for children who often have no one else solely focused on their best interests.

PROPOSED USE OF FUNDS

OCCF funding will support CASA’s **Advocacy Academy & Support Program**, enabling us to **recruit, train, and support more volunteer advocates** for Oldham County children. Funds will strengthen (1) recruitment through outreach, presentations, and community events; (2) training that prepares volunteers to advocate effectively; and (3) ongoing support that keeps volunteers engaged and equipped. Every new CASA means at least one more child gains a steady, caring adult. As one former CASA youth shared: *“Having my CASA in my corner made a big difference. My CASA was the one person I could count on.”*

BUDGET

Oldham County Proposed Program Expenses 2026

Payroll	\$40,000	Postage	\$20
Payroll Tax	\$3,060	Payroll Processing	\$300
Health Insurance	\$7,735	Dues/Subscriptions	\$150
Retirement	\$2,800	Office Supplies	\$1,000
Staff Travel/Training	\$450	Office Rental	\$2,100
Volunteers	\$300	Tech/Phone/Small Equipment	\$6,000
Advertising & PR	\$170	----- Total	\$64,125

Note: The CEO, Director of Development, Director of Programs, Manager of Operations, Training Manager, and Community Engagement Manager all provide essential leadership, oversight, and operational capacity that ensure high-quality services—though their contributions are not reflected in the Oldham County budget figures.



ASHLEY BROWN, JD
DENTONS BINGHAM GREENEBAUM, LLP,
Associate
551 Old Corydon Road, New Albany, IN 47150
(502) 408-3720 |
ashleybrown0807@gmail.com
Area: Development/Administration/Jefferson



JENNIFER JACKSON, JD
Stites & Harbison, Attorney
8312 Alpena Way, Louisville, KY 40242
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Area: Development/Legal/Jefferson



JOHANNA WHEATLEY
REPUBLIC BANK & TRUST, VP/Treasury
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Outreach/Oldham



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TARA BROWN, MA- SECRETARY
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|lmooneyhaneovec.org
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COURTNEY SUYEYASU
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Director, IT Controller
8965 Pekin Road, Greenville, IN 47124
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Area: Finance/Jefferson

HONORARY MEMBERS

TERRI BASS | HON. RICHARD J. FITZGERALD*

MAUD R. FLIEGELMAN * | DR. JOAN THOMAS *

Board members do not receive compensation for their service.

**Deceased*



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248667579
July 11, 2011 LTR 4168C E0
61-1066568 000000 00

00015294

BODC: TE

CASA INC
982 EASTERN PKWY BOX 9
LOUISVILLE KY 40217

Employer Identification Number: 61-1066568
Person to Contact: Mr Gerding
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 29, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 1985.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248667579
July 11, 2011 LTR 4168C E0
61-1066568 000000 00
00015295

CASA INC
982 EASTERN PKWY BOX 9
LOUISVILLE KY 40217

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



S. A. Martin, Operations Manager
Accounts Management Operations

Return of Organization Exempt From Income Tax

Form 990

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

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Header section A-M containing organization name (CASA OF THE RIVER REGION), EIN (61-1066568), address (982 EASTERN PKWY. BOX 9, LOUISVILLE, KY 40217), and other identifying information.

Part I Summary

Table with 22 rows detailing financial and governance information, including mission statement (TO SUPPORT AND PROMOTE COURT-APPOINTED VOLUNTEER ADVOCACY...), revenue (Total: 1,303,226), expenses (Total: 1,141,792), and net assets (Total: 2,945,729).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature (JAMIE NOON), preparer signature (GREG JACKSON, CPA), and firm information (BLUE & CO., LLC).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: TO SUPPORT AND PROMOTE COURT-APPOINTED VOLUNTEER ADVOCACY FOR ABUSED AND NEGLECTED CHILDREN SO THEY CAN THRIVE IN SAFE, PERMANENT HOMES.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 993,707. including grants of \$) (Revenue \$) SERVE CHILDREN IN THE FAMILY COURT SYSTEM WHO HAVE BEEN ABUSED AND/OR NEGLECTED AND ARE IN DANGER OF, OR HAVE BEEN, REMOVED FROM THEIR HOME AND PLACED IN THE FOSTER CARE SYSTEM. CASES CAN LAST ANYWHERE FROM 12 TO 18 MONTHS, OR IN SOME INSTANCES, LONGER. THE OBJECTIVE IS ALWAYS PERMANENCY FOR THE CHILD/CHILDREN. WE WERE ABLE TO SERVE APPROXIMATELY 509 CHILDREN IN 2024.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 993,707.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included on line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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 KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [X] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JAMIE NOON - (502)595-4911
982 EASTERN PARKWAY, BOX 9, LOUISVILLE, KY 40217

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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMIE NOON CHIEF EXECUTIVE OFFICER	40.00			X			64,808.	0.	3,408.	
(2) DAVID LEON MOONEYHAN BOARD MEMBER	1.00	X					0.	0.	0.	
(3) BRIAN SISTO VICE CHAIR	1.00	X		X			0.	0.	0.	
(4) HEATHER METTS, CPA BOARD CHAIR	1.00	X		X			0.	0.	0.	
(5) ANDY BATES BOARD MEMBER	1.00	X					0.	0.	0.	
(6) TARA BROWN BOARD MEMBER	1.00	X					0.	0.	0.	
(7) JOSEPHINE DURBIN BOARD MEMBER	1.00	X					0.	0.	0.	
(8) JENNIFER JACKSON BOARD MEMBER	1.00	X					0.	0.	0.	
(9) CARL HEICK BOARD MEMBER	1.00	X					0.	0.	0.	
(10) STEVEN BLEVINS BOARD MEMBER	1.00	X					0.	0.	0.	
(11) SADIE RIZZUTO BOARD MEMBER	1.00	X					0.	0.	0.	
(12) ASHLEY BROWN BOARD MEMBER	1.00	X					0.	0.	0.	
(13) JOHANNA WHEATLEY TREASURER	1.00	X		X			0.	0.	0.	
(14) JONATHAN JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(15) BRANDON HILL BOARD MEMBER	1.00	X					0.	0.	0.	

Part VII 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 related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							64,808.	0.	3,408.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							64,808.	0.	3,408.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	114,259.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,152,634.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 94,887.				
	h Total. Add lines 1a-1f		1,266,893.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		89,450.			89,450.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	3,003,279.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	3,002,010.				
	c Gain or (loss)	7c	1,269.				
	d Net gain or (loss)		1,269.			1,269.	
8 a Gross income from fundraising events (not including \$ 114,259. of contributions reported on line 1c). See Part IV, line 18	8a		24,961.				
			84,018.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-59,057.			-59,057.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	4,671.	4,671.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			4,671.			
12 Total revenue. See instructions			1,303,226.	4,671.	0.	31,662.	

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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	68,216.	54,572.	6,822.	6,822.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	580,446.	545,596.	600.	34,250.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,043.	35,271.	27.	2,745.
9 Other employee benefits	49,280.	45,281.	118.	3,881.
10 Payroll taxes	50,259.	46,559.	505.	3,195.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	18,305.		18,305.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	37,250.		17,250.	20,000.
12 Advertising and promotion	31,966.	29,442.		2,524.
13 Office expenses	67,985.	63,539.	216.	4,230.
14 Information technology				
15 Royalties				
16 Occupancy	75,592.	69,276.	792.	5,524.
17 Travel	20,328.	19,612.	173.	543.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,138.	41,524.	2,307.	2,307.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a VOLUNTEERS AND TRAINING	20,624.	20,624.		
b MISCELLANEOUS	15,210.	5,700.	8.	9,502.
c PROGRAM EXPENSE	10,781.	10,781.		
d DUES & PUBLICATIONS	5,930.	5,930.		
e All other expenses	5,439.		5,439.	
25 Total functional expenses. Add lines 1 through 24e	1,141,792.	993,707.	52,562.	95,523.
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 <input type="checkbox"/> 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	898,673.	2	1,360,439.
	3 Pledges and grants receivable, net	519,686.	3	275,773.
	4 Accounts receivable, net	195.	4	14,531.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	28,492.	9	46,491.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 816,602.		
	b Less: accumulated depreciation	10b 593,314.	269,426.	10c 223,288.
	11 Investments - publicly traded securities	1,036,699.	11	1,030,538.
	12 Investments - other securities. 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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,753,171.	16	2,951,060.	
Liabilities	17 Accounts payable and accrued expenses	7,756.	17	5,331.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	7,756.	26	5,331.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,954,443.	27	2,506,856.
	28 Net assets with donor restrictions	790,972.	28	438,873.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,745,415.	32	2,945,729.
	33 Total liabilities and net assets/fund balances	2,753,171.	33	2,951,060.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,303,226.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,141,792.
3	Revenue less expenses. Subtract line 2 from line 1	3	161,434.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,745,415.
5	Net unrealized gains (losses) on investments	5	38,880.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,945,729.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 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 on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
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 of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1093179.	1087654.	1741900.	1150391.	1266893.	6340017.
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	1093179.	1087654.	1741900.	1150391.	1266893.	6340017.
5 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)						12,440.
6 Public support. Subtract line 5 from line 4.						6327577.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1093179.	1087654.	1741900.	1150391.	1266893.	6340017.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,182.	234.	14,255.	59,290.	90,719.	166,680.
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.)	8,060.	52,774.	41,366.	44,655.	29,632.	176,487.
11 Total support. Add lines 7 through 10						6683184.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	94.68 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	92.86 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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 organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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.)

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

CASA OF THE RIVER REGION

Employer identification number

61-1066568

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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 Michael G. Adams
 KY Secretary of State
 Received and Filed
 4/16/2025 4:02:26 PM
 Fee receipt: \$15.00

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 P. O. Box 1150
 Frankfort, KY 40602-1150
 (502) 564-3490
<http://www.sos.ky.gov>

Annual Report
Online Filing
For the Year 2025

ARP

Company: CASA, INC.
Company ID: 0195949
State of origin: Kentucky
Formation date: 11/30/1984 12:00:00 AM
Date filed: 4/16/2025 4:01:00 PM
Fee: \$15.00
Principal Office

982 EASTERN PARKWAY, BOX 9
 LOUISVILLE, KY 40217

Registered Agent Name/Address

JAMIE NOON
 982 EASTERN PARKWAY, BOX 9
 BOX 9
 LOUISVILLE, KY 40217

Current Officers

Vice President	Josephine Durbin	982 Eastern Parkway, Box 9, Louisville KY 40217
President	Bryan Sisto	982 Eastern Parkway, Box 9, Louisville KY 40217
Treasurer	Steven Blevins	982 Eastern Parkway, Box 9, Louisville KY 40217
Secretary	Tara Brown	982 Eastern Parkway, Box 9, Louisville, KY 40217

Directors

Director	David Leon Mooneyhan	982 Eastern Parkway, Box 9, Louisville, KY 40217
Director	Taylor Amerman	982 Eastern Parkway, Box 9, Louisville, KY 40217
Director	Carl Heick	982 Eastern Parkway, Box 9, Louisville, KY 40217
Director	Brandon Hill	982 Eastern Parkway, Box 9, Louisville, KY 40217
Director	Jonathan Johnson	982 Eastern Parkway, Box 9, Louisville, KY 40217
Director	Debi Bass	982 Eastern Parkway, Box 9, Louisville, KY 40217
Director	Jennifer Jackson	982 Eastern Parkway, Box 9, Louisville, KY 40217
Director	Amanda Hornung	982 Eastern Parkway, Box 9, Louisville, KY 40217
Director	Johanna Wheatley	982 Eastern Parkway, Box 9, Louisville, KY 40217
Director	Courtney Suyeyasu	982 Eastern Parkway, Box 9, Louisville, KY 40217
Director	Heather Metts	982 Eastern Parkway, Box 9
Director	Ashley Brown	982 Eastern Parkway, Box 9

County:	JEFFERSON
Business size:	Small
Business type:	Social Services

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

Michael G. Adams
Secretary of State
P. O. Box 1150
Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

**Annual Report
Online Filing
For the Year 2025**

ARP

Signatures

Signature

Title

Nicole Cardwell

Director of Development



Casa of the River Region

Financial Statements

November 30, 2025

(Personal & Confidential)

Balance Sheet
As of 11/30/2025

CASA of the River Region (CPK)

		Year to Date	Prior Year to Date
Assets			
Current Assets			
1005-00-000-0	Cash - Republic Bank	286,604.78	443,452.94
1007-00-000-0	Republic Bank - Building Fund	9,949.85	9,949.85
1008-00-000-0	Republic Bank - Gaming Account	100.00	100.00
1009-00-000-0	Republic Bank Money Market	303,684.69	0.00
1014-00-000-0	Republic Bank - Endowment	97.00	97.00
1017-00-000-0	Republic Bank - Children's Needs	11,819.53	11,819.53
1050-00-000-0	Old National Investment #7082-3618	10,275.18	10,265.73
1051-00-000-0	UBS Financial Services 3P 01441	1,162,531.36	1,061,518.16
1052-00-000-0	UBS Financial Services 3P 01710	449,464.46	431,026.31
1053-00-000-0	UBS Financial Services 3P 02668	67,927.35	65,320.89
1054-00-000-0	UBS Financial Services 3P 03062 60 (BC)	328,261.83	314,954.96
1201-00-000-0	Accounts Receivable - Other	1,048.51	762.15
1300-00-000-0	Prepaid Expense	2,193.00	2,193.00
1350-00-000-0	Promises to Give	428,013.71	428,013.71
1361-00-098-0	2026 Pledge Receivables:VOCA - 10/25-6/26	29,246.54	0.00
1366-00-000-0	2025 Pledges Receivable	0.00	75,000.00
1367-00-000-0	2026 Pledge Receivables	75,000.00	0.00
	Total Current Assets:	3,166,217.79	2,854,474.23
Fixed Assets			
1800-00-000-0	Office Equipment:Admin	89,916.42	89,916.42
1800-00-043-3	Office Equipment:Jeff-Community Foundation of Loui	2,024.00	2,024.00
1803-00-000-0	Furniture & Equipment	38,891.97	38,891.97
1804-00-000-0	Building Improvements	626,942.85	626,942.85
1805-00-000-0	Computer & Software Equip	36,593.58	36,593.58
1805-00-020-3	Computer & Software Equip:Jeff-Independent Pilots	1,629.00	1,629.00
1805-00-038-0	Computer & Software Equip:Jeff-IPA Foundation-Defa	8,688.69	8,688.69
1805-00-038-3	Computer & Software Equip:Jeff-IPA Foundation-Prog	8,445.00	8,445.00
1805-08-037-3	Computer & Software Equip:S/S-Shelby Co Community	1,590.00	1,590.00
1805-09-038-0	Computer & Software Equip:BC-IPA Foundation-Defaul	1,880.08	1,880.08
1811-00-000-0	Accum. Depreciation:Admin	-593,313.94	-547,175.94
	Total Fixed Assets:	223,287.65	269,425.65
	Total Assets:	3,389,505.44	3,123,899.88

No CPA provides any assurance on these financial statements.

Balance Sheet
As of 11/30/2025

CASA of the River Region (CPK)

		Year to Date	Prior Year to Date
Liabilities			
Current Liabilities			
2010-00-000-0	Accounts Payable:Admin	10,644.32	-767.61
2435-00-000-0	Accrued - Other	0.00	173.98
	Total Current Liabilities:	10,644.32	-593.63
	Total Liabilities:	10,644.32	-593.63
Equity			
2825-00-000-0	Fund Balance	-0.08	-0.08
2830-00-000-1	Retained Earnings-Current Year	172,281.83	379,077.52
2830-00-000-1	RETAINED EARNINGS - PRIOR	2,721,256.13	2,260,092.83
2901-00-000-0	Temporarily Restricted - Promise to Give	485,323.24	485,323.24
	Total Equity:	3,378,861.12	3,124,493.51
	Total Liabilities & Equity:	3,389,505.44	3,123,899.88

No CPA provides any assurance on these financial statements.

Casa of the River Region
Actual vs. Budget
For the Month of November 30, 2025

	Current Month			YEAR TO DATE			Annual Budget
	Actual	Budget	Variance	Actual	Budget	Variance	
Contributions/Grants							
Individual Contributions	\$61,680.87	\$11,666.67	\$50,014.20	\$127,327.98	\$128,333.37	(1,005.39)	\$140,000.00
Organizational Giving	\$93,414.22	\$11,250.00	\$82,164.22	\$162,903.67	\$123,750.00	39,153.67	135,000.00
Grants	\$18,815.74	\$65,416.67	(\$46,600.93)	\$720,575.61	\$719,583.37	992.24	785,000.00
Total Contributions/Grants	173,910.83	88,333.34	85,577.49	1,010,807.26	971,666.74	39,140.52	1,060,000.00
Events/Fundraising							
In Kind Income	\$125.00	\$583.33	(\$458.33)	\$8,768.33	\$6,416.63	2,351.70	7,000.00
In Kind Expenses	(\$125.00)	(\$583.33)	\$458.33	(\$8,768.33)	(\$6,416.63)	(2,351.70)	(7,000.00)
							0.00
Embrace A Child Income	\$100.00	\$0.00	\$100.00	\$32,546.16	\$45,000.00	(12,453.84)	45,000.00
Embrace A Child Expenses	\$0.00	\$0.00	\$0.00	(\$6,390.60)	(\$10,000.00)	3,609.40	(10,000.00)
Net Embrace A Child	100.00	0.00	100.00	26,155.56	35,000.00	(8,844.44)	35,000.00
Bullitt Golf Scramble Income	\$0.00	\$0.00	\$0.00	\$8,583.90	\$17,500.00	(8,916.10)	17,500.00
Bullitt Golf Scramble Expenses	\$0.00	\$0.00	\$0.00	(\$3,182.28)	(\$6,500.00)	3,317.72	(6,500.00)
Net Bullitt Golf Scramble	0.00	0.00	0.00	5,381.62	11,000.00	(5,618.38)	11,000.00
Children's Needs Income	0.00	416.67	(416.67)	0.00	4,583.37	(4,583.37)	5,000.00
Children's Needs Expense	0.00	(833.33)	833.33	(21.26)	(9,166.63)	9,145.37	(10,000.00)
Net Children's Needs	0.00	(416.66)	416.66	(21.26)	(4,583.26)	4,562.00	(5,000.00)
CASABlanca Income	0.00	0.00	0.00	30,628.00	50,000.00	(19,372.00)	50,000.00
CASABlanca Expenses	0.00	0.00	0.00	(12,693.08)	(18,000.00)	5,306.92	(18,000.00)
Net CASABlanca	0.00	0.00	0.00	17,934.92	32,000.00	(14,065.08)	32,000.00
Small Event Income	\$7,464.00	\$416.67	\$7,047.33	\$9,228.76	\$4,583.37	4,645.39	5,000.00
Small Event Expenses	\$0.00	(\$83.33)	\$83.33	\$0.00	(\$916.63)	916.63	(1,000.00)
Net Small Events	7,464.00	333.34	7,130.66	9,228.76	3,666.74	5,562.02	4,000.00

Casa of the River Region
Actual vs. Budget
For the Month of November 30, 2025

	Current Month		YEAR TO DATE		Annual Budget
	Actual	Budget	Actual	Budget	
Merchandise Income	0.00	0.00	0.00	0.00	0.00
Merchandise Expense	0.00	0.00	0.00	0.00	0.00
Net Merchandise	0.00	0.00	0.00	0.00	0.00
Total Events/Fundraising	7,564.00	(83.32)	58,679.60	77,083.48	77,000.00
Total Revenue	\$181,474.83	\$88,250.02	\$1,069,486.86	\$1,048,750.22	\$1,137,000.00
Operating Expenses					
Payroll & Employee Related Expenses	\$76,614.38	\$78,785.16	\$798,216.19	\$866,636.76	945,421.70
Program Support	\$2,978.49	\$7,225.00	\$84,384.06	\$79,475.00	86,700.00
Development Expenses	\$1.70	\$458.33	\$1,337.18	\$5,041.63	5,500.00
Outside Services	\$4,770.55	\$3,375.01	\$26,150.72	\$37,125.11	40,500.00
General & Administrative	\$9,964.39	\$7,494.18	\$149,170.01	\$82,435.98	89,930.00
Total Operating Expenses	94,329.51	97,337.68	1,059,258.16	1,070,714.48	1,168,051.70
Other Income/Expense					
Interest Expense	\$0.00	\$0.00	\$0.00	\$0.00	0.00
Interest Income	(\$5,756.55)	(\$5,416.67)	(\$70,891.15)	(\$59,583.37)	(65,000.00)
Change in Investment Value	(\$4,766.47)	\$0.00	(\$94,708.88)	\$0.00	(94,708.88)
Unrealized Gain/Loss	\$0.00	\$0.00	\$0.00	\$0.00	0.00
Realized Gain/Loss	\$0.00	\$0.00	\$0.00	\$0.00	0.00
Other Income	\$0.00	\$0.00	\$0.00	\$0.00	0.00
Gain/Loss on Equipment	\$0.00	\$0.00	\$0.00	\$0.00	0.00
Total Other Income/Expense	(10,523.02)	(5,416.67)	(165,600.03)	(59,583.37)	(65,000.00)
Building Fund					
Building Fund Expenses	\$0.00	\$0.00	(\$3,546.90)	\$0.00	(3,546.90)
Total Building Fund Income/Expense	0.00	0.00	(3,546.90)	0.00	(3,546.90)
Net Income/Loss	\$97,668.34	(\$3,670.99)	\$172,281.83	\$37,619.11	\$33,948.30
Building Fund Bank Balance	\$9,949.85				

No CPA provides any assurance on these financial statements



USE OF PREVIOUS YEAR'S FUNDS

Funds previously provided by the Oldham County Fiscal Court supported CASA's Advocacy Academy and Support Program. As of December 20th, 19 CASAs **advocated for 35 maltreated** kids -- improving their daily living environments and giving them hope of a brighter future.



2024 IMPACT REPORT



OUR MISSION

CASA of the River Region supports and promotes volunteer advocacy for all abused and neglected children.

OUR VISION

Kids who have experienced abuse and neglect will thrive in safe, stable, permanent homes

OUR HISTORY

Since 1984, CASA of the River Region has empowered volunteers to advocate for abused, neglected, and dependent children in Family Court—growing from Jefferson County to now also serve Oldham, Henry, Trimble, Shelby, Spencer, and Bullitt counties. Scan the QR code to watch our anniversary video featuring reflections from Teri Bass, Judge Tom McDonald, Sally Erny, and Marsha Weinstein on CASA's lasting impact.



WELCOME MESSAGE



Dear Friends:

The 1980s gave us neon, cassette tapes, and space shuttles—but here in Jefferson County, it gave us something far more lasting: CASA of the River Region. With the vision of founding Executive Director Sally Erny, we began a mission that has changed the lives of over 15,000 children.

Four decades later, children need us now more than ever. The challenges have evolved, but the truth has not: kids are still kids—still dreaming, still needing safety, stability, hope, and someone by their side. Our volunteers remain that steady voice when it matters most.

And none of this would be possible without you—our supporters, partners, and friends—who continue to believe in the potential of every child. Your generosity fuels our volunteer advocacy and makes lasting change possible for children across the seven counties we serve.

As we launch into the next chapter, our focus is clear: ignite board effectiveness, propel volunteer recruitment and retention, and expand programs that strengthen our organization and deepen our impact. The past was our launchpad; the future is our mission—because every child deserves a champion!

Sincerely,

Handwritten signature of Jamie Noon in a cursive script.

Jamie Noon, MBA
Chief Executive Officer

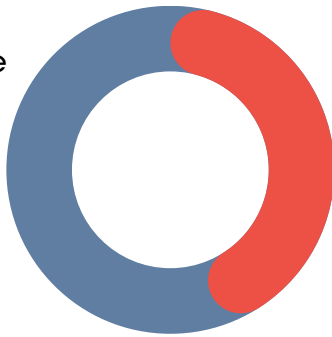


OUR CHILDREN



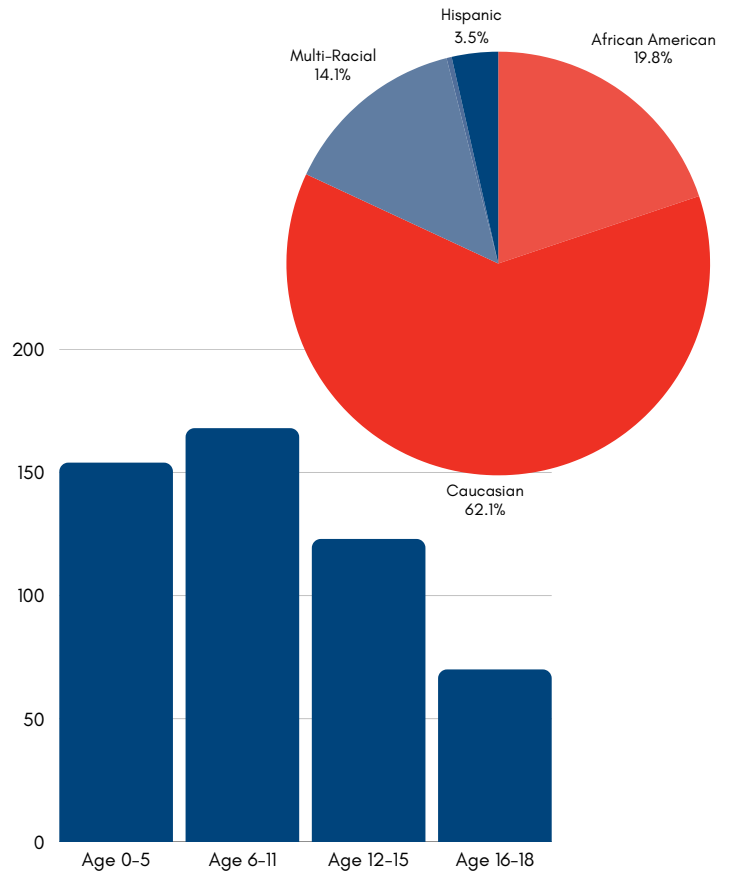
509 CHILDREN SERVED

45% Female
55% Male

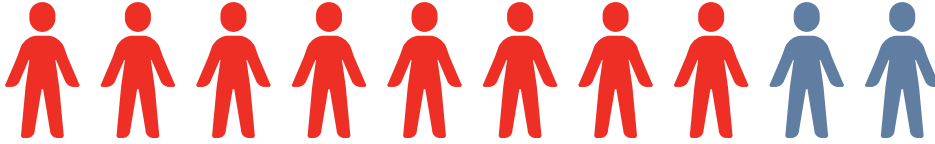


"My CASA looked out for me when I thought no one cared. I couldn't stay with my mom & had to change foster homes a few times. My CASA still came to see me. She made sure I was doing okay. My CASA gave me hope!"

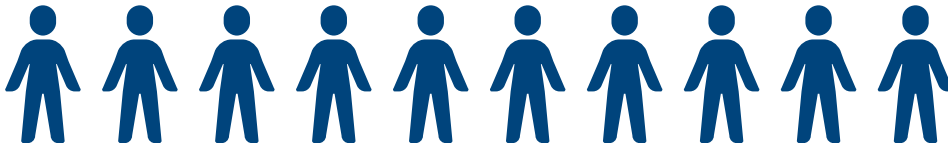
-CASA Child, Age 9



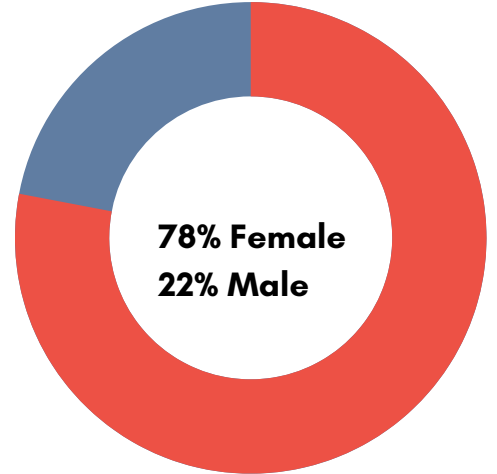
OUR VOLUNTEERS



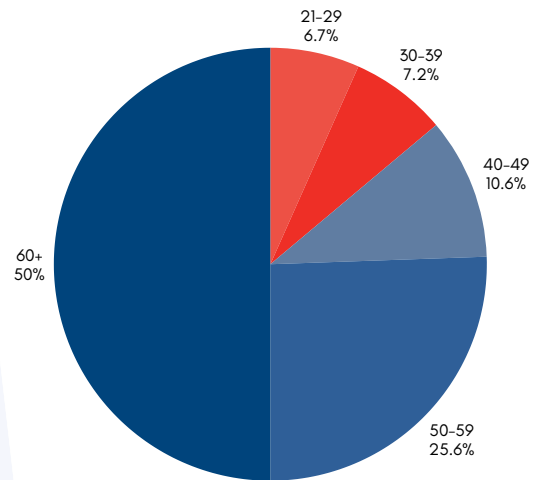
40 NEW CASA VOLUNTEERS TRAINED



180 VOLUNTEERS PAIRED WITH A CASE



Age of Volunteers



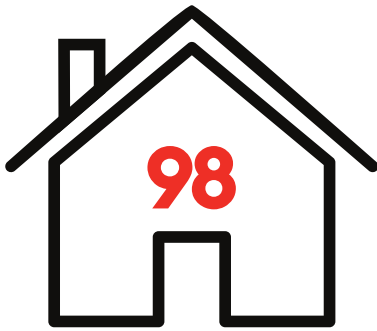
"One of the best moments I experienced was bringing a family back together after traumatic events occurred. Though challenging, this role is also very fulfilling."

 -Brenda Hackett, CASA Volunteer Advocate





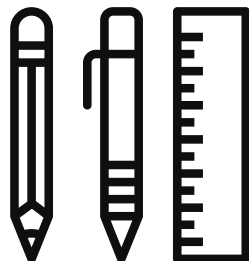
OUR IMPACT



107 cases were closed with **98%** resulting in permanent, stable placements through reunification, adoption, or guardianship.

BACK TO SCHOOL

125 children received supplies to prepare them to succeed in school. *Up 28%!*



79% of CASA volunteers from last year continued to advocate for kids in 2024.



HOLIDAY HEROES

191 kids received holiday gifts & essential items through CASA's Holiday Drive. *A 23% increase over last year!*



FINANCIALS

REVENUE

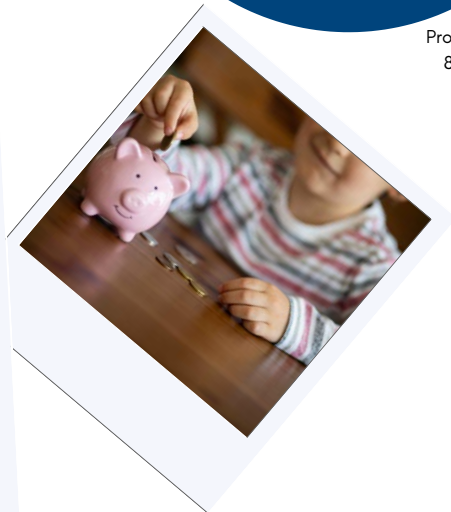
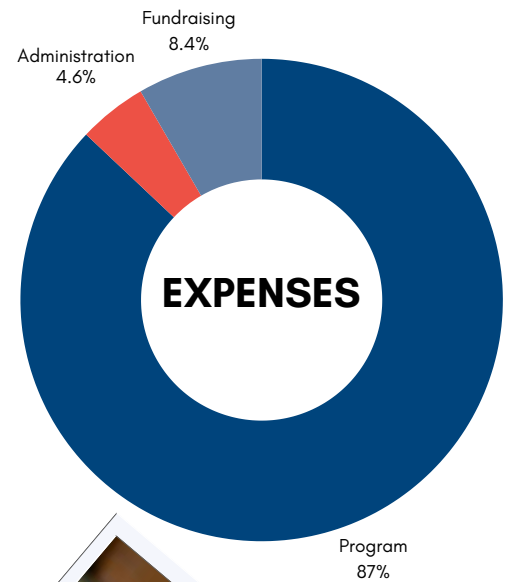
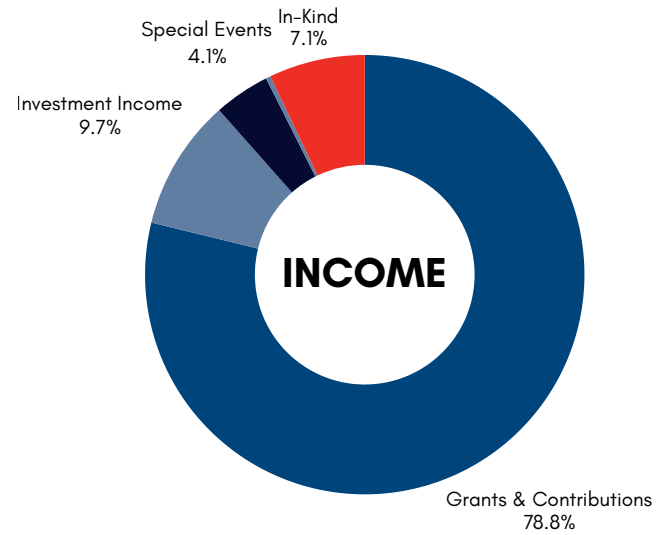
Grants & Contributions.....	\$1,057,747
In-kind Contributions.....	\$94,887
Investment Income.....	\$129,599
Special Events (net).....	\$55,202
Other Income.....	\$4,671
Total.....	\$1,342,106

EXPENSES

Program Services.....	\$993,707
General & Administrative.....	\$52,562
Fundraising.....	\$95,523
Total.....	\$1,141,792

ASSETS & LIABILITIES

Assets.....	\$2,951,060
Current Liabilities.....	\$5,331
Net Assets.....	\$2,945,729
Total Liabilities & Net Assets.....	\$2,951,060





BOARD OF DIRECTORS | 2024

OFFICERS

- Heather Metts, Board Chair
- Bryan Sisto, Vice Chair
- Johanna Wheatley, Treasurer
- Josephine Durbin, Secretary

MEMBERS

- Steven Blevins
- Ashley Brown
- Tara Brown
- Carl Heick
- Brandon Hill
- Jonathan Johnson
- Jennifer Jackson
- Leon Mooneyhan
- Sadie Rizzuto

Main Office Address

982 Eastern Parkway, Box 9
Louisville, KY 40217

Phone

502.595.4911

Website

www.casariverregion.org



CASA Perspectives

"Serving as a CASA is a highlight of my week. Every visit, every conversation, every effort matters—and cumulatively, they help create brighter futures for children who have already faced too much."

- CASA Volunteer Advocate since 2019

"There's one moment in particular that always brings me joy: school visits. I love it whenever my CASA children run to me with smiles on their faces. Those small moments mean everything."

-CASA Volunteer Advocate for Six Years

"I felt a deep calling to become a CASA. From my very first case, I understood the importance of showing up—consistently and compassionately. These children are counting on me. They expect me to be there, and I realized I could make a small difference just by being a steady presence in their lives."

CASA Volunteer Advocate Since 2022

"My CASA is awesome. They listen, help me with stuff I don't know how to handle, and make me feel like I matter."

-CASA Child, Age 15