Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

For the 2021 calendar year, or tax year beginning and ending C Name of organization Check if applicable: FIRST CIRCUIT CASA D Employer identification number Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 46-0462671 Name change 115 E 11th AVE E Telephone number Initial return City or town State ZIP code 605-996-1212 MITCHELL SD 57301 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return 617,507 Application pending Name and address of principal officer: H(a) is this a group return for subordinates? JACKIE HORTON 200 E 5TH AVE STE 2, MITCHELL, SD 57301 H(b) Are all subordinates included? If "No, attach a list. See instructions X 501(c)(3) Tax-exempt status:) < (insert no.) 4947(a)(1) or Website: ► NA (c) Group exemption number 🕨 1x1 Form of organization: Corporation Trust Association Other > 2002 M State of legal domicile: SD Part I Summary Briefly describe the organization's mission or most significant activities: GASA provides trained volunteers appointed Activities & Governance by a judge to represent the best interests of children that are in the juvenile r regular system through no fault of their own 3 Number of independent voting members of the governing body (Rart Valine 1b) 4 15 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) . 6 6 Total unrelated business revenue from Part VIII. column (C). 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 287,563 383,414 9 Program service revenue (Part VIII, line 2g) . 🐟 30,318 71,893 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5,6d; 8c, 9c, 10c, and 11e) . 10 966 666 11 40,653 161,534 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 359,500 617,507 Grants and similar amounts paid (Part IX column (A), lines 1–3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4). 0 0 15 Salaries, other compensation, employed benefits (Part IX, column (A), lines 5–10). 244,350 273,301 Professional fundraising fees (Rart 12 column (A), line 11e) . . . 16a 0 Total fundraising expenses (Partill column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 17 93,070 163,186 18 337,420 436,487 19 Revenue less expenses, Subtract line 18 from line 12 22,080 181,020 Beginning of Current Year End of Year Total assets (Part X, line 6) 20 267,141 439,270 Total liabilities Part X, line 26). 21 8.891 22 Net assets of fund balances. Subtract line 21 from line 20 439,270 258.250 Part II Signature Block Under penalties of perjury, I declare that 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 Signature of officer Date Here **JACKIE HORTON EXECUTIVE DIRECTOR** Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X if Paid PATRICK J CARLON 2/27/2022 self-employed P01264074 Preparer ► CARLON & MILLAR, PROF LLC Firm's EIN 46-0434964 **Use Only** Firm's address ▶ PO BOX 399, 201 E 4TH AVE, MITCHELL, SD 57301-0399 605-996-6850 Phone no. May the IRS discuss this return with the preparer shown above? See instructions

	990 (2021)	FIRST CIRCUIT CASA		46-0462671	Page 2
Pa	art III	Statement of Program Service A Check if Schedule O contains a re	ccomplishments sponse or note to any line in this	Part III	
1	CASA printerests	escribe the organization's mission: ovides trained community volunteers app of abused and neglected children that ar no fault of their own.	ointed by a judge to represent the bes	st	
2	the prior	organization undertake any significant pro Form 990 or 990-EZ? describe these new services on Schedule		vere not listed on	X No
3	Did the o	organization cease conducting, or make si	gnificant changes in how it conducts,	any program	X No
4	Describe expense:	describe these changes on Schedule O. the organization's program service accors. Section 501(c)(3) and 501(c)(4) organizexpenses, and revenue, if any, for each p	zations are required to report the amou	est program services, as measured by unt of grants and allocations to others,	
4a	(Code: The orga) (Expenses \$ nization added another county to its servi	ce area. They served more than 87 c) (Revenue \$)
)	
4b	CASA pro) (Expenses \$ pmotes & protects the interests of children efforts of trained volunteers.) (Revenue \$ h the	
4c	(Code: Increased	(Expenses \$ number of volunteers	including grants of \$) (Revenue \$)
4d	Other are:	Tram continos (Posseiho Ocho III Och			
4u 4e	(Expenses	gram services (Describe on Schedule O.) s \$ 0 including grant		ue \$ 0)	

Par	t IV Checklist of Required Schedules	2071		-age .
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	ŀ
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		х
4	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		 	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	ļ	X
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	ļ	X
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts?	İ		
	"Yes," complete Schedule D, Part I	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	┢	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule Deart II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	 	 	 ^
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		<u> </u>
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			ļ
	negotiation services? If "Yes," complete Schedule D, Part IV	9	[Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			12.5
	VII, VIII, IX, or X, as applicable.			# 3
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
h	Schedule D, Part VI	11a	X	ļ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	1		١.,
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b	<u> </u>	X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	110		
d	Did the organization report an amount for other assets in Part Xiline 15, that is 5% or more of its total assets	11c		X
	reported in Part X, line 16? If "Yes," complete Schedule D. Part IX.	11d		l v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f		1.16	<u> </u>	_^
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes " complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
40	and if the organization answered "No" to line, 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, husiness, investment, and program continues are the business.			
	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.			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	1 45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u> X</u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	İ	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	х	
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Х

Pai	Checklist of Required Schedules (continued)		,	
22	Did the execute time we always they are one of the state		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	00		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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			
L-	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Ь_	X
b	The state of the s	24b		┼
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	04.		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	<u> </u>	+
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	 	+
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Parties.	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedulg L. Part II	26		X
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee		1	
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	İ		
	persons? If "Yes," complete Schedule L, Part III	27		X
28	persons? If "Yes," complete Schedule L, Part III	10-1-1 10-1-1		
	Part IV, instructions for applicable filing thresholds, conditions (and exceptions):	10.7		
а	A current or former officer, director, trustee, key employee, creater or founder, or substantial contributor? If			
h	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If Yes, " complete Schedule L, Part IV	28b	ļ	X
·	"Yes," complete Schedule L, Part IV	200		
29	Did the organization receive more than \$25,000 in mon cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20	ļ <u>.</u>	╁
	conservation contributions? If "Yes," completes 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 contransfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701.3? If EYes," complete Schedule R, Part I	33		X
₩-1	Ill, 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		├^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			<u> </u>
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
J 0	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	ا ۾ ا	\ ,	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u></u>
	Check if Schedule O contains a response or note to any line in this Part V			$\overline{}$
	The state of the s	•	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	\$6.4k	195	NO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			A.Y.
	reportable gaming (gambling) winnings to prize winners?	1c		X

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2	4.7
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	6	2 6
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	Х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	Ž.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b	X
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).	ž	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. <u>5b</u>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. <u>5c</u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and fid the organization solicit any contributions that were not tax deductible as charitable contributions		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	. <u>6a</u>	X
	gifts were not tax deductible?	. 6b	l x
7	Organizations that may receive deductible contributions under section 170(c).	. 00	
· a	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 service provided?	. 7b	X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	, <u> </u>	
	required to file Form 8282?	. 7c	x
d	If "Yes," indicate the number of Forms 8282 filed during the year		1. 维
е	If "Yes," indicate the number of Forms 8282 filed during the year	. 7e	Х
f	Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	. 7f	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.	. 7g	Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	?. 7h	Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
	sponsoring organization have excess business holdings at any time during the year?	. 8	X
9	Sponsoring organizations maintaining donor advised funds	46	
а	Did the sponsoring organization make any taxable distributions under section 4966?	. <u>9a</u>	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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	#	
. D	Gross receipts, included on Form 990, Part III, line 12, for public use of club facilities	—— (
11	Section 501(c)(12) organizations. Enter		
a b	Gross income from members or shareholders	— 華	\$ 100 m
D	against amounts due or received from them.)		4.7
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	. 124	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a	
	Note: See the instructions for additional information the organization must report on Schedule O.	48	<u> </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which		· 3
	the organization is licensed to issue qualified health plans	慧	
C	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		
	excess parachute payment(s) during the year	. 15	X
	If "Yes," see the instructions and file Form 4720, Schedule N.	1.0	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16	X
	If "Yes," complete Form 4720, Schedule O.	9	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17	l l x
	If "Yes," complete Form 6069.		
	n rest, complete i offit code.	- P	5

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Part VI

Sect	ion A. Governing Body and Management			النينا
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15		1	Ţ,
	If there are material differences in voting rights among members of the governing body, or		1	
	if the governing body delegated broad authority to an executive committee or similar		2016	
	committee, explain on Schedule O.	遊	100	
b	Enter the number of voting members included on line 1a, above, who are independent	1/2	A CONTRACTOR	HA.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		, in	
_	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, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect appoint one or more members of the governing body?			
b	one or more members of the governing body?	7a		Х
U	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		_^_
·	the year by the following:	4		
а	The governing body?	8a	Х	<i>*</i>
b		8b	X	
9	Each committee with authority to act on behalf of the governing body? 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	9		х
Sect	ion B. Policies (This Section B requests information about folicies not required by the Internal Revenue (Code.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			ŀ
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 300 to all members of its governing body before filing the form?	11a	<u> X</u>	A Complete Land
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			£19. 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	Χ	
·	describe on Schedule O how this was done.	12c	х	
13	Did the organization have a written whistle blower policy?	13	X	
14	Did the organization have a written deciment etention and destruction policy?	14	X	_
15	Did the process for determining compensation of the following persons include a review and approval by	37		
-	independent persons, comparability data and contemporaneous substantiation of the deliberation and decision?			7
а	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	CONTRACTOR ALTON		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entitle duffing the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			150
	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?	16b		L
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed >			
10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	01(C)		
19	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po			
	and financial statements available to the public during the tax year.	ııcy,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•		
	Jackie Horton 605-996-1212	_		
	115 E 11TH AVE, MITCHELL, SD 57301-2651			

Form 990 (2021)	FIRST CIRCUIT CASA				46-04626	671 Page
Part VII	Compensation of Officers, Direction Check if Schedule O contains a	Contractors	-	- ,		
Section A.	Officers, Directors, Trustees, F					
	his table for all persons required to be					3
 List all of compensation 	of the organization's current officers, d on. Enter -0- in columns (D), (E), and (lirectors, trustees (F) if no compens	(whether individuals or o	rganizations), re	egardless of amo	ount
 List all o List the who received 	of the organization's current key emplo organization's five current highest cor reportable compensation (box 5 of For the organization and any related orga	oyees, if any. See mpensated emplo m W-2, Form 109	the instructions for defini	er, director, trust	ee, or kev emplo	yee)
 List all c 	of the organization's former officers, ke portable compensation from the organ	ey employees, ar	nd highest compensated e related organizations.	mployees who	received more th	an
 List all c 	of the organization's former directors nore than \$10,000 of reportable comp	or trustees that	received, in the capacity a	is a former direc	tor or trustee of	the
	ctions for the order in which to list the		4	1 1		
Check this	s box if neither the organization nor an	y related organiz	ation compensated any c	rrent officer, dir	rector, or trustee.	
			(C)			

				(C)					
(A)	(B)	(do	not o		ition	than c			(5)	,- ,
Name and title	Average	box	, unle	ss pe	rson	is ooth	an i	(D) Reportable	(E) Reportable	(F) Estimated amount
	hours per week					or/trust		from the	compensation from related	of other compensation
	(list any hours for	or director	Institutional	Office	Se Se	Highest o	Former	organization (W-2/	organizations (W-2/	from the
	related	ecto dual	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1	l m	e c	E	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations below	T SUS			- S	dim			·	•
	dotted line)	a de	# stee			compensated se				
			T ⁿ	3		ated				
(1) JACKIE HORTON	40.00	1								
EXECUTIVE DIRECTOR	0.00		*		Х	х		84,896		
(2) MICHAEL WEISS	3.00	A								
DIRECTOR	₩ 0.00	₹X		Х						
(3) STEVE LAUFMAN	2.00									
CHAIRMAN	0.00	X		Х						
(4) JOSH KLUMB	1.00		i							
DIRECTOR	0.00	X		<u> </u>				·		
(5) TERRY REYELTS	1.00									
VICE CHAIRMAN	0.00	Х	ļ							
(6) DAN FECHNER DIRECTOR	1.00									
(7) MARIANN OYEN	0.00	Х	H							
DIRECTOR	1.00	v	1				ĺ			
(8) MARY FRONING	0.00 1.00	Х	-							
DIRECTOR	0.00	Х					ļ			
(9) RYAN LOKER	1.00	^	\vdash						<u> </u>	<u> </u>
DIRECTOR	0.00	Х					- 1			
(10) MIKE WEINS	1.00				\dashv			· · · · · · · · · · · · · · · · · · ·		
DIRECTOR	0.00	Х			İ	1	ŀ	i		
(11) ASHLEY MILLER	1.00						\neg			
DIRECTOR	0.00	Х				İ	- 1			
(12) STACY GIBLIN	1.00				\neg		\dashv			
SECRETARY	0.00	Х								
(13) MELISSA OLSON	1.00									
DIRECTOR	0.00	Χ	<u> </u>							
(14) JIM TAYLOR	1.00									
DIRECTOR	0.00	Х								

	Section A. Officers, Directors, Tru	ustees, Key Em	ploye	es,	and	Hi	ghes	t Co	ompensated En	nployees (contin	ued)
	(A) Name and title	(B) Average hours	box,	unle	(C Posi heck r ss per d a di	tion nore	is boti	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	individual trustee or director		1 1	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	JESSE TOLSMA	1.00	- "-						A 4		
	ECTOR	0.00	Х	_				ļ.,			
7(10)								i			
								1		7	
(18)											
(19)		7.					4				
]			\sqcup						
(20)											
(21)				4			-				
(22)					1		*				
(23)			y Sy			,					
(24)			***	*			·				
			À		-			_			
7/22/			7			ĺ					
1b	Subtotal							•	84,896	0	0
c d	Total from continuation sheets to Part VII, Se	**************************************				•			0 84 800	0	0
2	Total number of individuals (including but no lin	nited to those list	ed a	bove	e) wh	no r	eceiv	<u>▶</u> ved	84,896 more than \$100	.000 of	0
	reportable compensation from the organization	>									0
3	Did the organization list any former officer dire	ctor trustee kev	emr	dove		r hi	ahoe	t co	mnenested	Ī	Yes No
•	employee on line 1a? If "Yes," complete Schedu	ule J for such ind	lividu	al.			-		inpensaleu		3 X
4	For any individual listed on line 1a is the sum o				n an	d o	ther	com	pensation from		
	the organization and related organizations greating individual	ter than \$150,00	0? If	"Ye	s," c	omj	olete 	Sch 	nedule J for such	ነ	4 X
5	Did any person listed on line 13 receive or accrufor services rendered to the organization? If "Yes	ue compensation	fron	n an	y un	rela	ited o	orga	ınization or indiv	idual	着
Sec	tion B. Independent Contractors	s, complete scr	ieaui	e J	ioi s	uci	pers	SON			5 X
1	Complete this table for your five highest compet	nsated independ	ent c	ontr	acto	rs t	hat r	ecei	ved more than \$	\$100,000 of	
	compensation from the organization. Report cor	mpensation for th	ne ca	lend	lar y	ear	endi	ng v		organization's t	
	Name and business addre	ess							(B) Description of serv	vices C	(С) ompensatioл
											0
							\dashv				0 0
											0
	Total number of independent contractors (includ	ing hist nat line	d +-	4ln	- !!-	لمما		\			0
	more than \$100,000 of compensation from the	organization	u (0)	u 108	e IISī	rea	aDO\	/е) \ О	wno received		

Form 990 (2021)

Sta	temer	st of	Rove	nua

	F 4 1111	Check if Schedule O contains a respon-	se or	note to any line is	n this Part VIII.			🖂
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
28 29	1a	Federated campaigns	1a	0			100	读化主题
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	0				
a, G	C	Fundraising events	1c	0			100	
iifts Ir A	d	Related organizations	1d	24,220	子 图 第 第	基 為 養 益	1 2 22	
s, G	е	Government grants (contributions)	1e	299,605		八百五十二十	3 4	
Sir	f	All other contributions, gifts, grants, and			1 美统计		A 3. 7.5	
but		similar amounts not included above	1f	59,589		3 74 74		
혈	g	Noncash contributions included in					F 1 1	
a S		lines 1a-1f	1g		14		** 素***	
	h	Total. Add lines 1a–1f	• ;	Business Code	383,414	ター (30) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	· · · · · · · · · · · · · · · · · · ·	美
œ.	2a	MAJOR GIFTS		Dusiness Code	71,893		Line I	THE STATE OF THE S
ات کے	b				1,033			<u> </u>
gram Serv Revenue	c				0			
E &	d				0 0			
Program Service Revenue	е				10			
<u>م</u>	f	All other program service revenue			V. Q			
	g	Total. Add lines 2a-2f		. <u></u> . >	71,893	7	(1) (2)	75
	3	Investment income (including dividends, in	eres	, and 🤞				
		other similar amounts)		T (COM)	666	666		
	4	Income from investment of tax-exempt bon	d pro	ceeds 🌣 🌊	0			.,.,
	5	Royalties			→ O	5	-	-1
	6a		<u> </u>	(ii) Personal				7 4
	b	Gross rents 6a Less: rental expenses . 6b						
	C	Rental income or (loss) 6c	0				罗基 撒 百	对数
	d	Net rental income or (loss)) 1		
	7a	Gross amount from (i) Securi	ies	(ii) Other	V & 3K 1	- 25 T May 1	1 200	\$40 T
İ		sales of assets			1 14 19 1		· · · · · · · · · · · · · · · · · · ·	
		other than inventory 7a	0	0				(編)
an l	b	Less: cost or other basis	V				图 第一	
Revenue		and sales expenses 7b	0	0	多·多·特·曼尔			
Re	C	Gain or (loss)	# 0	0	1 1 1 2		数人 表 音	學 2 / 4
ē	ď	Net gain or (loss)		<u></u> ▶	0			
Other	8a							· 第5章
_		events (not including \$ of contributions reported on line 10)			2 8 46 7		1 9th 1	分數 医
		See Part IV, line 18	8a	79,254	1 5 3 3 1			
	b	Less: direct expenses	8b	79,204				
	C	Net income or (loss) from fundraising even		•	79,254		製 多味	71.
	9a	Gross income from gaming activities.		· · · · · · · · · · · · · · · · · · ·	10,20	E 2 7 30	ub V na	//劃
ĺ		See Part IV, line 19.	9a	0		(1) (3) (数)		- Table 1
l	þ	Less: direct expenses	9b	0	多 表 多 着			
ĺ	С	Net income or (loss) from gaming activities		<i>,</i> >	0			
	10a							174
		.	10a	0				、
	þ	_	10b	0	医内部 人	(1) (1) 图 (1)		
	<u>C</u>	Net income or (loss) from sales of inventory	<u>,</u>		0			
<u>s</u>	44.	DDD LOAN FORON (EVEC)		Business Code	支 集 等 経	類 类 拉克 着	· · · · · · · · · · · · · · · · · · ·	
일		PPP LOAN FORGIVENESS			82,280			
cellaneo Revenue	b				0			
Miscellaneous Revenue	d	All other revenue			0			
ž	u e	Total. Add lines 11a–11d	l		0 82,280	4.0	- X	
	12	Total revenue. See instructions.	· ·		62,260	666	0	• • • • • • • • • • • • • • • • • • • •

Form 990 (2021) FIRST CIRCUIT CASA Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other o	rganizations must d	complete column (A).	-
	Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 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		0.0011000		- Agenies
	domestic governments. See Part IV, line 21	. 0			
2	Grants and other assistance to domestic			装工业	有 注: 選走
	individuals. See Part IV, line 22	o		菱。 黎 :	17 点,多键
3	Grants and other assistance to foreign			7 THE	1 1000
	organizations, foreign governments, and foreign				1 20
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			5 善
5	Compensation of current officers, directors,		Á	A 49	
	trustees, and key employees	218,594	171,29	38,750	8,61
6	Compensation not included above to disqualified				····
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	ol			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include		4		
	section 401(k) and 403(b) employer contributions)	5,612	4,396	995	22 ⁻
9	Other employee benefits	31,833	24,936	5,643	1,254
10	Payroll taxes	17,262	13,522	3,060	680
11	Fees for services (nonemployees):	4 4 A			
а	Management	◆ ◆ 0			
b	Legal	4 0 0	>		·····
C	Accounting	1,339		1,339	
d	Lobbying	A > 0			·····
е	Professional fundraising services. See Part IV, line 17	0	21/3 X 212 Fil	超	
f	Investment management fees	0			······································
g	Other, (If line 11g amount exceeds 10% of line 25, column	37		· · · · · · · · · · · · · · · · · · ·	
	(A), amount, list line 11g expenses on Schedule O.)			o	
12	Advertising and promotion	40,152	36,137		4,015
13	o moo oxponedo :	11,377	3,533	6,640	1,204
14	Information technology	6,388	3,832	1,278	1,278
15	Royalties	0	•		.,
16	Occupancy	20,745	10,647	8,447	1,651
17	Travel	19,442	16,032	3,410	.,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	7,251	7,251		
20	Interest ,	0			
21	Payments to affiliates	. 0			
22	Payments to affiliates	4,437	2,219	2,218	C
23	Insurance	8,338	3,915	4,309	114
24	Other expenses. Itemize expenses not covered	\$ 1 \$ S	港市门主持		
	above. (List miscellaneous expenses on line 24e. If	卷 包装卷	· 建基本基础		- 2 現職
	line 24e amount exceeds 10% of line 25, column	大学 级 强 强			
	(A), amount, list line 24e expenses on Schedule O.)				
а	DIRECT MAIL FUNDRAISING/EVENTS	2,473			2,473
þ	SPECIAL EVENTS	19,867			19,867
С	VOLUNTEER APPRECIATION	8,442	8,442	· · · · · · · · · · · · · · · · · · ·	10,001
d	DUES	1,513	1,513		
е	All other expenses CONSULTING FEES	11,422	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11,422
25	Total functional expenses. Add lines 1 through 24e	436,487	307,608	76,089	52,790
26	Joint costs. Complete this line only if the			10,000	52,750
	organization reported in column (B) joint costs			Į	
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a re	sponse or note to any	/ line in this Part X .
-----------------------------------	-----------------------	-------------------------

Cash—non-interest-bearing 196,315 1 387,510 2 2 2 347,933 2 42,573 3 Pledges and grants receivable, net 0 3 0 0 0 4 0 0 0 0 0 0			Check it Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
Sewings and temporary cash investments 3 3 3 3 3 3 3 3 3		1	Cash—non-interest-bearing		1	
3 Pledges and grants receivable, net. 0 3 0 0 4 0 0 0 4 0 0 0		2				
A Accounts receivable, net. 0 4 0		3				0
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. 6 Loans and other receivables from other disqualified persons (as defined under section 4956(f)(1)), and persons described in section 4956(c)(3)(B) 7 Notes and loans receivable, net. 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepald expenses and deferred charges. 10 Less: accumulated depreciation. 10 Less: accumulated depreciation. 11 Investments—publicly traded securities. 12 Investments—publicly traded securities. 13 Investments—publicly traded securities. 14 Intragible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 Grants payable. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedidle D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial spartes. 18 Organizations that follow FASB ASC 958, check here X		l .			4	0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 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) 7 Notes and loans receivable, net or secretable, net or other hasis. Complete Part IV of Schedule D 10a Land, bulldings, and equipment cost or other basis. Complete Part IV of Schedule D 11b Investments—publicly traded securities. See Part IV, line 11. 12 Investments—publicly traded securities. See Part IV, line 11. 13 Investments—program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Excover or ustodial account liability. Complete Part IV of Schedule D. 22 Cans and other payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, and other liabilities on		5		1.5	45.2	
Section Sec		_	trustee, key employee, creator or founder, substantial contributor, or 35%	i vita		
Under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				o o	<u> 5</u>	
7		6	· · · · · · · · · · · · · · · · · · ·			
9 Prepaid expenses and deferred charges 10a Land, bulldings, and equipment cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 11 Investments—publicly traded securities. 12 Investments—other securities. See Part IV, line 11. 13 Investments—program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 By 17 18 Grants payable. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, stirector, trustee, key employee, creator or founder, substantia contributor, or 35% controlled entity or family member of any of these basons. 22 Unsecured notes and loans payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal incomerat) ayables to related third parties. 26 Organizations that follow FASB ASC 958, check here Part X of Schedule D 30 Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 33, and 33. 31 Net assets with donor restrictions. 32 Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 33, and 33. 34 Net assets with donor restrictions. 35 Organizations that the not follow FASB ASC 958, check here Date of third parties, and complete lines 27, 28, 33, and 33. 31 Net assets with donor restrictions. 32 Capital stocker trust principal, or current funds. 33 Paid-in or capitalisurplis, or land, building, or equipment fund. 34 Retained earnings, endowment, accumulated income, or other funds. 35 Total International parties. 36 Total liabilities. 37 Total net assets or fund balances. 38 Secured mortgages and other payable to complement fund. 39 Paid-in or capitalisurplis, or land, building, or equipment fund. 30 Retained earnings, endowment,	Ø	_		0		
9 Prepaid expenses and deferred charges 10a Land, bulldings, and equipment cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 11 Investments—publicly traded securities. 12 Investments—other securities. See Part IV, line 11. 13 Investments—program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 33). 17 Accounts payable and accrued expenses. 18 By 17 18 Grants payable. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, stirector, trustee, key employee, creator or founder, substantia contributor, or 35% controlled entity or family member of any of these basons. 22 Unsecured notes and loans payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal incomerat) ayables to related third parties. 26 Organizations that follow FASB ASC 958, check here Part X of Schedule D 30 Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 33, and 33. 31 Net assets with donor restrictions. 32 Organizations that follow FASB ASC 958, check here And complete lines 27, 28, 33, and 33. 34 Net assets with donor restrictions. 35 Organizations that the not follow FASB ASC 958, check here Date of third parties, and complete lines 27, 28, 33, and 33. 31 Net assets with donor restrictions. 32 Capital stocker trust principal, or current funds. 33 Paid-in or capitalisurplis, or land, building, or equipment fund. 34 Retained earnings, endowment, accumulated income, or other funds. 35 Total International parties. 36 Total liabilities. 37 Total net assets or fund balances. 38 Secured mortgages and other payable to complement fund. 39 Paid-in or capitalisurplis, or land, building, or equipment fund. 30 Retained earnings, endowment,	set	1 -		70		0
10a	Ą	8		40 10		
ther basis. Complete Part VI of Schedule D 10a	-	9		14,958	9	10,297
b Less: accumulated depreciation 10b 23,737 13,931 10c 18,890 11		10a			Ť/h	
11 Investments—publicly traded securities 0 11 0 0 12 0 0 13 0 0 14 13 10 14 10 13 10 14 10 14 10 14 10 14 10 14 10 14 10 14 10 15 10 15 10 15 10 15 10 15 10 15 10 15 16 10 15 16 10 15 16 16 16 16 16 16 16						
12 Investments—other securities. See Part IV, line 11 0 12 0 0 13 10 0 14 11 14 11 14 13 10 0 15 14 11 14 11 15 15 15						18,890
13 Investments—program-related. See Part IV, line 11 0 13 0 14 16 14 16 15 0 15 0 0 16 0 17 17 18 18 18 18 18 18						0
14		. —		THE COURSE OF TH		0
15 Other assets. See Part IV, line 11 0 15 0 16 0 16 0 17 16 17 17 18 17 18 17 18 17 18 17 18 18				- Vision - ADV		0
17			Intangible assets	WAY		0
17			Other assets. See Part IV, line 11	'		0
18 Grants payable 0 18 19 19 19 19 19 19 19			Total assets. Add lines 1 through 15 (must equal line 33)			439,270
19 Deferred revenue 0 19 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 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 0 22 22 23 00 24 00 25 00 26 00 27 27 28 00 28 00 28 00 29 29 29 29 29 29 29						
20 lax-exempt bond liabilities. 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 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 passons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 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 0 25 0 26 Total liabilities. Add lines 17 through ≥ 8 8,891 26 0 27 Total liabilities. Add lines 17 through ≥ 8 8,891 26 0 28 Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. 29 Net assets with donor restrictions 258,250 27 439,270 29 Net assets with donor restrictions 0 28 29 Organizations that do not follow FASB ASC 958, check here ▶ X and complete lines 29 through 33. 20 Capital stocker trust principal, or current funds 0 30 20 Paid-in or capital surplis, or land, building, or equipment fund 0 30 30 Retained earnings, endowment, accumulated income, or other funds 0 31 31 Total net assets or fund balances 258,250 32 439,270			Grants payable , , , , , , , , , , , , , , , , , , ,			
20 lax-exempt bond liabilities. 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 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 passons 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 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 0 25 0 26 Total liabilities. Add lines 17 through ≥ 8 8,891 26 0 27 Total liabilities. Add lines 17 through ≥ 8 8,891 26 0 28 Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. 29 Net assets with donor restrictions 258,250 27 439,270 29 Net assets with donor restrictions 0 28 29 Organizations that do not follow FASB ASC 958, check here ▶ X and complete lines 29 through 33. 20 Capital stocker trust principal, or current funds 0 30 20 Paid-in or capital surplis, or land, building, or equipment fund 0 30 30 Retained earnings, endowment, accumulated income, or other funds 0 31 31 Total net assets or fund balances 258,250 32 439,270			Deferred revenue			
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. 0 22			Tax-exempt bond liabilities			
23 Secured moltgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 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. 26 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. Capital stock of trust principal, or current funds. O 29 Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances.				0	21	-
23 Secured moltgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 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. 26 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33. Capital stock of trust principal, or current funds. O 29 Paid-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances.	ties	22				
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Z 33 Total liabilities and net assets/fund balances	et			258,250	32	439,270
	Z	33	Total liabilities and net assets/fund balances	267,141	33	439,270

	990 (2021) FIRST CIRCUIT CASA	46-046	32671	Pag	e 12
Par					
	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	*	617	,507
2	Total expenses (must equal Part IX, column (A), line 25)	2			,487
3		3		181	,020
4		4		258	,250
5		5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32)				
Part		0		439	,270
rait		•		ı	
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u>· </u>	
4	Accounting mother would be seen to be seen t			Yes	No
1	Accounting method used to prepare the Form 990: X 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?			34	11
	If "Yes," check a box below to indicate whether the financial statements for the year weight compiled or	• •	2a	Х	
	reviewed on a separate basis, consolidated basis, or both:				
h					
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Eath 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	Х	
	If the organization changed either its oversight process of selection process during the tax year, explain on Schedule O.				
За					
Ja	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?				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• •	3a	\longrightarrow	X
	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such audits		26	l	
	and describe any steps taken to undergo such addits.		3b	200 "	0004
			Form 9) DG (2	2021)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

### PRINT CASA ### Reason for Public Charity Status. (All organizations must complete this part.) See instructions. ### The organization is not a private foundation because it is. (For lines is through 12, check only one box.) ### A charity, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ### A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). ### A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). ### A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). ### A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ### A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ### A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ### A hospital or a cooperative hospital service for a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). ### A hospital or a cooperative hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospital service in section 170(b)(1)(A)(iii). ### A community trust described in section 170(b)(1)(A)(iii). (Complete Part II). ### A an agricultural sees received in section 170(b)(1)(A)(iii). (Complete Part II). ### A nagracitation that normally secules (1) more than 31/35, of its appaint forganization or public security for an orbidine related to its exempting fruit college or distructions. Emistructions, Emistructions, Emistructions or service hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospital service hospita		Name of the organization Employer identification number							
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)(II). A church, convention of churches, or association of churches described in section 170(b)(1)(A)(III). A church, convention of churches described in section 170(b)(1)(A)(III). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). A norganization operated for the benefit of a college or university owned or operated by a governmenti unit described in section 170(b)(1)(A)(IV). (Complete Part II.) A norganization operated for the benefit of a college or university owned or operated by a governmenti unit described in section 170(b)(1)(A)(IV). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II.) A comparization that normally receives a substantial part of its support from a governmental up or from the general public described in section 170(b)(1)(A)(IV). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(IX) operated and interest part of the college of agriculture (see instructions). Entelline party, city, and state of the college of university. An organization and interest party received (i) more than 32 1/3% of its support from gross investment income and unrelated business (shale) interest, organization and party received (i) more than 33 1/3% of its support from gross investment income and unrelated business (shale) interest, organization and operated exclusively to test the public state of the college of organization organized and operated exclusively to test the public state of the college of organization organized and operated exclusively to test the public state of the college of organization organization organization organization organization organization organization organization organization organization organization organization								46-04	462671
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2		org	anization is not a private founda	ation because it is: ()	For lines 1 through 12,	check on	ly one box	(.)	
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 180(b)(3)(a)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a gooper/mental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) A norganization that normally receives (1) more than 33 1/3% of its support from good in the section 170(b)(1)(A)(iv). (Complete Part III.) An organization that normally receives (1) more than 33 1/3% of its support from good interest related to its exempt functions, subject to genial executions (2) complete Part III.) An organization that normally receives (1) more than 33 1/3% of its support from goos investment income and unrelated business jakable records (less section 509(a)(4). An organization organized and operated exclusively to test,60 public safety. See section 509(a)(4). An organization organized and operated exclusively to test,60 public safety. See section 509(a)(4). An organization organized and operated exclusively to test,60 public safety. See section 509(a)(3). Check the box on lines 1/2 though 1/2 that describes the type 0% upportion granization organization org	_	-	•				1 170(0)(1))(A)(I).	
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described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An argicultural research organization described in section 170(b)(1)(A)(k) operated on joint and a land-grant college or university or a non-land-grant college or grant conversity. An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from achitistes related to its exempt functions, subject to general exempts from contributions membership fees, and gross receipts from achitistes related to its exempt functions, subject to general exempts from gross investment income and unrelated business gradue from the (sees section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 500(a)(4). An organization organized and operated exclusively to test fir public selects, see section 509(a)(4). An organization organized and operated exclusively to test fir public selects, see section 509(a)(2). See	6		A federal, state, or local gover	nment or governme	ntal unit described in s	ection 17	0(b)(1)(A)	(N).	
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An organization organized and operated exclusively for the heading of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a	10		support from gross investment	to its exempt function in the second to the	ons, subject to certain ted business taxable i	exception come (les	s; and (2)	no more than 33 1/3 511 tax) from husine	% of its
An organization organized and operated exclusively for the heading of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a	11		An organization organized and	operated exclusive	ly to test for public saf	ety. See s	ection 50	9(a)(4).	
Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised the control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. c Check this box if the organization seceived a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III flon-functionally integrated supporting organization. g Provide the following integrated organizations. (III) Type of organization (see instructions) (vi) Amount of other support (see instructions) (see instructions) (see instructions) (vi) Amount of other support (see instructions) (see instructions)	12		An organization organized and of one or more publicly support	l operated exclusive ted organizations de	ly for the benefit of, to	perform ti	ne function section 5	ns of, or to carry out i	n 509(a)(3)
Type II. A supporting organization supervised to controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). On must complete Part IV. Sections A and D, and Part V. Check this box if the organization sectived a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III functionally integrated supporting organization. Fine the number of supported organizations. Type III functionally integrated. A supported organization (iii) Type organization ((described on lines 1–10 above (see instructions)) (I) Name of supported organization about the supported organization ((iii) Type organization) (Iv) Amount of monetary support (see instructions) (Iv) Amount of other support (see instructions) (Iv) Amount of other support (see instructions)	а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting							
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Itial is not functionally integraters. Theorganization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) on myst complete Part IV, Sections A and D, and Part V. Check this box if the organization deceived a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III functionally integrated supporting organization. If Enter the number of supported organizations. Generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) and D, and D art V. Enter the number of supported organizations. Generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) and D, and D art V. (ii) Type of organization (s). (iii) Type of organization (liv) Is the organization (v) Amount of monetary support (see instructions) of the support (see instru		Г	its supported organization(s	s) (see instructions).	You must complete I	Part IV. Se	ections A.	D. and E.	
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Tunctionally integrated, or Tybe III fon-functionally integrated supporting organization. f Enter the number of supported organizations. Provide the following information about the supported organization (ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions)) Yes No	_	г	requirement (see instruction	is you must comp	piete Part IV, Sections	A and D.	and Part	V.	
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(ii) Name of supported organization (described on lines 1–10 above (see instructions)) (Iii) Type of organization (described on lines 1–10 above (see instructions)) (Iv) Is the organization (isted in your governing document? Yes No (B) (C) (D)	g		Provide the following information	nabout the support	ed organization(s).			• • • • • • • •	· · · L
above (see instructions) document? instructions) instructions		(i) I	Name of supported organization		(iii) Type of organization		-	(v) Amount of monetary	(vi) Amount of
(A) (B) (C) (D) (E)					-		- •		1 '' '
(A) (B) (C) (D) (E)						Voc	No		
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(D) (E)	(B)		*****			 			
(D) (E)									
(E)	(C)								
	(D)								
Total	(E)								
	Total					N. T.	7 (T. 7)	_	

	(Complete only if you checked Part III. If the organization factors	ed the box on li	ne 5, 7, or 8 of F	art I or if the c	organization fai	led to qualify un	nder
Se	ction A. Public Support	no to quality un	der trie tests list	ed below, piea	ise complete P	arr (III.)	
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and	·······························		(3)	(3), 2020	(4)	(1) 10.03
	membership fees received. (Do not						
	include any "unusual grants.")	250,156	285,731	348,333	358,534	534,561	1,777,315
2	Tax revenues levied for the						
	organization's benefit and either paid		·		Ī		
	to or expended on its behalf					A	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					> 0	0
4	Total. Add lines 1 through 3	250,156	285,731	348,333	358,534	534,561	1,777,315
5	The portion of total contributions by			名 物 川 川			
	each person (other than a	Edd & S		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Y 1		
	governmental unit or publicly	沙蒙 雅					
	supported organization) included on	建设	李 鳌 董 "最 19	\$ \$ 16 H		A	
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4 飞腾。14.		格 技术 麻刀		
e	•	Grands China					
Ser	Public support. Subtract line 5 from line 4 ction B. Total Support					3 ¥ 2 *	1,777,315
	indar year (or fiscal year beginning in)	(a) 2017	(b) 2018	2040	(-I) 0000	(-) 0004	
7	Amounts from line 4		285,731	(c) 2019 ·	(d) 2020	(e) 2021	(f) Total
8	Gross income from interest, dividends,	250,156	285, (31	348,333	358,534	534,561	1,777,315
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	642	806	937	000	000	0.007
9	Net income from unrelated business	042	1090	937	966	666	3,907
-	activities, whether or not the business is		A CONTRACTOR OF THE PARTY OF TH				
	regularly carried on	•					0
10	Other income. Do not include gain or						0
	loss from the sale of capital assets	<i>6</i> ^{-₹}				İ	
	(Explain in Part VI.),						n
11	Total support. Add lines 7 through 10						1,781,222
12	Gross receipts from related activities, etc. (se	e instructions) 🥻 .				12	1,101,222
13	First 5 years. If the Form 990 is for the organ	nization's filst, seco	ond, third, fourth, or	fifth tax vear as a s	section 501(c)(3)	<u> </u>	
	organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (line 6 co	olum (f), divided b	y line 11, column (f))			14	99.78%
15	Public support percentage from 2020 Schedu	leA, Part II, line 14				15	99.74%
16a	33 1/3% support test-2021 of the organiza	tion did not check	the box on line 13, a	nd line 14 is 33 1/	3% or more, check	this hov	
	and stop here. The organization qualifier as	a publicly supporte	ed organization				. X
b	33 1/3% support test-2020. If the organiza	tion did not check :	a box on line 13 or 1	6a, and line 15 is	33 1/3% or more	check this	
	box and stop here. The organization qualifies	s as a publicly supp	oorted organization .				
l7a	10%-facts-and-circumstances rest—2021.	If the organization	did not check a box	on line 13, 16a, o	г 16b, and line 14		
	10% or more, and if the organization meets th	ne facts-and-circum	istances test, check	this box and stop	here Explain in		
	Part VI how the organization meets the facts- organization	and-circumstances	test. The organizati	on qualifíes as a p	ublicly supported		
h	•	terran					▶ 🔛
U	10%-facts-and-circumstances test—2020.	If the organization	did not check a box	on line 13, 16a, 1	6b, or 17a, and lin	е	
	15 is 10% or more, and if the organization me in Part VI how the organization meets the fact	ets the facts-and-d	arcumstances test, c	meck this box and	stop nere. Explai	n d	
	organization		ou took The Organiz	anon qualilles as a	a publiciy supporte	u	
8	Private foundation. If the organization did no	nt check a hov on li	ine 13 16a 16h 47	o or 17b observed			· · · · · •
	instructions						
		- · · · · · ·					<i>.</i> . >

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.)

Se	ction A. Public Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						<u> </u>
	received. (Do not include any "unusual grants.")						(
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		•			i	(
3	Gross receipts from activities that are not an				 		
	unrelated trade or business under section 513						(
4	Tax revenues levied for the	7					
	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				N D		,
6	Total. Add lines 1 through 5	0	0	0	0	0	
7a	Amounts included on lines 1, 2, and 3	i	<u> </u>	<u>_</u>		<u> </u>	
	received from disqualified persons						,
h	Amounts included on lines 2 and 3						
	received from other than disqualified				7)		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		<u> </u>				,
c	Add lines 7a and 7b	n	& 0	0		0	
8	Public support (Subtract line 7c from		1		Q.	U U	
•	line 6.)					100	,
Sec	tion B. Total Support			3 4 5 7		1 250	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	<u> </u>	0	0		(6) 2021	(i) iotai
10a	Gross income from interest, dividends,	<u> </u>	Û Û		<u>_</u>	 	
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less	45					
	section 511 taxes) from businesses		A				
	acquired after June 30, 1975		**				,
С	Add lines 10a and 10b	0	0	0	0	0	
11	Net income from unrelated business	-			<u> </u>	·	
	activities not included on line 10b, whether						
	or not the business is regularly carried on						c
12	Other income. Do not include gain or	Ĵ					
	loss from the sale of capital assets						
	(Explain in Part VI.)				,		c
13	(Explain in Part VI.)						
	and 12.)	اه	0	0	o	اه	c
14	First 5 years. If the Form 990 is for the orga	nization's first, sec		or fifth tax year as	section 501(c)(3)	<u> </u>	
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Sup	port Percenta	ige			· · · · · · · · · · · · · · · · · · ·	<u></u>
15	Public support percentage for 2021 (line 8, co			(f))		15	0.00%
16	Public support percentage from 2020 Schedu	ule A, Part III, line 1	5			16	0.00%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2021 (line	10c, column (f), di	vided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2020 Sc	chedule A, Part III, I	line 17			18	0.00%
19a	33 1/3% support tests—2021. If the organiz	zation did not checl	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and s	t <mark>op here.</mark> The orga	anization qualifies	as a publicly suppo	orted organization .		🕨 🗀
b	33 1/3% support tests—2020. If the organize	zation did not check	k a box on line 14	or line 19a, and lin	e 16 is more than :	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this I	pox and stop here	. The organization	qualifies as a publ	licly supported orga	anization	> 🛄
20	Private foundation. If the organization did n	ot check a box on '	line 14, 19a, or 19	o, check this box a	nd see instructions		▶□

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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 lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4, (5), (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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 nadisuch control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- 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? If "Yes," provide detail in **Part VI**.
- Did the organization provide a grant, lean, 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).
- B Did the organization make a Capito a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
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2 3a	报	in in
3h		
3c		
4a		SMPRING TO
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5a 5b		¥
5c		
7		Sharen.
8		
9a		
9b	1	
9c		3,7
10a		. Ma - 12 - 12
10a	*	

Hes the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b below, the governing body of a supported organization? A family member of a person described on line 11a above? A family member of a person described on line 11a above? A family member of a person described on line 11a above? A family member of a person described on line 11a above? A family member of a person described on line 11a above? A family person of the person described on line 11a above? A family person of the person described on line 11a above? Details Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or memberahip of oge or more supported organizations have the power to egularly appoint or elect at loss tall amounts of the governing organization of the supported organization and what controlled the organization's activities. If the organization had more than 30 and organization of the supported organization and what controlled or organization's activities. If any applied to such powers during a family and organization and what controlled or organization's activities. If any applied to such powers during a family and organization of the rate of the benefit of en supported organization of the trust of the supported organization of the trust of the supported organization's life organization's life organization's life organization's controlled the supported organization's life organization's life organization's controlled or managed organization's supported organization's life organization's life organization's supported organization's life organization's supported organization's life organization's life organization's supported organization's life organization's life organization's supported organization's life organization's life organization's life organization's life organization's life org	Part	Supporting Organizations (continued)		<u>_</u>	aye C
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entry of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide of the certain Part VI. Section B. Type I Supporting Organizations 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 each at least a majorly of the organization of one or more supported organizations have the power to regularly appoint or each at least a majorly of the organization of ones. A controlled the organization is early 17 No." described in Part VI now the supported organization of ones. The organization of the part of the organization of the power to general advantage of the organization and what conditions or restrictions, if who providing such benefit or any supported organization often than the five the supported organization of organization of organization of the organization of the organization of the organization of the organization of the supporting organization of the view of the organization of the organization of the organization of the supporting organization of the supporting organization of the supporting organization of the supporting organization of the supporting organization of the supporting organization of the supporting organization was vested in the supported organization of the organization of the supporting organization of the supported organization of the supported organization of the supported organization of the supported organization of the organization of the electron of the supporting organization of the electron of the electron of the supporting organization of the electron of the electron of the electron of the supporting organization was vested in the supported organization of the orga				Yes	No
116 below, the governing body of a supported organization? b A family member of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part V. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body officers acting in their official capacity, or membership of ope or more supported organizations have the power to regularly appoint or exect at least a mightly of the organization of the supported organizations have the power to regularly appoint or exect at least a mightly of the organization of the supported organizations have the power to regularly appoint or exect at least a mightly of the organization of the supported organizations have the power to regularly appoint or exect at least a mightly of the organization of the supported organization or the supported organization of the supported organization or the supported organization or the supported organization or the powers to appoint and/or remove officers, directors, or trustees were all flationagement of the powers to appoint and/or remove officers, directors, or trustees were all flationagement of the organization or controlled the supporting organization of the supporting organization of the supporting organization of the supporting organization of the supporting organization of the supporting organization of the supporting organization of the supporting organization of the supporting organization or trustees of each of the organization organization was vested in the same reactive the first organization or the supporting organization was vested in the same reactive the first organization organization organization organization was vested in the same reactive the supported organization organizat					
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that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a 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? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		those supported organizations and explain how these activities directly furthered their exempt purposes,	5		
 b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a 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? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 		how the organization was responsive to those supported organizations, and how the organization determined			
one or more 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 activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. 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? If "Yes" or "No," provide details in Part VI. 5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			2a		
Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a 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? If "Yes" or "No," provide details in Part VI. 5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a 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? If "Yes" or "No," provide details in Part VI. 5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
Parent of Supported Organizations. Answer lines 3a and 3b below. 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? If "Yes" or "No," provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			類	15.7	
 a 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? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 			2b		
trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			- 1		<u> </u>
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a	trustees of each of the supported organizations? If "Voo" or "No." provide details in Earth.		4	
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	b	Did the organization exercise a substantial degree of direction over the policion programs and addition of a substantial degree of direction over the policion programs.	<i>5</i> a		
		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgai	nizations	rage e
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Sections	s 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	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of	П	A	
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	0	0
Section B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	1	XX 2 2 5 34 1	
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	1c		······································
d Total (add lines 1a, 1b, and 1c)	1a	0	<u> </u>
e Discount claimed for blockage or other factors	•		
(explain in detail in Part VI):			· 建基础 有 2
2 Acquisition indebtedness applicable to non-exempt-use assets	2		1
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	J		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	4. ** ** ** ** ** ** ** ** ** ** ** ** **	0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	7. 数据 10 数 10 数 10 数 10 数 10 数 10 数 10 数 1	0
4 Enter greater of line 2 or line 3.	4	· · · · · · · · · · · · · · · · · · ·	0
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		0
7 Check here if the current year is the organization's first as a non-functionally instructions).		grated Type III supporting o	rganization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	<u>ed)</u>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	the state of the s	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	0
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.		₽8	
	Distributable amount for 2021 from Section C, line 6		9)	0
<u>10</u>	Line 8 amount divided by line 9 amount		10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021	李 · · · · · · · · · · · · · · · · · · ·		
a	From 2016	* 1		· 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1
<u>b</u>	From 2017 0	14 4 11 11 11 11 11 11	<i>a</i>	舞型 多 秋 琼默
<u> </u>	From 2018	· 多子是一種人以 對 學 是有	謹	· 连接 编 ***
<u>d</u>	From 2019	美国大学 第 中 号 电流 3	44	· 建造 - 连接
<u>e</u>	From 2020			美国人工工程
<u>f</u>	Total of lines 3a through 3e	0 1 1 2 3 3 3 3		
g	Applied to underdistributions of prior years	· 1000 1000 1000 1000 1000 1000 1000 10	0	等學 计 美国
<u>h</u>	Applied to 2021 distributable amount	· 中 · 中 · 自 · · · · · · · · · · · · · ·	je je	0
	Carryover from 2016 not applied (see instructions)) <u>V 3 6 6 6</u>	<u> </u>	
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f	0 维 學 學 1 . 9		多曲 建
4	Distributions for 2021 from			建立 数
	Section D, line 7: \$ 0		建	
<u>a</u>	Applied to underdistributions of prior years	在身 禁 · 議 · 集 · 请幸 · · · · · · · · · · · · · · · · ·	0	
<u>b</u>	Applied to 2021 distributable amount			0
<u>c</u>	Remainder. Subtract lines 4a and 4b from the 4.	0 1 代 7 市 第 章	<i>y</i> -	製造
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from the 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
6	Remaining underdistributions for 2023. Subtract lines 3h		4.34	
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions	· · · · · · · · · · · · · · · · · · ·		0
7	Excess distributions carryover to 2022. Add lines 3j	上覆 3 4 3 3		事品 · 1 · 1 · 1 · 1 · 1
	and 4c.	0 定 建 泰 1		Total Title
8	Breakdown of line 7	**************************************	10:	全
<u>a</u>	Excess from 2017 0			1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Excess from 2018 0		A: 1	
<u>c</u>	Excess from 2019 0		20.43 5.00	文學 4. 英语
e	Excess from 2020		- 450 e	東京教 (29) 12 日 - 東京 (2000)
	Excess from 2021			2

Schedule A (Fo		46-0462671	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)	IV, Section nes 1c, 2a, 2b,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
	<u> </u>	•	
		<u> </u>	
		·	

			4-6-6-3
			*
			
			# -

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury

FIRST CIRCUIT CASA

Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization

Employer identification number 46-0462671

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 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 cov	ered by the General Rule or a Special Rule.					
	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
For an organization filing or more (in money or procontributor's total contrib	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 pperty) from any one contributor, Complete Parts I and II. See instructions for determining a outions.					
Special Rules						
regulations under section 16b, and that received fr	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ns 509(a)(1) and 1/0(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or om any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the ye literary, or educational pu "N/A" in column (b) inste	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, urposes or for the prevention of cruelty to children or animals. Complete Parts I (entering addor the contributor name and address), II, and III.					
contributions totaled for during the year for an ex-	the difference of the section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one part, contributions exclusively for religious, charitable, etc., purposes, but no such the section of the sec					

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).

Name of organization Employer identification number FIRST CIRCUIT CASA 46-0462671

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MITCHELL UNITED WAY 417 N MAIN ST STE 103 MITCHELL SD 57301 Foreign State or Province: Foreign Country:	\$15,888	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(C)	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State of Province: Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FIRST CIRCUIT CASA

Employer identification number 46-0462671

Part II	oncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
(a) No.		\$					
from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
*··		\$					

Name of org	ganization RCUIT CASA		Employer identification number 46-0462671
Part III	Exclusively religious, charitable, etc., of (10) that total more than \$1,000 for the state of the following line entry. For organizations contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	year from any one contributor. (completing Part III, enter the total ir. (Enter this information once. Se	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of exclusively religious, charitable, etc
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4 Rela	ationship of transferor to transferee
	F P		
(a) No. from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a	ZIP + 4 Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
į	Transferee's name, address, and 2	(e) Transfer of gift	tionship of transferor to transferee
	For. Pro Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
•			
	Transferee's name, address, and 2	(e) Transfer of gift	ionship of transferor to transferee
	For. Prov. Country		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FIRST CIRCUIT CASA Part 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control?. Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant-funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a Total acreage restricted by conservation easements. 2b Number of conservation easements on a certified historic structure included in (a) . Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation beasement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

> \$

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 7 No 9 balance sheet, and include fapplicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Completed the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: b Assets included in Form 990, Part X

Sched	ule D ((Form 990) 2021 FIRST CIRCUIT	CASA						46-046	2671		Page 2
Par		Organizations Maintaining	Colle	ctions of A	rt, Histo	rical Tre	asures, or	Other	Similar Asset	s (cont	inued)	
3	Usi	ng the organization's acquisition,	accessi	ion, and othe	r records,	check any	y of the follow	ing that	make significan	t use of	its	
	colle	ection items (check all that apply)				7						
а	Щ	Public exhibition			d	Loan o	r exchange p	rogram				
b		Scholarly research			е	Other						
C		Preservation for future generation	ns									
4	Pro	vide a description of the organiza	tion's co	ollections and	d explain h	now they f	urther the org	anizatio	n's exempt purp	ose in P	art	
	XIII.											
5	Dur	ing the year, did the organization	solicit c	or receive do	nations of	art, histori	ical treasures	, or othe	er similar		_	_
		ets to be sold to raise funds rathe			ned as par	t of the or	ganization's	collectio	n?	Y	es	No
Par	IV	Escrow and Custodial Arra						4				
		Complete if the organization	answe	ered "Yes" o	วก Form !	990, Parl	t IV, line 9, d	or repoi	ted an amoun	t on Fo	rm	
4-	[= 46	990, Part X, line 21.						. 4				
1a	is th	ne organization an agent, trustee, uded on Form 990, Part X?	custod	ian or other i	ntermedia	ry for cont	ributions or o	ther ess	ets not	\Box		٦
b		es," explain the arrangement in F							• • • • • •	Y	es	_ No
~		co, explain the arrangement in i	ait XIII	and complet	e the lollo	wing table				Amount		
С	Beg	inning balance						1 0		AITIOUITE		0
d		litions during the year						1d				
е	Dist	ributions during the year						1e				
f	End	ling balance				, ;		1f				0
2a	Did	the organization include an amou	nt on F	orm 990, Pa	rt X, line 2	1, for escr	ow or custod	ial acco	unt liability?	T Y	es X	No
þ		es," explain the arrangement in F								, .		ĺ
Part		Endowment Funds.			4	The same	A					
		Complete if the organization	answe	ered "Yes" o	n Fogh s	990 Part	IV, line 10.					
			(a)	Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Fo	our years	s back
1a		inning of year balance		0		0		Ó		0		0
b		tributions				<u> </u>						
C		investment earnings, gains,		4								
		losses		<u> </u>								
d		nts or scholarships										
е		er expenditures for facilities programs						-				
f		ninistrative expenses	<u> </u>		7							
a		of year balance	7	0	<u> </u>	0		0	, , , , , , , , , , , , , , , , , , ,			
2	Prov	vide the estimated percentage of	he c orr	ent vear end	balance (line 1a co	umn (a)) hei	ld as.		0		0
а	Boar	rd designated or quasi-endowme			%		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u uc.				
b	Pern	nanent endowment	The second	%								
C		n endowment	%									
		percentages on lines 2a, 2b, and										
3a		there endowment funds not in the	posse	ssion of the o	organizatio	on that are	held and adı	minister	ed for the			
	orga	enization by:									Yes	No
	(i)	Unrelated organizations.	• •							3a(i)		
h		Related organizations.				, .				3a(ii)		
b ⊿	Des	es" on line 3a(ii) are the related or cribe in Part XIII the intended use	rganiza . of the	ations listed a	as required	on Sche	dule R?			3b		
Part		Land, Buildings, and Equip			rs endowr	nent tuna	5					
ш.	_	Complete if the organization			n Form (aan Part	IV line 11a	Soo E	form 990 Bart	Y lino	10	
		Description of property	4110110	(a) Cost or of			or other basis		Accumulated			
		,		(investr			other)		preciation	(a) B	ook value	•
1a	Lanc	i			0		0	# E {				0
b		dings			0		0		0			ō
C		sehold improvements			0		0		0			0
d		ipment			0		42,627		23,737		1	18,890
e Fat-l	Othe				0		0		0			0
otal.	Add	lines 1a through 1e. (Column (d)	<u>must e</u>	qual Form 99	10, Part X,	column (E	3), line 10c.) .		>		1	18,890

Part VII	Investments—Other Securities.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	valuation:
	ıl derivatives	0		
	held equity interests	0		
(3) Other				
(A)		L.		
<u>(B)</u>				7
(C)				····
(D)			(
				\
(F)				
(G)				2
<u>(H)</u>				
Total. (Colum.	n (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨	. 0		
Part VIII	Investments—Program Related. Complete if the organization answered	"Yes" on Form 990	Part IV line 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-year	/aluation:
(1)		<u> </u>	and the straight of the straig	
(2)				
(3)				
_(4)		. 4		
(5)		A 4		
(6)	· · · · · · · · · · · · · · · · · · ·			
(7)			>	
_(8)		A D	<u> </u>	
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0	1	**
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form	000 Port V line 15
·	(a) Descr	inten	rartiv, line Tru. See Form	
(1)		****		(b) Book value
(2)	4			
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)		9		
(5)		······································		
(6)				
(7)				
(8)				
(9)			· · · · · · · · · · · · · · · · · · ·	
	mn (b) must equal Form 990, Part X, col. (B) li	ine 15)		<u> </u>
Part X	Other Liabilities.	110 10.)	· · · · · · · · · · · · · · · · · · ·	
raitX		Modil on Farm 000 I	Dark N.C. Str 445 445 O	-
	Complete if the organization answered 'line 25.	res on Form 990, i	Part IV, line 11e or 11f. See	Form 990, Part X,
1.		P # 15 1 450		
	income taxes (a) Descript	tion of liability		(b) Book value
	income taxes	<u> </u>		
(2)				
(3)	<u> </u>			
(4)				
(5)				
(6)		<u></u>		
(7)				
(8)				
(9) T (1) (0) (
	nn (b) must equal Form 990, Part X, col. (B) li		.	0
Liability for	uncertain tax positions. In Part XIII, provide the tex	xt of the footnote to the or	rganization's financial statements t	nat reports the
organization's	liability for uncertain tax positions under FASB AS	C 740. Check here if the	text of the footnote has been provi	ded in Part XIII

Par		s With Rev	enue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a	ā.		
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:			5 T 7/2	
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	•		
C	Recoveries of prior year grants	2c		134	
d	Other (Describe in Part XIII.)	2d		77 4 4	
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
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			
b	Other (Describe in Part XIII.)	4b	War and	1.	
C	Add lines 4a and 4b	<u> </u>		Ac	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	0
Part	XII Reconciliation of Expenses per Audited Financial Statement	ts With	honees per	Return	
	Complete if the organization answered "Yes" on Form 990, Part	IV line 12s	Penada her	Netuin,	
1	Total expenses and losses per audited financial statements	10, 110 120		1 4 1	······································
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	· · · · · · · · · · · · · · · · · · ·			
а	Donated services and use of facilities	222			
b	Prior year adjustments	26			
C	Other losses	20			
d	Other (Describe in Part XIII.)	2d		**************************************	
e	Add lines 2a through 2d	203		-	^
3	Other (Describe in Part XIII.) . Add lines 2a through 2d . Subtract line 2e from line 1 . Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIII.)			_2e	0
4	Amounts included on Form 990, Part IX, line 25, but not on line	i		3	0
а	Investment expenses not included on Form 990. Part VIII. line 7h	4a		40	
b	Other (Describe in Part XIII.)	4a 4b			
	Add lines 4e and 4h			4.	•
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	0
_	XIII Supplemental Information.	· · · · ·		1 3 1	0
Provid 2; Par	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-	art IV, lines	1b and 2b; Par ditional informa	t V, line 4; Paration.	t X, line
**************************************		•	•••••••••••••••••••••••••••••••••••••••		
	,				

Schedule D (Fo		FIRST CIRCUIT CASA	46-0462671	Page 5
Part XIII	Suppleme	ental Information (continued)		
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	<i>f</i> f		*	
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SCHEDULE G (Form 990)

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

Department of the Treasury Internal Revenue Service

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

Inspection

	of the organization					Employer identificati	on number
	T CIRCUIT CASA					46-046	32671
Pai					ered "Yes" on For	m 990, Part IV, lii	ne 17.
1	Form 990-EZ filers are no Indicate whether the organization				a activities. Obselv	all thank annulu	
a	X Mail solicitations	raised fullus (filot			ig activities. Check if non-government (
b	Internet and email solicitations				of government grant	<u>-</u> '	
c	Phone solicitations	,			raising events		
d	In-person solicitations		a [V] o	pecial lana	raising events		
2a	Did the organization have a writter	or oral agreeme	nt with any	individual	(including officers of	lirectors trustoes	
	or key employees listed in Form 9	90, Part VII) or er	itity in conr	ndividual ection with	i professional fundra	illectors in ustees, ilsing services?	Yes X No
þ	If "Yes," list the 10 highest paid inc	dividuals or entitie	s (fundrais				raiser is to
111	be compensated at least \$5,000 b	y the organizatior	1.				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts front activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No .			
2	· · · · · · · · · · · · · · · · · · ·		 	4	0	0	0
3					0	0	0
4					0	0	0
5		_		<u> </u>	0	0:	0
6		4			0	0	0
7					0	0	0
8			•		0	0	0
9					0	0	0
10			<u> </u>		0	0	0
				<u> </u>	0	0	0
3	List all states in which the organization or licensing.	ation is registered	or licensed	to solicit o	0 contributions or has	0 been notified it is ex	cempt from
	registration of itemsing.						

Part II

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events 'ASA'S GOT TALEN" MURDER MYSTERY (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 60,134 14,271 4.849 79,254 Less: Contributions . . . 0 3 Gross income (line 1 minus line 2) . _ . . . _ _ . . . 60,134 14,271 79,254 Cash prizes Noncash prizes 0 **Direct Expenses** Rent/facility costs . . . 0 0 Food and beverages . . . O Entertainment Other direct expenses . . . Direct expense summary. Add lines 4 through 9 in corumn (d).

Net income summary. Subtract line 10 from line 3, column (d).

Net income summary. Subtract line 10 from line 3, column (d).

Porm 990, Part IV, line 19, or reported more than Part III Revenue (p) Pull tabs/instant bingo/progressive bingo (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) Gross revenue . . 0 Direct Expenses 2 Cash prizes 0 Noncash prizes Rent/facility costs . . . Other direct expenses % Yes Yes Volunteer labor No No Enter the state(s) in which the organization conducts gaming activities: b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . If "Yes," explain:

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

Sched	lule G (Form 990) 2021 FIRST CIRCUIT CASA	46	-0462671	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	ls the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	— □ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an records:	t		
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<i>0</i> 	Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ 0 and the			
	amount of gaming revenue retained by the third party > \$0			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
L	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\$\$			0
Part		(iii) a	and (v): a	0 and
	Part III, lines 9, 9b, 10 15b 15c, 16, and 17b, as applicable. Also provide any additional	infor	nation.	
	See instructions.			
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#### SCHEDULE O (Form 990)

#### 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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization FIRST CIRCUIT CASA

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

OMB No. 1545-0047

2021

Open to Public Inspection
Employer Identification number

46-0462671

Form 990, Part VI, Section 3, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
FIRST CIRCUIT CASA	46-0462671
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Form 8879-TE

IRS *e-file* Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2021, or fiscal year beginning , 2021, and ending , 20

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form88/91E to	r the latest information.	.
Name of filer	EIN or SSN	
FIRST CIRCUIT CASA Name and title of officer or person subject to tax		46-0462671
JACKIE HORTON	EVECUTIV	E DIRECTOR
Part I Type of Return and Return Information	EXECUTIV	E DINECTOR
Check the box for the return for which you are using this Form 8879-TE and enter the CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here	e dollars only. If you check the box on I with this form was blank, then leave I	line 1a, 2a, 3a, 4a, ine 1b, 2b, 3b, 4b, r -0- on the 617,507
	ine 4)	6b
7a Form 4720 check here ▶	ne 1)	7b8b
Part II Declaration and Signature Authorization of Officer or	Person Subject to Tax	
of entity) FIRST CIRCUIT CASA (EIN) 46-04626 (2021 electronic return and accompanying schedules and statements, and, to the best complete. I further declare that the amount in Part I above is the amount shown on the intermediate service provider, transmitter, or electronic return originator (ERO) to sent acknowledgement of receipt or reason for rejection of the transmission, (b) the reason he date of any refund. If applicable, I authorize the U.S. Treasury and its designated direct debit) entry to the financial institution account indicated in the tax preparation seturn, and the financial institution to debit the entry to this account. To revoke a payment-888-353-4537 no later than 2 business days prior to the payment (settlement) date. Processing of the electronic payment of taxes to receive confidential information neces the payment. I have selected a personal identification number (PIN) as my signature telectronic funds withdrawal.	of my knowledge and belief, they are ecopy of the electronic return. I consed the return to the IRS and to receive for any delay in processing the return Financial Agent to initiate an electronic software for payment of the federal taxment, I must contact the U.S. Treasury I also authorize the financial institutions sary to answer inquiries and resolve	ed a copy of the true, correct, and ent to allow my from the IRS (a) an or refund, and (c) c funds withdrawal es owed on this Financial Agent at ns involved in the issues related to
PIN: check one box only CARLON & MILLAR, PROF LLC ERO firm name	to enter my PIN 6267	nbers, but
on the tax year 2021 electronically filed return. If I have indicated wit a state agency(ies) regulating charities as part of the IRS Fed/State enter my PIN on the return's disclosure consent screen.	program, I also authorize the afore	turn is being filed with mentioned ERO to
X As an officer or person subject to tax with respect to the entity, I will electronically filed return. If I have indicated within this return that a c regulating charities as part of the IRS Fed/State program, I will enter	copy of the return is being filed with	n a state agency(ies)
ignature of officer or person subject to tax	Date 🕨	2/27/2022
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	46004242602 Do not enter all zeros	
certify that the above numeric entry is my PIN, which is my signature on the 2 hat I am submitting this return in accordance with the requirements of Pub. 4 * RS e-file Providers for Business Returns.	2021 electronically filed return indic 163, Modernized e-File (MeF) Infor	cated above. I confirm mation for Authorized
RO's signature	Date ▶	

ERO Must Retain This Form—See Instructions