

990-EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-1150

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.



Form header section A-L containing organization details: Name (SOUTHEAST CASA PROGRAM), Address (PO BOX 7017, YANKTON SD 57078), Employer ID (27-5055055), Telephone (605) 760-4825, Accounting Method (Cash), Website (N/A), Tax-exempt status (501(c)(3)), Form of organization (Corporation), and Total Revenue (\$126,705).

Table for Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances. Rows include Revenue (1-9) and Expenses (10-17), leading to Net Assets (18-21). Total Revenue: 114,793; Total Expenses: 95,620; Net Assets at end of year: 107,826.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	89,747.	22	110,092.
23 Land and buildings	0.	23	0.
24 Other assets (describe in Schedule O) See L-24 Stmt	100.	24	0.
25 Total assets	89,847.	25	110,092.
26 Total liabilities (describe in Schedule O) See L-26 Stmt	1,194.	26	2,266.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	88,653.	27	107,826.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses

What is the organization's primary exempt purpose? See Organization's Primary Exempt Purpose
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 WE ARE AN AFFILIATE OF THE NATIONAL CASA ASSOCIATION. OUR ONLY PROGRAM IS TO PROVIDE CHILD ADVOCACY THROUGH THE EFFORTS OF TRAINED VOLUNTEERS. CASA HELPS THE COURT HAVE THE INFORMATION IT NEEDS TO DETERMINE A SAFE, PERMANENT PLACEMENT FOR THE CHILDREN. ABUSED CHILDREN ARE VICTIMS. CASA HELPS THEM BECOME JUST CHILDREN AGAIN. ONE CASA VOLUNTEER IS APPOINTED FOR EVERY QUALIFYING CHILD, GIVING THEM A VOICE IN THEIR FUTURE. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	107,568.
29 ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	107,568.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
STEVE WINTZ VICE PRESIDENT	1.00	0.	0.	0.
THOMAS VIREECK TREASURER	2.00	0.	0.	0.
JILL STERNQUIST SECRETARY	1.00	0.	0.	0.
RYAN CWACH PRESIDENT	2.00	0.	0.	0.
DEBORA MCCUIN DIRECTOR	1.00	0.	0.	0.
CARLA MUELLER DIRECTOR	1.00	0.	0.	0.
MICAH LIKNESS DIRECTOR	1.00	0.	0.	0.
RENEE TERESHINSKI DIRECTOR	1.00	0.	0.	0.
JENNIFER KUDERA DIRECTOR	1.00	0.	0.	0.
SHERRI RODGERS-CONTI EXECUTIVE DIRECTOR	40.00	43,786.	0.	0.

V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O **Yes** **No**

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) **Yes** **No**

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? **Yes** **No**

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O **Yes** **No**

35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III **Yes** **No**

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N **Yes** **No**

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions **37 a**

b Did the organization file Form 1120-POL for this year? **Yes** **No**

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? **Yes** **No**

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I **Yes** **No**

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T **Yes** **No**

41 List the states with which a copy of this return is filed

42 a The organization's books are in care of Telephone no.
 Located at ZIP + 4

b 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)? **Yes** **No**

If 'Yes,' enter the name of the foreign country:

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? **Yes** **No**

If 'Yes,' enter the name of the foreign country:

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **Yes** **No**

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **Yes** **No**

c Did the organization receive any payments for indoor tanning services during the year? **Yes** **No**

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **Yes** **No**

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **Yes** **No**

b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) **Yes** **No**

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 46 Yes No X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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. 47 Yes No X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 X
49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a X
b If 'Yes,' was the related organization a section 527 organization? 49 b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All entries are NONE.

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are NONE.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.

X Yes No

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: SHERRI RODGERS CONTI, PROGRAM DIRECTOR. Date:

Paid Preparer Use Only Print/Type preparer's name: Nancy J. Sternhagen, Preparer's signature: [Signature], Date: 11/07/17, PTIN: P00366559, Firm's name: SCHAAP, STERNHAGEN & CO. CPA'S, P.C., Firm's address: 610 WEST 23RD STREET, SUITE 3, YANKTON SD 57078, Phone no.: (605) 665-9732

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