TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2015

Duan and fair	
Prepared for	Circle Tail, Inc. 8834 Carey Lane Pleasant Plain, OH 45162
Prepared by	FLYNN & COMPANY, INC. 7800 E. KEMPER ROAD CINCINNATI, OH 45249-1614
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us as soon as possible.

Form	887	'9-	Ε	Ο
------	-----	-----	---	---

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service

Name of exempt organization

or calendar year 2015, or fiscal year beginning	, 2015, and ending	.20
or balondar your zo to, or hobar your beginning	, 2010, and chang	,20

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

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

31 - 1516490

CIRCLE TAIL, INC.

F

Name and title of officer	
JAMES SNYDER	
TREASURER	
Part I Type of Return and Return Information (Whole Dollars Only)	

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	272,329.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize FLYNN & COMPANY, INC.	to enter my PIN	45162
ERO firm name	-	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201: indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.	•	
Officer's signature Date Date		
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. 3118024524 do not enter all zero		
I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for t confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	•	
ERO's signature Date		
ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To D	Do So	

	000	
	uuli	
Form	330	

EXTENDED TO NOVEMBER 15, 2016

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

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

Department of the Treasury Internal Revenue Service A For the 2015 calendar yea

Information about Form 99	0 and its instructions is at www.irs.gov/form990
r or tax year beginning	and ending



~ '	01 11	and and a sear, or tax year beginning	chang	_	
Ba	Check if applicab	C Name of organization		D Employer identifie	cation number
	Addre	Se CIRCLE TAIL, INC.			
	Name chang	e Doing business as	31-1	516490	
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	8834 CAREY LANE		513-	877-3325
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	275,730.
	Amer	PLEASANI PLAIN, OH 45102		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer.		for subordinates	? Yes 🔀 No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1)	or 📃 527	If "No," attach a	list. (see instructions)
J١	Nebsi	te: > WWW.CIRCLETAIL.ORG		H(c) Group exemption	
ΚF	⁼ orm o	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1997 N	State of legal domicile: OH
Pa	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: THE	MISSIC	N OF CIRCLE	TAIL IS TO
anc		PROVIDE SERVICE AND HEARING DOGS TO PEOP	LE WIT	H DISABILIT	IES, AND
erná	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
No.	3	Number of voting members of the governing body (Part VI, line 1a)			10
ن ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)		10	
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		15	
iviti	6	Total number of volunteers (estimate if necessary)			50
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		149,444.	134,248.
eni	9	Program service revenue (Part VIII, line 2g)		76,467.	78,576.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,089.	2,618.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		70,692.	56,887.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		297,692.	272,329.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		141,350.	156,342.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	141,350.	156,342.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	<u>-</u>	0.	0.
Expenses				116,272.	128,853.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		257,622.	285,195.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		40,070.	-12,866.
<u>ت</u> د	19	Revenue less expenses. Subtract line 18 from line 12		-	
Net Assets or Fund Balances				ginning of Current Year 1,028,458.	End of Year 866,561.
Asse Bala	20	Total assets (Part X, line 16)		147,969.	685.
let ⊿ ind	21	Total liabilities (Part X, line 26)		880,489.	865,876.
		Net assets or fund balances. Subtract line 21 from line 20		000,409.	000,070.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JAMES SNYDER, TREASURE Type or print name and title	R	I	Date	
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	NICK A. VEATCH, CPA			self-employed P01495541	
Preparer	Firm's name ▶ FLYNN & COMPANY,	INC.		Firm's EIN 31-1451941	
Use Only	Firm's address 7800 E. KEMPER R	OAD			
	CINCINNATI, OH 4			Phone no. 513 - 530 - 9200	
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No	
532001 12-1	2001 12-16-15LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2015)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2015) CIRCLE TAIL, INC. 31-1516	5490	Page 2
Pa	rt III Statement of Program Service Accomplishments		U
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: THE MISSION OF CIRCLE TAIL IS TO PROVIDE SERVICE AND HEARING DO PEOPLE WITH DISABILITIES, AND PROVIDE DOG ADOPTIONS, EDUCATIONA		0
	PROGRAMS, AND OBEDIENCE TRAINING CLASSES TO THE GENERAL PUBLIC.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vee	X No
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expression is for each program service reported.	-	
4a	(Code:) (Expenses \$ 202,027 • including grants of \$) (Revenue \$)
	PROVIDED SERVICE DOGS AND HEARING DOGS TO INDIVIDUALS WITH DISABILITIES.		,
4b	(Code:) (Expenses \$ 37,363. including grants of \$) (Revenue \$	36,	165.)
	OPERATES A LIMITED ADMISSIONS SHELTER, WITH RESPONSIBLE SPAY/NH	UTER	,
	PRACTICES FOR UNWANTED DOGS, AS WELL AS PROVIDING DOG ADOPTIONS	5 ТО	THE
	GENERAL PUBLIC.		
4c	(Code:) (Expenses \$ 13,545. including grants of \$) (Revenue \$		411.)
	PROVIDED DOG OBEDIENCE TRAINING, BOARDING AND GROOMING SERVICES	•	
4d	Other program services (Describe in Schedule O)		
чu	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 252,935.	1	
		Form 9	90 (2015)

Form	990	(201)	5)

 Form 990 (2015)
 CIRCLE TAIL, INC.

 Part IV
 Checklist of Required Schedules

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	 14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Δ	<u> </u>
19	complete Schedule G, Part III	19		x
		13		

Form	aan	(2015)
I UIIII	990	(2013)

 Form 990 (2015)
 CIRCLE TAIL, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	0.51		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
0 -	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			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
	Note. All Form 990 filers are required to complete Schedule O	1 30	47	

Pert V Statements Regarding Other IRS Filings and Tax Compliance Check # Schedule O contains a response or note to any line in this Part V Yes a Enter the number of forms W20 included in the 1a. Enter -0 if not applicable 1a 1 b Enter the number of forms W20 included in the 1a. Enter -0 if not applicable 1b 1c c Enter the number of forms W20 included in the 1a. Enter -0 if not applicable 1a 1c c Enter the number of forms W20 included in the vacan expectation by apprentix to vendors and reportable gamming (gambing) winnings to price winners? 2a 15 2a list the number of analyses reported on from W20, transpontation to Wage and Tax Statements. 2a X Note. If the sum of thirs 1 and 2 is greater than the account, securities account, or toxicable and the admonstration of 8.000 or more during the year? 2a X a Did the expanization have unrelated balances groups of of the authority year, a transmit and the organization have an interest in. or a signature or other authority year, a transmit appendix the organization have an interest in. or a signature or other authority year a transmit appendix the area many and the account, security to a prohibit tax shere transmits appendix the area analysis of the analysis of the admonstration and the admonstration and analysis of the admonstration and the admonstration the admonstration and analysis of the admonstration and analysis of the admonstration and analysis of the admonstratin the admonstration the admonstratin the admonstratin the admo	Form	990 (2015) CIRCLE TAIL, INC.	31-1516	490	Р	age 5
1a Enter the number reported in Box 3 of Form 1098. Enter -0 if not applicable 1a 1						
1a Enter the number operated in Dox 3 of Form 1096. Enter 0 if not applicable 11 1 1 b Enter the number of Form W2 K0 included in the 1 after 0 if not applicable 10 0 2a Enter the number of employees reported on form W3, Transmittat of Wage and Tax Statements. 12 1 2a Enter the number of employees reported on form W3, Transmittat of Wage and Tax Statements. 12 15 2b If at least one is reported on the 2, did the organization file all required ideoral employment tax returns? 2b X Note. If the sum of times 1a and 2 is greater than 250, you may be required to c-file (see instructions) 3a X 3b Did the organization have employ explicit to c-file (see instructions) 3a X 4a At any time the nume of the foreign country (such as a bank account, securities account, or other financial account)? 4a X 11 "Yes," has It filed a form 900 Tfor this year? If No, You be about transaction that meters 1, 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)? 5a X 16 "Yes," to line Sa of Sb, did the organization have the organization applicable tax shelter transaction? 5c X 5a X Did any taxable party nobity the organixabio file Fo		Check if Schedule O contains a response or note to any line in this Part V				
1a Enter the number operated in Dox 3 of Form 1096. Enter 0 if not applicable 11 1 1 b Enter the number of Form W2 K0 included in the 1 after 0 if not applicable 10 0 2a Enter the number of employees reported on form W3, Transmittat of Wage and Tax Statements. 12 1 2a Enter the number of employees reported on form W3, Transmittat of Wage and Tax Statements. 12 15 2b If at least one is reported on the 2, did the organization file all required ideoral employment tax returns? 2b X Note. If the sum of times 1a and 2 is greater than 250, you may be required to c-file (see instructions) 3a X 3b Did the organization have employ explicit to c-file (see instructions) 3a X 4a At any time the nume of the foreign country (such as a bank account, securities account, or other financial account)? 4a X 11 "Yes," has It filed a form 900 Tfor this year? If No, You be about transaction that meters 1, 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)? 5a X 16 "Yes," to line Sa of Sb, did the organization have the organization applicable tax shelter transaction? 5c X 5a X Did any taxable party nobity the organixabio file Fo					Yes	No
b Enter the number of Forms W20 included in line 1a. Enter 0: In not applicable tb	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1			
c Did the organization comply with backup withholding rules for reportable gamments to vendos and reportable gaming (gambling) winnings to prix within the year covered by this return. 12 15 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 12 15 2b If at least one is reported on lines 2, did the organization file all required federal employment tax returns? 2a X Note. If the sum of lines 1a and 2 a is greater than 250, you may be required to c ^{1/0} (see instructions) 3a X b If 'Yes,'' has it filed a form 990-T for this year? If 'No, 'to im 3b, provide an explanation in Schedule O 3b 4a b If 'Yes,'' that if the foreign country (such as a bank account, socurities account, or other financial account)? 4a X b If 'Yes,'' to line 5a or 5b, did the organization have an interest n, or a signature or other authority over, a financial account if the organization have unal gross receipts that an orninally greater than \$10,000, and did the organization have unal gross receipts that an orninally greater than \$10,000, and did the organization have unal gross receipts that an orninally greater than \$10,000, and did the organization have unal gross receipts that an orninally greater than \$10,000, and did the organization have unal gross receipts that an orninally greater than \$10,000, and did the organization have unal gross receipts that an orninal greater than \$10,000, and settle present provided 7 7a X 7 Or			1b 0			
grambing) winnings to prize winner? ic 2a Enter the number of employees reported on form W3. Transmittal of Wage and Tax Statements. 15 b it at least one is eported on line 2a, id the organization file all required federal employment tax returns? 2a 3a Dat the organization have unrelated business gross income of \$1.000 or more during the year? 3a X b If 3a the state third a GT organization have an interest in, or a signature or other authority over, a financial account is foreign outry (such as a bank account, sourchies account, or other financial account) (FBAR). 3a X b If "Yes," neter the name of the foreign county: ▷ 5a X Sou instructions for filing requirements for FinCEN FORM 114. Report of Foreign Bank and Financial account (FBAR). 5a X b Di day taxable part northy the organization file Form 8886-17 6a X Cap bas the organization name appress receipts that are normally greater than \$100,000, and dit the organization source a chantable controlutions or gifts were not tax deductible as chantable controlutions or gifts 6a X b If "Yes," to line Sa or Sb, did the organization file Form 8886-17 6a X c If "Yes," to line Sa or Sb, did the organization an express statement that such controlutions or gifts 6a X d If "Yes," to line Sa or Sb, did the organization file Form 8886-17 6a X d<			reportable gaming			
2a 15 2a 15 1bit of the calendar year and ending with or within the year covered by this return. 2a 15 b if at least one is reported on line 3a, did the organization file all required federal employment tax returns? 2a X Note. If the sound lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b 17 vest, 'has it filed a form 890. To this year? If 'No, 'to line 30, provide an explanation in Schedule O 3b X b 17 vest, 'has it filed a form 890. To this year? If 'No, 'to line 30, provide an explanation in Schedule O 3b X b 17 vest, 'tent the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X 5a XX Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5b Did stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5b 17 vest, 'to line 5a or 5b, did the organization the 8000000000000000000000000000000000000				1c		
tied for the calendary year ending with or within the year covered by this return	2a					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Tyres, 'has it filed a form 390.7 for this year? If 'No,' to line 30, provide an explanation in Schedule O 3a X b Tyres, 'has it filed a form 390.7 for this year? If 'No,' to line 30, provide an explanation on Schedule O 3a X b Tyres, 'has it filed a form 390.7 for this year? If 'No,' to line 30, provide an explanation in Schedule O 3a X b Tyres, 'to the roban colledy year, dith congnization have an interest, in o a signature or other authority over, a 4a X b If 'Yes,' to line 5a or 5b, did the organization have parity to a probleted tax shelter transaction? 5b X c If 'Yes,' to line 5a or 5b, did the organization have parity to a probleted tax shelter transaction? 5c X b If 'Yes,' to line 5a or 5b, did the organization are spires statement that such contributions or gifts were not tax deductible ac charitable contributions? 5b X c If 'Yes,' did the organization neity pay premiums, disces provided to the payor? 7a X 7 7 Organization set, expany, or otherwise dispose of tangi			2a 15			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Yees, thas it filed a Form 980-T for this year? 3b X 3b If Yees, thas it filed a Form 980-T for this year? 3a X 3c If Yees, thas it filed a Form 980-T for this year? 3a X 3c If Yees, that it filed a Form 980-T for this year? 4a X 3c If Yees, that it filed a Form 700-T foreign Bank and Financial Accounts (FRAP). 5a X 3c If Yees, to line 5a or 5b, of the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 3c If Yees, to line 5a or 5b, of the organization include with every solicitation an express statement that year 5c X 3c If Yees, to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 5c X 3c If Yees, ' do the organization notift the dore or the value of the goods and services provided not the year is a part or a probability to goods and services provided not the sponsoring organization notift ye ordero or the value of the organizati	b			2b	Х	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes,' has filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 3b X b If Yes,' has filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 4a X b If Yes,' their the name of the foreign country lew has a bank account, securities account, or other financial account? 4a X b If Yes,' their the name of the foreign country. See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account? 5a X c If Yes,' to line 5a or 5b, did the organization that they so is a party to a probibited tax sheler transaction? 5a X c Did any taxable party notify the organization neide with ever yes olcitation an express statement that such contributions so oilts any contributions include with ever yes olcitation and express statement that such contributions or gifts 6a X b If Yes,' id the organization neide apment in excess of 57 mad party is a contribution and party for goods and services provided to the pary? 7a X f To Granization neide a pargement in excess of 57 mad party is a contribution and party for goods and services provided to the paracitation receive any funds, direcity or indirecity, to par premiums, dinacod direcity or aphracit						
b If "Yes," has it filed a Form 990.7 for this yea? If "Ne," to line 30, provide an explanation in Schedule O 38 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorthy over, a financial account in a foreign country; 4a X b If "Yes," enter the name of the foreign country; 4a X See instructions for filing requirements for FIGCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction? 5a X 5b X 5b X 5b X 5c 16 corganization shat any cocie deductible a charitable contributions? 5c 5c 6b 74 X 7a X 7 75: nine case ar 5b, dot the organization file form 8282 filed during the year 7d X 76 17 (Se, 'i did the organization methy teage of thin specises provided?	3a			3a		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; or the regin country (such as bank account, securities account, or other intancial account)? 4a X b If 'Yes,' enter the name of the foreign country (such as bank account, securities account, or other intancial Account)? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibed tax shelter transaction? 5b X b Did any taxable party notify the organization that it was or is a party to a prohibed tax shelter transaction? 5c 5c c If 'Yes,' to life form 5a or 5b, did the organization that it was or is a party to a prohibed tax shelter transaction? 5c 5c d If 'Yes,' to life organization include with every solicitation an express statement that such contributions induce with every solicitation and party for goods and services provided to the part of the proganization receive a payment in excess of \$75 made party har angle parts or releves provided? 7a X D Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X D If 'Yes,' did the organization mile wear any tax, directly or indirectly, on a personal benefit contract? 7e X T If 'Yes,' did the organization netwise dispose of tangible personal property for which it was required? 7i X D If the organization neceive a contribution of cars, basta				3b		
b If Yes,* enter the name of the foreign country:						
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), Sa X b Udd any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction? So Sa X b Udd any taxable party notify the organization file Form 8896-17? So So So c I' Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions an express statement that such contributions or gifts were not tax deductible? So Za 7 Organization statu may receive deductible contributions under section 170(c). Bo Bo Za Za 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the party? Ta X Za 7 Vagnization neceive any funds, directly or indirectly, on a personal benefit contract? To Xa 7 Vagnization neceived a contribution of ars, bats, airplanes, or other vehicles, did the organization received a contribution of ars, bats, airplanes, or other vehicles, did the organization file Form 8282? To Xa 9 Did the organization neceived a contribution of ars, bats, airplanes, or other vehicles, did the organization file method any the du		financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Did any taxable party notify the organization file Form 8886-17 5c X 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c X 5b T'Yes," did the organization notify the doar of the value of the goods or services provided to the party? 7a X 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? 7b T X 7 Did the organization receive a payment in excess 01%75 made partly as a contribution and partly for goods and services provided to the party? 7a X 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X 9 Did the organization neceived a contribution of qualified intellectual property, did the organization file Form 1086-C? 7r 7g 11 the organization neceived a contribution of qualified intelectual proparty, did the organization file Form 1086-	b					
5a Was the organization a party to a prohibited tax shelter transaction? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c1 Yves," to line 5a or 5b, did the organization lile Form 8886-17? 5c 5c 6a X 5c 5c 5c 5c 7b Did any taxable party notify the organization line were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b 6b 7a X b If "Yes," did the organization state may receive deductible contributions under section 170(c). 7b X X b If "Yes," did the organization receive a payment in excess of \$76 made party as a contribution and party for goods and services provided to the payor? 7a X c Did the organization receive a payment in excess of \$76 made party as contribution and party for goods and services provided? 7c X c Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e Ye d If "Yes," indicate the number of Forms 8282 filed			Accounts (FBAR).			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization file Form 8866-17 5c 5c 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6b 7 Organizations that may receive deductible contributions under section 170(c). 7b X 7c X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c X c Did the organization notify the donor of the value of the goods or services provided? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7d X d If "Yes," indicate the number of Forms 8282 filed during the year, pay premiums, donar advesed fund maintained by the sponsoring organization receive a contribution of qualified intellectual property, did the organization file Form 8809 as required? 7d 7d<	5a			5a		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Ge Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartbulke contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6a X c Organizations that may receive deductible contributions under section 170(c). 7a X 7b X d Did the organization notify the donor of the value of the goods or services provided? 7c X d Did the organization, excise a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7c X d Did the organization notify the donor of the value of the goods or services provided? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 2rd 7d 7f f Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e 7f f Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7f 7f g If the organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization meave access busines holdings at any time during the yea				5b		X
6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6b 7 Organization shat may receive deductible contributions under section 170(c). 01d the organization necleve a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7a X 7 Organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7a X 7 Organization receive a payment in excess of \$75 made parity as a contribution of wars, board 7c X 7 To differe organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 9 If the organization receive a contribution of cars, board, any time during the year? 7d 7d 7d 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 9a 9a 9a 9b 9a				5c		
any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6b 7 Organizations that may receive deductible contributions under section 170(c). 7a X a Did the organization netwike a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a X c Did the organization netwike apayment in excess of stard able of the goods or services provided? 7c X c Did the organization netwike donor of the value of the goods or services provided? 7c X d If "Ves," indicate the number of Forms 8282 filed during the year 7d 7c X g Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f 7f g Did the organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required 7f 7g 2 h If the organization matining doon advised funds. Did a donor advised fund simitation by the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 9a 9a 9a 9a 9a 2a 2a 2a 2						
were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 6b 9 Did the organization receive a payment in excess of \$57 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7r 7f f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7h 7g f H the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 7h 8 Sponsoring organization make a distribution a donor advised funds. 8a 9a 9b 9 Sponsoring organization make a distribution of a donor, donor advised? 9b 9b 10 Did the sponsoring organization make a distribution o a donor, donor advised? 9b 9b 10 Did the spo				6a		X
7 Organizations that may receive deductible contributions under section 170(c). 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 7b 11 "Yes," idid the organization notify the donor of the value of the goods or services provided? 7c X 7c 11 "Yes," idid the organization notify the donor of the value of the goods or services provided? 7c X 7c 11 "Yes," idid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7c 11 the organization receive any funds, directly or indirectly, on a personal benefit contract? 7d X 7d 11 the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7d X 7d 11 the organization maintaining doon advised funds. 10 a donor advised rung the year? 8 10 8 12 13 14 10a 14 10a 14 9 Sponsoring organizations maintaining doon advised funds. 10a 10 10 <th>b</th> <th>If "Yes," did the organization include with every solicitation an express statement that such contribu</th> <th>tions or gifts</th> <th></th> <th></th> <th></th>	b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts			
7 Organizations that may receive deductible contributions under section 170(c). 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 7b 11 "Yes," idid the organization notify the donor of the value of the goods or services provided? 7c X 7c 11 "Yes," idid the organization notify the donor of the value of the goods or services provided? 7c X 7c 11 "Yes," idid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7c 11 the organization receive any funds, directly or indirectly, on a personal benefit contract? 7d X 7d 11 the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7d X 7d 11 the organization maintaining doon advised funds. 10 a donor advised rung the year? 8 10 8 12 13 14 10a 14 10a 14 9 Sponsoring organizations maintaining doon advised funds. 10a 10 10 <th></th> <th>were not tax deductible?</th> <th></th> <th>6b</th> <th></th> <th></th>		were not tax deductible?		6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e 7d f Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f 7g 7f g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098.07 7n 7d	7					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f 7g 7g f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098 C? 7h 7h 7g 8 Sponsoring organizations maintaining door advised funds. Did a doorn advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9b 9 Sponsoring organizations maintaining doorn advised funds. 10a 10a 10a 10 the sponsoring organizations. Enter: 10a 10b 11a 10a 10b 11 Section 501(c)(7) organizations. Enter: 11b	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	Х	
to file Form 8282? 7c X d If "Ves," indicate the number of Forms 8282 filed during the year 7d 7e 7e e Did the organization receive any funct, directly or indirectly, on a personal benefit contract? 7f 7f 7e f Id the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 7g 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 9a 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9b 9b 10 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11a 12a a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 12a 12 Section 501(c)(12) organizations. Enter: 11a 12a 12a 13a 13a 13 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 13a	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		X
d If "Yes," indicate the number of Forms 8282 filed during the year Td Td e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Te f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Te g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? Td g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? Th 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9 Sponsoring organizations maintaining donor advised funds. 10a 9a 10 Bid the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9 Did the sponsoring organizations. Enter: 10a 10b 10b 11 Section 501(c)(7) organizations. Enter: 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 12a 12a 12 Section 501(c)(12) organizations. Enter: 11b 12a 12a 13 S	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7n h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7n 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 10 did the sponsoring organizations. Enter: a 10a 10a 11 Section 501(c)(12) organizations. Enter: a 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 12 Section 501(c)(12) organizations. Enter: 10a 10b 10b 13 Section 501(c)(12) organizations. Enter: 10a 10b 10b 10b 14 Gross income from members or shareholders 11a		to file Form 8282?		7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 9 Sponsoring organizations. Enter: 9a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from members or shareholders 11a 12 Section 501(c)(2) organizations. Enter: 11b 12a a Gross income from members or shareholders 11a 12a 13 Section 501(c)(2) organizations. Enter: 11b 12a 14 Tit 12a 12a 12a 15 Gross income from	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make asy taxable distributions under section 4966? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13a b Enter the amount of reserves on	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?	7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 9 Sponsoring organization maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations maintaining donor advised funds. 9a 10 Section 501(c)(17) organizations. Enter: 9b a Initiation fees and capital contributions included on Part VIII, line 12. 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 12 Section 501(c)(12) organizations. Enter: 11a 10b 11b 12 Gross income from members or shareholders 11a 12a 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a 13	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		
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 9 Sponsoring organizations maintaining donor advised funds. 9a 9 Sponsoring organizations maintaining donor advised funds. 9a 9 Sponsoring organizations maintaining donor advised funds. 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a 11b a Gross income from members or shareholders 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a	g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10b a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 13a 14a X 13a 13a 13a	h			7h		
9 Sponsoring organizations maintaining donor advised funds. 9a 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9b 10 Section 501(c)(7) organizations. Enter: 10a 9b 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11 11a 10a 10b 11 Section 501(c)(12) organizations. Enter: 11a 11a 11b 12a a Gross income from members or shareholders 11a 11b 12a 12b 12a <	8		d by the			
a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a a Gross income from members or shareholders 11a 10b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a 13a 13 Section 501 c)(c)(29) qualified health plans in more than one state? 13a 13a 13a 14a X				8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13 Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 13a 13b 13c 13a 14a X 13c 13a	9					
10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 11a 10b a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 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 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 13 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b 13c 14a Did the organization receive any payments for indoor tanning se	а					
a Initiation fees and capital contributions included on Part VIII, line 12 10a 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a b Gross income from members or shareholders 11a 11b 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X	b			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 22a 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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X						
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X						
a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13a 13a 14a X			106			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b 13a c Enter the amount of reserves on hand 13c 14a X						
amounts due or received from them.) 11b 12a 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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b 14a c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b 14a			11a			
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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: Section is licensed to issue qualified health plans 13b Image: Section is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b Image: Section the organization receive any payments for indoor tanning services during the tax year? 14a X	a		446			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X	10-			10-		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X				Iza		
a 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. Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a X						
Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				120		
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 13b 13c 14a X 	d			134		
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	h					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	U		136			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	~					
				14a		X

Form 990 (2015)
-------------------	-------

Form	990	(2015))

CIRCLE TAIL, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JAMES SNYDER - 513-877-3325			
	8834 CAREY LANE, PLEASANT PLAIN, OH 45162			

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

т

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

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1		from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(00-271033-10100)	organization
	organizations	truste	al tru:		yee	nper		(and related
	below	Individual trustee or director	Institutional trustee	er	emplo	Highest compensated employee	Jer			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) JOHN DONOVAN	5.00									_
SECRETARY		X		х				0.	0.	0.
(2) GUY GUCKENBERGER	5.00									_
BOARD MEMBER		Х						0.	0.	0.
(3) JENNIFER KIBLINGER	10.00								_	_
PRESIDENT		X		Х				0.	0.	0.
(4) JAMES SNYDER	5.00									
TREASURER		Х		Х				0.	0.	0.
(5) DEREK HASSENPFLUG	5.00								_	_
BOARD MEMBER		X						0.	0.	0.
(6) CATHERINE SNIDER	5.00								_	_
BOARD MEMBER		х						0.	0.	0.
(7) MIKE STELLA	5.00									_
BOARD MEMBER		X						0.	0.	0.
(8) DEAN CLARKE	5.00									_
VICE PRESIDENT		X		х				0.	0.	0.
(9) CAREN WELBORNE	5.00									
BOARD MEMBER		х						0.	0.	0.
(10) MARLYS STALEY	40.00							61 5 00		•
EXECUTIVE DIRECTOR				Х				61,700.	0.	0.
		 	<u> </u>			<u> </u>	 			

	990 (2015) CIRCLE T2									31-151	6490	Pa	ige 8
Par			ploy	ees,			ghe	st C					
	(A) (B) (C) (D) (E) Name and title Average hours per Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from Reportable compensation Reportable compensation											(F) timate nount c other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org and	pensat om the anization d relate anization	e on ed
			Ū.	u lu	Of	Ke	Η. en	P					
									61,700.	0			0.
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							01,700: 0. 61,700.	0 0 0	•		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	oove	e) wł	io r	eceived more than \$100	0,000 of reportable		V	0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				-	·	•		highest compensated e		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	ompe	ensa	atior	n and	l otl	her compensation from				x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> ion B. Independent Contractors	-				-			ed organization or indiv		5		x
1	Complete this table for your five highest co the organization. Report compensation for	-	-								nsation f	rom	
	(A) Name and business			ONE					(B) Description of s		(C Compe		1
								_					
2	Total number of independent contractors (i	ncluding but p	ot lir	nite	d to	tho	se lie		above) who received m	ore than			
-	\$100,000 of compensation from the organi	•	JUI	me	u 10)						

		Check if Schedule O cont	ains a response	or note to any lin	e in 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
iou	b	Membership dues	1b					
Am (с	Fundraising events	1c					
lar	d	Related organizations	1d					
is,		Government grants (contribut						
l S I	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included abo	ve If	134,248.				
	g	Noncash contributions included in lines	1a-1f: \$					
a C	h	Total. Add lines 1a-1f			134,248.			
				Business Code				
e l	2 a	DOG ADOPTIONS		900099	36,165.	36,165.		
Program Service Revenue	b	BOARDING AND DA	YCARE	900099	19,315.	19,315.		
nue nue	c	TRAINING FEES		900099	15,534.			
evel 1	- d	GROOMING AND MI	CROCHIP	900099	7,562.	7,562.		
žœ	e				,	,		
É	f	All other program service reve	nue					
	a	Total. Add lines 2a-2f			78,576.			
	3	Investment income (including						
	-	other similar amounts)			2,618.	2,618.		
	4	Income from investment of tax				,		
	5	Royalties		-				
	Ū		(i) Real	(ii) Personal				
	6 a	Gross rents						
		D						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	7 a	assets other than inventory						
	h	Less: cost or other basis						
	U	and sales expenses						
	•							
		Gain or (loss)						
		Net gain or (loss)						
an l	0 d	Gross income from fundraising including \$						
Other Revenue		contributions reported on line						
Re		I	/	46,583.				
her	h	Part IV, line 18 Less: direct expenses		0.				
ŏ∣		Net income or (loss) from func		`	46,583.			46,583
			-		40,5050			10,505
	9 d	Gross income from gaming ac Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	10 a			5,020.				
	h	and allowances Less: cost of goods sold		3,401.				
		Net income or (loss) from sale			1,619.	1,619.		
ŀ	C	Miscellaneous Revenu		Business Code		-,		
ł	11 2	MISCELLANEOUS	G	900099	8,685.	8,685.		
	n a b				0,005			
	c d							
		All other revenue			8,685.			
	e	TOTAL AUD HEES 112-110			. 0,000.			

8,685. 272,329.

91,498.

►

Form 990 (2015) Part VIII Statement of Revenue

12

e Total. Add lines 11a-11d

Total revenue. See instructions.

0.

CIRCLE TAIL, INC.

	Check if Schedule O contains a response			·····	X
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	61,700.	55,530.	3,393.	2,777
	Compensation not included above, to disgualified				_,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	94,642.	85,178.	5,206.	4,258
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)				
	Advertising and promotion	1,179.	1,061.	65.	53
	Office expenses				
	Information technology				
	Royalties				
	Occupancy	7,200.	6,912.	288.	
	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,418.	1,418.		
0	Interest	4,629.	4,444.	185.	
21	Payments to affiliates				
	Depreciation, depletion, and amortization	35,024.	33,623.	1,401.	
23	Insurance	8,145.	7,330.	448.	367
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	11,697.			11,697
	ANIMAL MEDICINE AND SUP	11,580.	11,580.		11,001
c	UTILITIES	10,975.	10,536.	439.	
	REAL ESTATE AND PROPERT	8,425.	7,583.	463.	379
	All other expenses SEE SCH O	28,581.	27,740.	472.	369
	Total functional expenses. Add lines 1 through 24e	285,195.	252,935.	12,360.	19,900
.5 26	Joint costs. Complete this line only if the organization	,		,,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

21

22

23

24

25

26

27

28

29

30

31

32

33

34

Schedule D

Liabilities

Net Assets or Fund Balances

art X	Balance Sheet					1516490 Page 1
	Check if Schedule O contains a response or no	te to any lin	ne in this Part X			L
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			16,263.	1	7,948
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compens	ated emplo	yees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqual	ified persor	ns (as defined under			
	section 4958(f)(1)), persons described in section	n 4958(c)(3))(B), and contributing			
	employers and sponsoring organizations of sec	tion 501(c)((9) voluntary			
	employees' beneficiary organizations (see instr)	. Complete	Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			15,687.	8	12,28
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	862,616.			
b	Less: accumulated depreciation	10b	227,158.	660,710.	10c	635,458
11	Investments - publicly traded securities			335,748.	11	210,819
12	Investments - other securities. See Part IV, line	11			12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			50.	15	50
16	Total assets. Add lines 1 through 15 (must equ	al line 34)		1,028,458.	16	866,56
17	Accounts payable and accrued expenses		L	5,522.	17	68
18	Grants payable		L		18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	

Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees,

key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here E

Unrestricted net assets

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

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

Total liabilities and net assets/fund balances

Permanently restricted net assets

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of

Total liabilities. Add lines 17 through 25

and complete lines 30 through 34.

complete lines 27 through 29, and lines 33 and 34.

0.

685.

862,800.

3,076.

21

22

23

24

25

26

27

28

29

30 31

32

33

34

142,447.

147,969.

880,489.

880,489.

1,028,458.

866,561. Form **990** (2015)

865,876.

Form	1990 (2015) CIRCLE TAIL, INC.	31-15	516490	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			29.
2	Total expenses (must equal Part IX, column (A), line 25)	2			95.
3	Revenue less expenses. Subtract line 2 from line 1	3			66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		•	89.
5	Net unrealized gains (losses) on investments	5	-1	.,7	47.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	865	, 8	76.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·EZ)
-------	-----	----	------	------

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2015
Open to Public Inspection

OMB No. 1545-0047

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

Name of the organization Employer identification number									
			LE TAIL, I						1-1516490
Pa	nrt I	Reason for Public (Charity Status (All organizations must c	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 11, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectic	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support	from a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	X	An organization that norma	Ily receives: (1) more	than 33 1/3% of its su	oport from	contributi	ons, member	ship fees, a	and gross receipts from
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment								
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.								
		See section 509(a)(2). (Cor	mplete Part III.)						
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
11		An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
	_	lines 11a through 11d that	describes the type o	of supporting organization	on and con	nplete lines	s 11e, 11f, an	d 11g.	
a		Type I. A supporting orga							
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
k		Type II. A supporting org	-				-		-
		control or management o	f the supporting org	anization vested in the s	same perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	-						
c		Type III functionally inte						Illy integrate	ed with,
	_	its supported organization							
c		Type III non-functionally						-	
		that is not functionally int			-		-	d an attent	iveness
		requirement (see instruct	-	-					
e		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or							
		er the number of supported of							
		vide the following informatior (i) Name of supported	i about the supporte	d organization(s).	(iv) Is the o	rganization	(v) Amount o	fmonetary	(vi) Amount of
	,	organization	(1) 2.14	(described on lines 1-9	listed	in your	support	-	other support (see
		J.		above (see instructions))	governing of Yes	document?	instruct	ions)	instructions)
					163				
					1				

Total

Schedule A	(Form 990	or 990-EZ) 2015
------------	-----------	-----------	--------

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)	•	•	12	•
13	First five years. If the Form 990 is for	the organization'				on 501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2015 (I	ine 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2015. If the c					more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			
b	33 1/3% support test - 2014. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=		-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	-	-				
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	
18	Private foundation. If the organizatio		-				ns 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 CIRCLE TAIL, INC.

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

(Complete only if you checked the box on line 9 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.)

qualify under the tests listed	below, please com	plete Part II.)				
Section A. Public Support	- i					
Calendar year (or fiscal year beginning in)	► (a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	275,654.	308,314.	189,113.	149,443.	134,248.	1,056,772.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		129,027.	153,461.	143,220.	126,778.	624,592.
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	347,760.	437,341.	342,574.	292,663.	261,026.	1,681,364.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						1,681,364.
Section B. Total Support						
Calendar year (or fiscal year beginning in)		(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6		437,341.	342,574.	292,663.	261,026.	1,681,364.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1,089.	2,618.	3,707.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				1,089.	2,618.	3,707.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				3,939.	8,685.	12,624.
13 Total support. (Add lines 9, 10c, 11, and 12.)		437,341.	342,574.	297,691.	272,329.	1,697,695.
14 First five years. If the Form 990 is f	or the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here Section C. Computation of Pul	olic Support Pe	rcentage				▶□
15 Public support percentage for 2015	(line 8, column (f) d	livided by line 13, c	olumn (f))		15	99.04 %
16 Public support percentage from 20 Section D. Computation of Inve	14 Schedule A, Part	III, line 15			16	99.29 %
17 Investment income percentage for 2			ne 13, column (f))		17	.22 %
18 Investment income percentage from	-	• •			18	.20 %
19a 33 1/3% support tests - 2015. If th						,-
more than 33 1/3%, check this box b 33 1/3% support tests - 2014. If th	and stop here. The	e organization qual	ifies as a publicly s	supported organiz	ation	► X
line 18 is not more than 33 1/3%, cl	neck this box and s	top here. The orga	nization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organizat	IOT UIU NOT CHECK A	box on line 14, 19	a, or 190, check th		structions	

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
3c		
4a		
4b		
40		
4c		
5a		
-		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	stion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization of the organization of the benefit of any supported organization of the main the supported organization of the result of the benefit of any supported organization of the result of the support of the supp			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		N	
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	;).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	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 (a) and (b) below.	25		
а	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
۲		Jd		
b		2 h		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ot Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 A	Add lines 1 through 3	4		
5 D	Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
с	ollection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	n B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 A	Aggregate fair market value of all non-exempt-use assets (see			
ir	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
bΑ	Average monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
еD	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2 A	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 S	Subtract line 2 from line 1d	3		
4 (Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
s	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Aultiply line 5 by .035	6		
7 F	Recoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 A	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	Inter 85% of line 1	2		
3 N	/inimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Inter greater of line 2 or line 3	4		
	ncome tax imposed in prior year	5		
6 C	Distributable Amount. Subtract line 5 from line 4, unless subject to			
е	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	·
Secti	on D - Distributions		(00/////000/)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	S	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	r		
		(i)	(ii) Underdietributione	(iii) Distributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
_				
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
3	(reasonable cause required-see instructions)			
_ <u></u>	Excess distributions carryover, if any, to 2015:			
a b				
C				
	From 2013			
	From 2014			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b	Exercise from 2012			
	Excess from 2013			
	Excess from 2014 Excess from 2015			
e	Excess from 2015			(Farma 000 an 000 F3) 0045

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

31-1516490

Ν	ame	of	the	organi	zation
---	-----	----	-----	--------	--------

Organization type (check one):

CIRCLE TAIL, INC.

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

General Rule

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

Special Rules

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Fay

Employer identification number

CIRCLE TAIL, INC.

31-1516490

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SCAIFE FAMILY FOUNDATION 777 SOUTH FLAGLER DRIVE, WEST TOWER, SUITE 903 WEST PALM BEACH, FL 33401	\$20,000.	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
2	JENNIFER KIBLINGER 1360 TALLABERRY DRIVE CINCINNATI, OH 45230	\$16,235.	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
3	MARLYS STALEY 8834 CAREY AVENUE PLEASANT PLAIN, OH 45162	\$7,055.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 DOROTHY B FRANCIS CHARITABLE FOUNDATION 8044 MONTGOMERY ROAD, SUITE 720 CINCINNATI, OH 45236	Total contributions \$5,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE JOHNSON FAMILY FOUNDATION PO BOX 1118 CINCINNATI, OH 45201-1118	\$10,000.	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
6	LOUISE MARY "PAT" LANDEN 3939 ERIE AVENUE, APT. 214 CINCINNATI, OH 45208	\$7,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

31-1516490

CIRCLE TAIL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GUY C. GUCKENBERGER 15 WEST FOURTH STREET, UNIT 510 CINCINNATI, OH 45202	\$6,912.	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
8	ANGIE DEL GRECO 14752 FRUIT FARM ROAD ST. JOSEPH, MN 56374	\$5,500.	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
		\$	Person Payroll October 2015 Noncash October 2015 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

CIRCLE TAIL, INC.

Employer identification number

31-1516490

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(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	(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	(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	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of org	ganization		Employer identification number
CTRCL	E TAIL, INC.		31-1516490
Part III	Exclusively religious charitable etc con	tributions to organizations described	in section 501(c)(7) (8) or (10) that total more than \$1,000 for
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	us, charitable, etc., contributions of \$1,000 or	VIII III CILIY. For organizations
(a) No	Use duplicate copies of Part III if addition	nal space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1 41 11			
F		(e) Transfer of gif	t
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	- <u> </u>		
F		(e) Transfer of gif	t
ŀ	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Γ		(e) Transfer of gif	t
	Transferee's name, address, a	and 7ID + 4	Relationship of transferor to transferee
F			
		[
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Γ		(e) Transfer of gif	t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
F			
		[

60	HEDULE D	Supplement	al Einancial Statements		OMB No. 1545-0047
	m 990)		al Financial Statements anization answered "Yes" on Form 990,		2015
		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
	tment of the Treasury al Revenue Service		Attach to Form 990. rm 990) and its instructions is at <i>www.irs.gov</i>	/form990.	Inspection
Nam	e of the organizat	ON CIRCLE TAIL, INC.		Employ	ver identification number 31-1516490
Pa	rt I Organiz		ed Funds or Other Similar Funds or	Account	
		on answered "Yes" on Form 990, Part IV, lir		,	
		, ,	(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at e	nd of year			
2		of contributions to (during year)			
3	Aggregate value of	of grants from (during year)			
4		at end of year			
5	-		writing that the assets held in donor advised fu		
			exclusive legal control?		🗀 Yes 📖 No
6			advisors in writing that grant funds can be used		
			or donor advisor, or for any other purpose conf	erring	
Pa	impermissible priv rt II Conserv		ganization answered "Yes" on Form 990, Part I	V line 7	Yes No
1		servation easements held by the organizat		v, iirio 7.	
•		n of land for public use (e.g., recreation or e	·	llv importan	t land area
		of natural habitat	Preservation of a certified	, ,	
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a	conservatio	n easement on the last
	day of the tax yea	ır.		He	ld at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	•				
с			ructure included in (a)	2c	
d			after 8/17/06, and not on a historic structure		
-		nal Register		2d	
3		rvation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization du	iring the tax
4	year	where property subject to conservation ea	compating located		
5		ation have a written policy regarding the pe			
Ŭ		forcement of the conservation easements			Yes No
6			handling of violations, and enforcing conserva		
	•				
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements	during the year
	►\$				
8	Does each conse	rvation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)	(B)(i)	
					🗀 Yes 🔛 No
9			ion easements in its revenue and expense stat		
			tion's financial statements that describes the o	organization	's accounting for
Pa	conservation ease		f Art, Historical Treasures, or Othe	r Similar	<u>Assets</u>
1 4		f the organization answered "Yes" on Form		Omman	A33613.
1a			SC 958), not to report in its revenue statement	and halanc	e sheet works of art
	0	, I (hibition, education, or research in furtherance		
		thote to its financial statements that descr		,	,,,,
b			SC 958), to report in its revenue statement and	balance sh	eet works of art, historical
	-		ducation, or research in furtherance of public s		
	relating to these if	tems:			
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1			
	.,				
2			asures, or other similar assets for financial gai	n, provide	
		unts required to be reported under SFAS 1			
a					
b	Assets included in	n Form 990, Part X		🕨 💲	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.
532051 11-02-15	

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets 0 Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items (theck all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations e Other 4 Provide a description of the organization collection? e No 5 b collection in that to be maintained as part of the organization collection? Yes No Part III Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or resorted an amount on Form 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount to c Bogninig balance to Amount to Amount to c Additions during the year to	Sche	dule D (Form 990) 2015 CIRCLE	TAIL, INC.				31-15	16490) Page 2
clearly list apply: d Loan or exchange programs a Dolbe exhibition d Loan or exchange programs b Scholarly research o Other	Pai	t III Organizations Maintaining O	Collections of A	rt, Historical	Treasures, or	Other S	Similar Asse	e ts (contin	ued)
b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Duing the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be solid to raise funds ariser than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. 2a Did the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Iso the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? No b Other expenditures for facilities Ind Ind a Beginning of year balance Iso Current year Iso throw years back (d) Three years back (e) Four years back Porvide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quastedomi	3		ion, and other recorc	ls, check any of	the following that	are a signi	ficant use of its	collectior	n items
c Preservation for future generations 4 Provide a description of the organization solections and explain how they futther the organization's exempt purpose in Part XIII. 5 During the year, did the organization solect or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' or Form 980, Part IV, line 91, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent; trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent; trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Dot for vear 2 Dot for organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Dot for organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Additions of facilities 3 Date organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5	а	Public exhibition	d	I 🛄 Loan or	exchange progran	ns			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solic or receive donations of art, historical ressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Part W Escrew and Custodial Arrangements. Complete if the organization arevered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is diditions during the year Is diditions Is diditing didition Is diditions Is diffe	b	Scholarly research	e	Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Ive No Part IV Escrow and Clustodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization angement. Complete if the organization answered "Yes" on Form 990, Part X, line 21. 1 Is the organization angement. Instake, custodian or other intermediary for contributions or other assets not included on Form 980, Part X Ives No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id Id c Beginning balance 1d Id	с	Preservation for future generations							
top sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 980, Part X, line 21. The second as a second asecond as a second asecond as a second asecond as a second as a se	4	Provide a description of the organization's c	ollections and explai	n how they furth	er the organizatior	n's exempt	t purpose in Pa	rt XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Executive and the set of the organization of the organization of the intermediary for contributions or other assets not included on Form 990, Part X // Executive and the set of the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Executive and the set of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes', 'explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Pert V Index on Part XIII 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes', 'explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Pert V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back and programs. a Administrative expensates	5							_	
reported an amount on Form 990, Part X, line 21. Image: the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability? Image: the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No c Beginning balance 1c 1d 1d 1d d Additions during the year 1e 1d 1d 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part X End Ownment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. (e) Four years back (e) Four years back (e) Four years back if a Beginning of year balance (e) Current year (b) Prior year (d) Three years back if (e) Four years back if a diministration procentage of the current year end balance (line 1g, column (a) held as: a Beginning of year balance 96 Fermionality restricted andowment if a diministration procentage on the organization is endowment funds. 3e(i) Si(i) Intervent is a sign (i) Si(i) Intervent is a sequered on Schedule R? 3e(i) Si(i) Si(i) Si(i) Si(i) Si(i) Si(i) Si(i) S									No No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Amount c Beginning balance 1c Amount 1c Id	Pa			ete if the organiz	ation answered "Y	'es" on Fo	rm 990, Part IV,	line 9, or	
on Form 990, Part X? Yes No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d d Additions during the year 1d d Distributions Complete if the organization naswered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. d Administrative expenses 1d e Other expenditures for facilities and programs 1d d Administrative expenses 1d 1d g End of year balance 96 5 Perment endowment > 96 5 6 Provide the estimated percentage of the current year end balanc		•							
b If "Yes," explain the arrangement in Part XII and complete the following table:	1a			-				٦	
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII. Image: Check here if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: Check here if the explanation (in the years back if the years back if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance Image: Check here if the explanation (in the years back if the years back if the organization answered "Yes" on Form 990, Part X, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Image: Check here endowment if the organization isted as required on Schedule R? 3 A chere endowment indus not in the possession of the organization that are held and administered for the organization by: Image: Check here endowment intended organizations isted as required on Schedule R? b Image: Check here endowment intended uses of the organization's endowment functano ase of the organization's endowment functs							······ L	_ Yes	└── No
c Beginning balance id d Additions during the year id e Distributions during the year id f Ending balance if 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b Orthorization answered 'Yes' on Form 990, Part IV, line 10. Image: Second Seco	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		1			
d Additions during the year 1d e Distributions during the year 1d 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back 1a drains or scholarships (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back 1a draints or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: (a) Coasi-parteriation active a								Amount	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: State									
f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If "Yes; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII (e) Four years back (f) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back c No (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (b) Prior year (c) Two years back (d) Two years back (e) Four years back f Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Adminis									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part K, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (b) Other expenditures for facilities (c) Two years back (d) Three years back (e) Four year 2 Chot or year balance (c) Two years (c) Two years back (e) Four year 3 For of year balance (c) Two years back (e) Four year (f) Administrative expenses 3 For of year balance (f) Administrative expenses (f) Administrative expensed	e f								
b If *Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back f Administrative expenses (a) Current year end balance (line 1g, column (a)) held as: (a) Control year set and programs (b) Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment (b)% % % % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment (b)% % (i) urrelated organizations (a) (a) (an ethe related organizations is endowment funds. (a)	י 29							Ves	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Crimet year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (d) Carrent year (e) Four years back (e) Four years back c Net investment earnings, gains, and losses (d) Carrent year (e) Four years back (f) Three years back e Other expenditures for facilities (f) Administrative expenses (f) Three year balance (f) Three years back g End of year balance (f) Administrative expenses (f) Two years back (f) Three years back g End of year balance (f) Two years back (f) Three years back (f) Three years back g End of year balance (f) Two years back (f) Three years back (f) Three years back g End of year balance (f) Two years back (f) Three years ba		C C							
a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net investment error the restment for facilities (c) Two years back (d) Three years back (e) Four years back c Temporaming restricted endowment									
1a Beginning of year balance		· · ·	-				Three years back	(e) Four	years back
b Contributions	1a	Beginning of year balance					5		5
c Net investment earnings, gains, and losses									
e Other expenditures for facilities and programs									
e Other expenditures for facilities and programs									
f Administrative expenses									
f Administrative expenses		and programs							
g End of year balance	f								
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g	End of year balance							
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	2	Provide the estimated percentage of the cur	rrent year end baland	e (line 1g, colum	n (a)) held as:				
c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Part VI Land, Buildings, and Equipment. (b) Cost or other Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 30,000. 30,000. 30,000. b Buildings 674,411. 127,164. 547,247. c Leasehold improvements 95,619. 57,872. 37,747. d Equipment 62,586. 42,122. 20,464.	а	Board designated or quasi-endowment		_%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Rook value (e) State (State (State (State (State (State (State (State (State	b	Permanent endowment	%						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i)	с								
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings (d) Book value 1a Land 1a Land 5 Complete if more and the set of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land 5 Construction of property (a) Cost or other basis (investment) 5 Cost or other (b) Cost or other basis (other) 5 Cost or 0, 2 Co									
(i) unrelated organizations 3a(i) 3a(i) (ii) related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated 1a Land 30,000. 30,000. b Buildings 674,411. 127,164. 547,247. c Leasehold improvements 95,619. 57,872. 37,747. d Equipment 62,586. 42,122. 20,464.	3a	Are there endowment funds not in the posse	ession of the organiz	ation that are he	ld and administere	ed for the o	organization	г	
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 30,000. 30,000. b Buildings 674,411. 127,164. 547,247. c Leasehold improvements 95,619. 57,872. 37,747. d Equipment 622,586. 42,122. 20,464.		-							Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 30,000. 30,000. b Buildings 674,411. 127,164. 547,247. c Leasehold improvements 95,619. 57,872. 37,747. d Equipment 62,586. 42,122. 20,464.									
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 30,000. 30,000. b Buildings 674,411. 127,164. 547,247. c Leasehold improvements 95,619. 57,872. 37,747. d Equipment 62,586. 42,122. 20,464.		(ii) related organizations						. 3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 30,000. 30,000. b Buildings 674,411. 127,164. 547,247. c Leasehold improvements 95,619. 57,872. 37,747. d Equipment 62,586. 42,122. 20,464.					R?			3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation(d) Book value1a Land30,000.30,000.b Buildings674,411.127,164.547,247.c Leasehold improvements95,619.57,872.37,747.d Equipment62,586.42,122.20,464.e Other000	_			owment tunds.					
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land30,000.30,000.30,000.b Buildings674,411.127,164.547,247.c Leasehold improvements95,619.57,872.37,747.d Equipment62,586.42,122.20,464.e Other100.100.100.	1 4) Part IV line 11	a See Form 990	Part X line	a 10		
basis (investment) basis (other) depreciation 1a Land 30,000. 30,000. b Buildings 674,411. 127,164. 547,247. c Leasehold improvements 95,619. 57,872. 37,747. d Equipment 62,586. 42,122. 20,464.									
1a Land 30,000. 30,000. b Buildings 674,411. 127,164. 547,247. c Leasehold improvements 95,619. 57,872. 37,747. d Equipment 62,586. 42,122. 20,464. e Other 95 100. 100.		Description of property				.,		(u) BOOr	value
b Buildings 674,411. 127,164. 547,247. c Leasehold improvements 95,619. 57,872. 37,747. d Equipment 62,586. 42,122. 20,464. e Other 0 0 0	1a	Land		,	()	-1		3(0,000.
c Leasehold improvements 95,619. 57,872. 37,747. d Equipment 62,586. 42,122. 20,464. e Other						12	7,164.		
d Equipment 62,586. 42,122. 20,464. e Other 62,586. 62,586. 62,586. 62,586.									
e Other				1					
				1			-		
				X, column (B), li	ne 10c.)	<u></u>		63	5,458.

Schedule D (Form 990) 2015

	(1)			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end-o	f-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Par	t X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valua		f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)Part IXOther Assets.	on Form 990. Part IV. line	11d. See Form 990. Par	t X. line 15.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Par	t X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Par	t X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Par	t X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Par	t X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Par	t X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Par	t X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Par	t X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Par	t X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Par	t X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Par	t X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)	Description		t X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		t X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description			(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 99		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1.	Description e 15.) on Form 990, Part IV, line			(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 99		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 99		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 99		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (2) (a) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (4)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 99		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 99		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 99		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 99		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description e 15.) on Form 990, Part IV, line	11e or 11f. See Form 99		(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	e 15.)	11e or 11f. See Form 99		(b) Book value

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

31-151649	0 Page 4
-----------	----------

2015	CIRCLE	TAIL.	INC.	

Sche	dule D (Form 990) 2015 CIRCLE TAIL, INC.		31-1516490 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	
		,	
Pa	rt XII Reconciliation of Expenses per Audited Financial St		nses per Return.
Pa		atements With Expe	nses per Return.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expense ne 12a.	
	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li	atements With Expense ne 12a.	
1	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With Expense	
1 2	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ne 12a.	
1 2 a	Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	
1 2 a	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	
1 2 a	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1
1 2 b c d	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1
1 2 b c d e	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1
1 2 a b c d e 3	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1
1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, lie Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 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	2a 2b 2c 2d	1
1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 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:	2a 2b 2c 2d 4a 4b	1
1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses 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.)	2a 2b 2c 2d 4a 4b	1 2e 3 4c

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE PROVISIONS OF THE ASC STANDARD, ACCOUNTING FOR UNCERTAINTY IN INCOME
TAXES, CLARIFIES THE ACCOUNTING FOR THE RECOGNITION AND MEASUREMENT OF
UNCERTAINTIES IN INCOME TAXES FOR ALL ENTITIES, INCLUDING NOT-FOR-PROFIT
ORGANIZATIONS. THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN
ACCORDANCE WITH THE ASC TOPIC, ACCOUNTING FOR CONTINGENCIES, UNDER WHICH
LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE RECOGNIZED IN THE FINANCIAL
STATEMENTS WHEN IT BECOMES PROBABLE A LIABILITY HAS BEEN INCURRED AND THE
AMOUNT CAN BE REASONABLY ESTIMATED.

Supplemental Information	(continued)		

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.					OMB No. 1545-0047	
Name of the organization			5 1110 4 6		Employe	r identification number
	TAIL, INC.					516490
Part I Fundraising Activities. required to complete this part	Complete if the organization ans t.	wered "Y	'es" or	n Form 990, Part IV,	line 17. Form 99	90-EZ filers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.						
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (iv) Gross receipts from activity (iv) Gross receipts from activity (iv) Amount pair (iv) Amount pair (iv) Amount pair (iv) Gross receipts fundraiser listed in col. (i)			by) to (or retained by)			
		Yes	No			
		+				
		_				
		+			<u> </u>	
		_				
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solic	it contrik	butions	s or has been notifier	l d it is exempt fr	I om registration

 Schedule G (Form 990 or 990-EZ) 2015 CIRCLE TAIL, INC.
 31-1516490 Pag

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr		FLZ, III IES T AITO OD. LIST	Svenita with groas receip	13 greater than \$0,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				FULL CIRCLE		
			DINNER	CAPITAL CAMP	6	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
eve	1	Gross receipts	37,316.	5,000.	4,267.	46,583.
ď	·			-,		
	2	Less: Contributions				
	2					
	3	Gross income (line 1 minus line 2)	37,316.	5,000.	4,267.	46,583.
	-		0,,0200	5,0001	1/20/0	
	4	Cash prizes				
	17					
	5	Nonooch prizoo				
ŝ	5	Noncash prizes				
nse		Pont/facility/acata				
xpe	6	Rent/facility costs				
Direct Expenses	_					
irec	7	Food and beverages				
Δ						
	8	Entertainment				
	9	Other direct expenses				
	10		.,		•	46,583.
Pa	11 11	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Dert IV line 10 er		40,000.
ГС			answered res on Form	1990, Part IV, line 19, or l	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total caming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
len				billige/progreeeive billige		
~						
Revenue		O				
Rev	1	Gross revenue				
Rev	1					
	1					
		Cash prizes				
	1 2 3					
	3	Cash prizes				
Direct Expenses Rev		Cash prizes				
	3 4	Cash prizes Noncash prizes Rent/facility costs				
	3 4	Cash prizes				
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	Yes %	Yes%	
	3 4	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	└── Yes% └── No	└── Yes% └── No	└── Yes% └── No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	No	□ No	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No		□ No	
	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No	□ No	□ No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No	□ No	□ No	
Direct Expenses	3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	5 in column (d)	□ No	□ No	
6 Direct Expenses	3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No No	□ No	□ No ►	
Direct Expenses	3 4 5 7 8 Entitist	Cash prizes	No No	□ No	□ No ►	
Direct Expenses	3 4 5 7 8 Entitist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No	□ No ►	
Direct Expenses	3 4 5 7 8 Entitist	Cash prizes	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No	□ No ►	
g b 6 Direct Expenses	3 4 5 7 8 Entist	Cash prizes	No No	No	□ No ► ►	YesNo
Direct Expenses	3 4 5 6 7 8 En 1 Is 1 9 If "	Cash prizes	No No	No	□ No ► ►	YesNo

b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015

Sch	edule G (Form 990 or 990-EZ) 2015 CIRCLE TAIL, INC. 31	-1516	5490	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is 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:			
a	The organization's facility	13a		%
	An outside facility		-	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
r	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \triangleright \$			
	s If "Yes," enter name and address of the third party:			
C	in res, entername and address of the third party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I is the organization required under state law to make charitable distributions from the gaming proceeds to			
c			Yes	
ŀ	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th		103	
Ľ	organization's own exempt activities during the tax year \$	-		
Da			0 - 10	
Fd		II, lines 9	, 9D, TC	JD, 15D,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			

cination (continued)		

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/fi	ZU15 Open to Public
Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/fr Name of the organization CIRCLE TAIL, INC.	Employer identification number 31-1516490
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
PROVIDE DOG ADOPTIONS, EDUCATIONAL PROGRAMS, AND OBEDIENC	E TRAINING
CLASSES TO THE GENERAL PUBLIC.	
FORM 990, PART VI, SECTION B, LINE 11:	
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND	ENFORCES
COMPLIANCE THROUGH ITS REVIEW OF CONTRACTS AND ANNUAL ORG	
	ANIZATION
EVALUATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND	FINANCIAL
STATEMENTS ARE AVAILBALBE UPON REQUEST TO THE PUBLIC.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	S:
ANIMAL PURCHASES:	
PROGRAM SERVICE EXPENSES	7,850.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,850.
MISCELLANEOUS EXPENSE:	
PROGRAM SERVICE EXPENSES	4,777.
MANAGEMENT AND GENERAL EXPENSES LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched 532211 09-02-15 Sched	0 • ule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization CIRCLE TAIL, INC.	Employer identification number 31-1516490
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,777.
TELEPHONE AND INTERNET:	
PROGRAM SERVICE EXPENSES	3,016.
MANAGEMENT AND GENERAL EXPENSES	184.
FUNDRAISING EXPENSES	151.
TOTAL EXPENSES	3,351.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	2,600.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,600.
SURGICAL SUITE EXPENSE:	
PROGRAM SERVICE EXPENSES	2,578.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,578.
OFFICE SUPPLIES:	
PROGRAM SERVICE EXPENSES	1,932.
MANAGEMENT AND GENERAL EXPENSES	118.
FUNDRAISING EXPENSES	97.
TOTAL EXPENSES	2,147.

AUTOMOBILE EXPENSE:

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization CIRCLE TAIL, INC.	Page 2 Employer identification number 31-1516490
PROGRAM SERVICE EXPENSES	1,414.
MANAGEMENT AND GENERAL EXPENSES	86.
FUNDRAISING EXPENSES	71.
TOTAL EXPENSES	1,571.
VETERINARY:	
PROGRAM SERVICE EXPENSES	1,007.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,007.
POSTAGE:	
PROGRAM SERVICE EXPENSES	640.
MANAGEMENT AND GENERAL EXPENSES	39.
FUNDRAISING EXPENSES	32.
TOTAL EXPENSES	711.
SALES TAX:	
PROGRAM SERVICE EXPENSES	582.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	582.
MAINTENANCE:	
PROGRAM SERVICE EXPENSES	558.
MANAGEMENT AND GENERAL EXPENSES	23.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	581.
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization CIRCLE TAIL, INC.	Page 2 Employer identification number 31-1516490
CIRCLE IAIL, INC.	51-1510490
MEALS AND ENTERTAINMENT:	
PROGRAM SERVICE EXPENSES	366.
MANAGEMENT AND GENERAL EXPENSES	22.
FUNDRAISING EXPENSES	18
TOTAL EXPENSES	406.
LICENSES AND REGISTRATION:	
PROGRAM SERVICE EXPENSES	345
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	345
MICROCHIP SERVICE:	
PROGRAM SERVICE EXPENSES	75.
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	75.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 28,581.

Fo

rm 8868 (Rev. 1-2014)	

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
	Enter filer's identifying number, see instruction		
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or	
due date for	CIRCLE TAIL, INC.	31-1516490	
	Number, street, and room or suite no. If a P.O. box, see instructions. 8834 CAREY LANE	Social security number (SSN)	
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PLEASANT PLAIN, OH 45162		

Enter the Return code for the return that this application is for (file a separate application for ea	ach return)
Enter the retain bode for the retain that the application to for the a copulate application for oc	

Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 06 Form 990-T (trust other than above) Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. JAMES SNYDER The books are in the care of ▶ 8834 CAREY LANE - PLEASANT PLAIN, OH 45162 Telephone No. ► 513-877-3325 Fax No. 🕨 If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • . If this is for the whole group, check this box 🕨 🛄 . If it is for part of the group, check this box Þ 🛄 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2016. I request an additional 3-month extension of time until 4 For calendar year 2015, or other tax year beginning 5 , and ending If the tax year entered in line 5 is for less than 12 months, check reason: 6 Initial return Final return Change in accounting period State in detail why you need the extension 7 ADDITIONAL TIME IS REQURIED FOR THE ORGANIZATION TO GATHER THE INFORMATION NEEDED FOR THE 990 FILING. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 8a Ο. nonrefundable credits. See instructions. 8a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid Ο. previously with Form 8868. 8b \$ С Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Ο. 8c \$ Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨	Title 🕨 TREASURER	Date 🕨
		Form 8868 (Rev. 1-2014)

Page 2

X

0 1