

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
CASA OF TERREBONNE, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 824

City or town, state or province, country, and ZIP or foreign postal code
HOUMA LA 70361

D Employer identification number
72-1482962

E Telephone number
985-876-0250

F Name and address of principal officer:
MARTIN MAJEWSKI
332 PORT ROYAL WAY
HOUMA LA 70360

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

G Gross receipts \$ **357,070**

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.casafterrebonne.org**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2000** **M** State of legal domicile: **LA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CHILD ABUSE AND NEGLECT AWARENESS. TO ADVOCATE FOR THE BEST INTERESTS OF ABUSED, NEGLECTED, OR DEPENDENT CHILDREN INVOLVED IN CHILD-IN-NEED CARE CASES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 38			
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	168,943	338,477
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,037	8,241
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,785	10,352
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	174,765	357,070
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	132,236	259,906
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	4,928	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	88,400	129,010
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	220,636	388,916	
19	Revenue less expenses. Subtract line 18 from line 12	-45,871	-31,846	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	538,413	550,643
	21	Total liabilities (Part X, line 26)	10,438	31,592
22	Net assets or fund balances. Subtract line 21 from line 20	527,975	519,051	

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

Sign Here

Signature of officer: **DONNA BRUNET** Date: _____
Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer's name: **Brandy I. Kearns, CPA, CFF** Preparer's signature: **Brandy I. Kearns, CPA, CFF** Date: **12/04/19** Check if self-employed PTIN: **P00289939**

Preparer Use Only Firm's name: **T. S. Kearns & Co., CPA** Firm's EIN: **72-1195810**
Firm's address: **164 W Main St Thibodaux, LA 70301** Phone no.: **985-447-8507**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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 BRING AWARENESS TO CHILD ABUSE AND NEGLECT. TO ADVOCATE FOR THE BEST INTERESTS OF ABUSED, NEGLECTED, OR DEPENDENT CHILDREN INVOLVED IN CHILD-IN-NEED OF CARE CASES.

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **329,905** including grants of \$) (Revenue \$)

TO ADVOCATE FOR THE BEST INTERESTS OF ABUSED, NEGLECTED, OR DEPENDENT CHILDREN INVOLVED IN CHILD-IN-NEED-OF-CARE CASES.

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

N/A

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

N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **329,905**