EXTENDED TO NOVEMBER 15, 2021 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

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

OMB No. 1545-0047

Α	For the	2020 calendar year, or tax year beginning and	ending		
В	Check if	C Name of organization	-	D Employer identific	cation number
	applicable			. ,	
Г	Address	CIRCLE TAIL, INC.			
F	Name change	Doing business as		31-15164	90
F	Initial	<u> </u>	Room/suite	E Telephone number	
F	Final return/	8834 CAREY STREET		51387733	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,942,508.
	Amende			H(a) Is this a group re	
	Applica tion	F Name and address of principal officer: MARLYS STALEY			? Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
T	Tax-exe	mpt status: X 501(c)(3)	or 527	1 ' '	list. See instructions
		WWW.CIRCLETAIL.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: OH
		Summary	•	•	Ü
	1 E	Briefly describe the organization's mission or most significant activities: ${ m { t THE}}$ ${ m { t N}}$	MISSIO	N OF CIRCLE	TAIL IS TO
Governance	[] I	PROVIDE SERVICE AND HEARING DOGS TO PEOPL			
, ,	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
٥	3 1			3	9
		Number of independent voting members of the governing body (Part VI, line 1b)			9
e V	5 5 7	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			21
ij	6 7	otal number of volunteers (estimate if necessary)			118
Activities &	 7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.
٩	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ď	, 8 d	Contributions and grants (Part VIII, line 1h)		511,127.	1,824,910.
Ĭ	9 F	Program service revenue (Part VIII, line 2g)		57,056.	35,330.
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,763.	12,276.
ď	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		83,924.	57,474.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		655,870.	1,929,990.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ď	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		249,378.	282,101.
Fxnenses	2 16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<u>a</u>	<u>}</u> b⊺	otal fundraising expenses (Part IX, column (D), line 25)	L4.		
ú	i 17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		118,531.	154,687.
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		367,909.	436,788.
	19 F	Revenue less expenses. Subtract line 18 from line 12		287,961.	1,493,202.
5	Ses		Be	ginning of Current Year	End of Year
t Assets or	20 □	otal assets (Part X, line 16)		1,266,802.	2,782,672.
t As	g 21 1	otal liabilities (Part X, line 26)		12,060.	12,453.
<u>_</u>	22 1	let assets or fund balances. Subtract line 21 from line 20		1,254,742.	2,770,219.
Р	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	jn	Signature of officer		Date	
He	re	JACKIE NAPP, TREASURER			
		Type or print name and title	Le	·	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		NICK A. VEATCH, CPA NICK A. VEATCH,	CPA 1	1/11/21 self-employ	
		Firm's name FLYNN & COMPANY, INC.		Firm's EIN ▶	31-1451941
Use	Only	Firm's address 7800 E. KEMPER ROAD			
_		CINCINNATI, OH 45249-1614		Phone no.51	3-530-9200
Ма	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No
022	004 40 00	20 I HA For Panerwork Reduction Act Notice see the separate instruction	no		Form 990 (2020)

Form 990 (2020) 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			
	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,			
	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? If "Yes," complete			
	Schedule D, Part III	88		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 donor-restricted endowments			
	or in 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? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		X
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,			
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

Form 990 (2020) CIRCLE TAIL, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			l
	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			3,7
	Schedule K. If "No," go to line 25a	24a		X
	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		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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			l
	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			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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?	552		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable In the number of Forms W-2G included in line 1a. Enter -0- if not applicable In the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
b	Enter the Hamber of Fernie W Za meladed in the fat. Enter of infect applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-	Х	
	(gambling) winnings to prize winners?	1c	000	

CIRCLE TAIL, INC. 31-1516490 Page 5 Form 990 (2020) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **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). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds.

IU	Section 501(c)(7) organizations. Enter:			
а	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:			
а	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		

Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

a Did the sponsoring organization make any taxable distributions under section 4966?

a Is the organization licensed to issue qualified health plans in more than one state?

Note: See the instructions for additional information the organization must report on Schedule O.

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.

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

Form **990** (2020)

9a

9b

Form 990 (2020) 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 lines 2 through 7b below to lines 2 through 7b below to line 2 through

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C). See ir	nstructions.				
	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		9			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other				
_	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under th			·	_		
Ū	of officers, directors, trustees, or key employees to a management company or other person?		•		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			- 1	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6					6		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a			· -	•		
1 a		•			70		Х
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			· -	7a		- 21
D					76		Х
	persons other than the governing body?			· -	7b		-25
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	-	-		0-	х	
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			· F	8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				_		Х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Λ
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			V	NI -
40-	Did the constitution have been been been been been as of the beautiful to 0			Г	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			· ۲	10a		
р	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics and procedures governing the activities of such characteristics.	•	•		401-		
44-			- filio - th - f	·· ⊢	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?		11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc			<u> </u>	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? f	,				3.7	
	in Schedule O how this was done			. —	12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
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 approve	al by inc	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37	
	The organization's CEO, Executive Director, or top management official				15a	Х	37
b	Other officers or key employees of the organization			. [1	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 arrange	ment wi	th a				.,
	taxable entity during the year?			. [1	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?			. 1	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 (1024 or 1024-A, if applicable), 990, a	nd 990	T (Section 501(c)	(3)s c	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy,	and fi	inanc	ial	
	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 bo	oks and	l records 🕨				
	JACKIE NAPP - 5138773325						
	8834 CAREY STREET, 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.

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

See instructions for the order in which to list the persons above.

(A)	(B)	l		((C)		isatt	(D)	(E)	(F)
Name and title	Average		not c	Pos heck	ition more	than (Reportable	Reportable	Estimated
	hours per week	box	, unle: cer ar	ss per nd a d	s person is both an a director/trustee)			compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	يو			ited		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	Institutional trustee		99	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	dual tr	utio na	_	Key employee	st con	-			organizations
	line)	Indivi	Institu	Officer	Key e	Highe emplo	Former			
(1) MARLYS STALEY	46.00									
EXECUTIVE DIRECTOR				Х				78,212.	0.	0.
(2) JENNIFER KIBLINGER	45.00	1								
PRESIDENT		Х		Х				0.	0.	0.
(3) GENA STONEFIELD	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) JACKIE NAPP	5.00	ļ		l						•
TREASURER	F 00	Х		Х				0.	0.	0.
(5) JANELLE TUCKER	5.00	.,								0
SECRETARY	F 00	Х		Х				0.	0.	0.
(6) PATRICK LILLIE	5.00	3,7							0	0
BOARD MEMBER (7) MATT COOK	5.00	Х						0.	0.	0.
(7) MATT COOK BOARD MEMBER	3.00	Х						0.	0.	0.
(8) V. RUTH KLETTE	5.00	Λ						· ·	0.	<u> </u>
BOARD MEMBER	3.00	Х						0.	0.	0.
(9) CAREN WELBORNE	5.00	77						0.	0.	<u></u>
BOARD MEMBER	3.00	х						0.	0.	0.
(10) MAX YAMSON	5.00	T-							0.1	
BOARD MEMBER		х						0.	0.	0.
(11) GUY GUCKENBERGER	5.00								<u> </u>	
VICE PRESIDENT		Х		Х				0.	0.	0.
(12) BILL HOLDER	5.00									
BOARD MEMBER		Х						0.	0.	0.
(13) MIKE KUNTZ	5.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		-								
		-				_	-			
		-								
					<u> </u>					000

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	<u> ploy</u>	ees,	anc	<u> Hig</u>	ghes	st C	compensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)			(F)
	Name and title	Average	(do		Pos		ገ than	one	Reportable	Reportable		Esti	mated
		hours per	box	, unle	ss per	rson i	is botl	h an	compensation	compensatio	'n	amo	ount of
		week	_	Cer ar	la a a	recio	or/trus	iee)	from	from related			ther
		(list any hours for	recto						the	organization		•	ensation
		related	or di	99			sated		organization	(W-2/1099-MIS	(C)		m the
		organizations	ustee	trust		90	ubeus		(W-2/1099-MISC)			•	nization related
		below	lual tr	tional	١.	yold	yee y	_					izations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	il Lation io
			_	T-	J	×	1	_					
			L										
			-										
			L										
			-										
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			<u> </u>				_				\longrightarrow		
			1										
								<u> </u>	70.010		$\overline{}$		
	Subtotal								78,212.		0.		0.
	Total from continuation sheets to Part VI								0.		0.		0.
	Total (add lines 1b and 1c)							<u> </u>	78,212.				0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	;		^
	compensation from the organization												0 res No
3	Did the organization list any former officer.	director trust	ا مم	(0)/ (mnl	OVA	Or	hia	sheet compensated emp	lovee on	Г		res No
3	line 1a? If "Yes," complete Schedule J for s	•	-	•	•	•		_	•	•	- 1	3	х
4	For any individual listed on line 1a, is the su												
7	and related organizations greater than \$150										ı	4	х
5	Did any person listed on line 1a receive or a			•									
Ū	rendered to the organization? If "Yes," com										- 1	5	х
Sec	tion B. Independent Contractors	iproto Corrodar	201	0, 00	<u>, , , , , , , , , , , , , , , , , , , </u>	0010	.011						•
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fron	n
	the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin		ear.			
	(A) Name and business	address	NT/	TIAC	7				(B) Description of s	envices	C	(C) ompens	
	Name and pasmess	- dddi 000	11/	INC	<u> </u>				Description of a	101 11000		ompone	Jation
2	Total number of independent contractors (i	ncluding but n	ot lin	nited	d to	thos	se lis	ted	above) who received me	ore than			
	\$100,000 of compensation from the organi	zation >				()						00 (

31-1516490

		Check if Schedule O contain	ns a response	or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
Sυ	1 :	Federated campaigns	1a					
ant								
9								
fts,								
ig ig		d Related organizations						
Sir		Government grants (contribution						
atio	1	All other contributions, gifts, grants,		824,910.				
들됨		similar amounts not included above		19,618.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-			1,824,910.			
O 6		1 Total. Add lines 1a-1f			1,024,910.			
		DOG ADODETONG		Business Code	21 510	21 510		
<u>.e</u>	2 8		DOGILED	900099	21,510.	21,510.		
er <		TRAINING AND MIC	ROCHIP	900099	13,820.	13,820.		
n S	(·						
ra Se	(d						
Program Service Revenue	(·						
Δ.	1	f All other program service revenu	ue		25 222			
					35,330.			
	3	Investment income (including di			10 056			10 056
		other similar amounts)			12,276.			12,276.
	4	Income from investment of tax-e	exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 8	a Gross rents 6a						
	ı	Less: rental expenses 6b						
	(Rental income or (loss) 6c						
	(d Net rental income or (loss)		<u> </u>				
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a						
	ı	Less: cost or other basis						
ne		and sales expenses 7b						
Ne l	(Gain or (loss) <mark>7c</mark>						
Be	(d Net gain or (loss)	<u></u>	<u></u>				
her Revenue	8 8	a Gross income from fundraising ever	nts (not					
₹		including \$	of					
		contributions reported on line 1	c). See					
		Part IV, line 18	8a	61,294.				
	ı	Less: direct expenses		7,446.				
	(Net income or (loss) from fundra	aising events	_	53,848.			53,848.
	9 8	a Gross income from gaming activ	vities. See					
		Part IV, line 19	9a					
	ı	Less: direct expenses	9b					
	(Net income or (loss) from gamin	g activities					
	10 a	Gross sales of inventory, less re						
		and allowances	10a	3,651.				
	ı		10b	- 0-0				
	(Net income or (loss) from sales	of inventory	>	-1,421.	-1,421.		
				Business Code				
sno	11 a	MISCELLANEOUS		900099	5,047.	5,047.		
Miscellaneous Revenue		<u> </u>				-		
elle eve								
isc B		d All other revenue						
2		Total. Add lines 11a-11d		>	5,047.			
	12	Total revenue See instructions			1.929.990.	38.956.	0.	66.124.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

00011	Check if School is O contains a reconne				
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	78,212.	70,390.	4,302.	3,520.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	183,842.	165,458.	10,111.	8,273.
8	Pension plan accruals and contributions (include		= = = 7, = = 30	==,===	- , • •
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10		20,047.	18,042.	1,103.	902.
	Payroll taxes Fees for services (nonemployees):	20,017	10,042.	1,103.	J02+
11	` ' ' ' '				
	Management				
	Legal	6 250	6 250		
	Accounting	6,250.	6,250.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	698.	629.	38.	31.
13	Office expenses				
14	Information technology				
15	Royalties				_
16	Occupancy	7,201.	6,913.	288.	
17	Travel	-			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				_
20	·				
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	30,816.	29,583.	1,233.	_
	. ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	10,065.	9,058.	554.	453.
23	Other expanses Itemize expanses not covered	10,003.	7,030.	334.	±22•
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	25 151	25 151		
a	ANIMAL MEDICINE AND SUP	35,151.	35,151.		
b	GIFTS IN-KIND	19,124.	19,124.	500	
С	UTILITIES	13,203.	12,675.	528.	
d	OFFICE SUPPLIES	8,927.	8,034.	491.	402.
е	All other expenses	23,252.	21,853.	866.	533.
25	Total functional expenses. Add lines 1 through 24e	436,788.	403,160.	19,514.	14,114.
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)				
032010) 12-23-20	<u>'</u>		·	Form 990 (2020)

Form 990 (2020)

Part X | Balance Sheet

Par	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			96,002.	1	426,037.
	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 any current o					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	ified pers				
		under section 4958(f)(1)), and persons describe		6			
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			9,649.	8	8,445.
Ä	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,378,996.			
	b	Less: accumulated depreciation	10b	404,345.	809,191.	10c	1,974,651. 373,489.
	11	Investments - publicly traded securities	351,910.	11	373,489.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		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	ual line 33	3)	1,266,802.	16	2,782,672.
	17	Accounts payable and accrued expenses			12,060.	17	12,453.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		<u> </u>		20	
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
Se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
iab		controlled entity or family member of any of the	se perso	ns		22	
_	23	Secured mortgages and notes payable to unrel		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	,	·			
		of Schedule D			10.000	25	10 452
	26	· ·		\$ 37	12,060.	26	12,453.
S		Organizations that follow FASB ASC 958, che	eck here	X			
Ce		and complete lines 27, 28, 32, and 33.			1 202 646		2 500 000
alar	27	Net assets without donor restrictions			1,203,646.	27	2,580,090.
Ä	28	Net assets with donor restrictions			51,096.	28	190,129.
ŭ		Organizations that do not follow FASB ASC 9	958, che	ck here 🕨 📖			
Ϋ́		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1 25/ 7/2	31	2 770 210
ž	32	Total net assets or fund balances			1,254,742.	32	2,770,219.
	33	Total liabilities and net assets/fund balances			1,266,802.	33	2,782,672.

Pai	TXI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,92						
2	Total expenses (must equal Part IX, column (A), line 25)	2	43	<u>6,7</u>	<u>88.</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,49						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,25		$\frac{42.}{75.}$				
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	2,77	0,2	<u> 19.</u>				
Pai	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis 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	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	-							
	Act and OMB Circular A-133?		. 3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2020)				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(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

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Name of the organization

CIRCLE TAIL 31-1516490 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
4	Total. Add lines 1 through 3						
	The portion of total contributions						-
Ŭ	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,						
	. (2)						
6	Public support. Subtract line 5 from line 4.						
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(4) 2010	(6) 2017	(6) 2010	(4) 2013	(6) 2020	(i) rotai
	Gross income from interest.						
Ŭ	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						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	ata (aga inaturatio				12	-
	First 5 years. If the Form 990 is for th			fourth or fifth toy			-
13	organization, check this box and stop	•		•	•		ightharpoonup
Sec	ction C. Computation of Public			•••••			
	Public support percentage for 2020 (li			column (f))		14	%
	Public support percentage from 2019					15	/ 6
	33 1/3% support test - 2020. If the co						
	stop here. The organization qualifies						`
b	33 1/3% support test - 2019. If the co		•				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•		raanization		
b	10% -facts-and-circumstances test	•	•				
_	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-	• •			▶ □
	· · · · · · · · · · · · · · · · · · ·		,				

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

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

Se	ction A. Public Support	siow, picase comp	ioto i uit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	169,188.	207,616.	173,753.	485,590.	1824910.	2861057.
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	132,255.	132,327.	154,257.	157,052.	35,330.	611,221.
3	Gross receipts from activities that	,	,	,	,	,	, , , , , , , , , , , , , , , , , , ,
	are not an unrelated trade or business 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	301,443.	339,943.	328,010.	642,642.	1860240.	3472278.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				000 501	1006000	1550000
	amount on line 13 for the year				293,531.	1286378. 1286378.	1579909.
	Add lines 7a and 7b				493,331.	12003/0.	1892369.
	Public support. (Subtract line 7c from line 6.)						1092309.
	• • • • • • • • • • • • • • • • • • • •	(a) 2016	(h) 0017	(c) 2018	(d) 2010	(e) 2020	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2016 301, 443.	(b) 2017 339, 943.	328,010.	(d) 2019 642,642.	1860240.	(f) Total 3472278.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,			_			
	and income from similar sources	4,416.	16,635.	17,512.	3,763.	12,276.	54,602.
r	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975 Add lines 10a and 10b	4,416.	16,635.	17,512.	3,763.	12,276.	54,602.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,110.	10,033.	17,312.	3,703.	12,270.	34,002.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,294.	39,650.	71.	76.	5,047.	48,138.
13	Total support. (Add lines 9, 10c, 11, and 12.)	309,153.	396,228.	345,593.	646,481.	1877563.	3575018.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
							>
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (li		•	olumn (f))		15	52.93 %
	Public support percentage from 2019		•			16	95.10 %
	ction D. Computation of Inves						1 52
	Investment income percentage for 20					17	1.53 %
	Investment income percentage from 2					18	2.28 %
198	33 1/3% support tests - 2020. If the						► V
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	=	-	•	•		
	line 18 is not more than 33 1/3%, check	ck this box and ste	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	_		
	2		
	За		
	n.		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	•		
	8		
	9a		
	9b		
	9c		
	40-		
	10a		
	10b		
n a	90 or 99	0-F7	2020

Fai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in line 11a above?	11b		
С	A 35%	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	il in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations	-		
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described in line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (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 governmental entity (see ins	truction	s)	
2	Activi	rities Test. Answer lines 2a and 2b below.		Yes	No
а		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		he activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990 or 990-EZ) 2020

. u.	t i pe in Non i anotionally integrated coo	allo, capporting craa	inzations (continu	uea)	
Sect	ion D - Distributions		•	Í	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
<u>d</u>	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 CIRCLE TAIL,	, INC.	31-1516 4 90 _{Pag}
Part VI	Supplemental Information. Provide the expart IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6,	xplanations required by P 9a, 9b, 9c, 11a, 11b, and ection E, lines 1c, 2a, 2b, 3	Part II, line 10; Part II, line 17a or 17b; Part III, line 12; d 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

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.

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

OMB No. 1545-0047

2020

Name of the organization

CIRCLE TAIL, INC.

Employer identification number

31-1516490

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	, 0	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
X	•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
but it m u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 he 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) (2020)

Name of organization Employer identification number

CIRCLE TAIL, INC.

31-1516490

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	JENNIFER KIBLINGER 1360 TALLABERRY DRIVE CINCINNATI, OH 45230	\$17,845.	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	MARLYS STALEY 8834 CAREY LANE PLEASANT PLAIN, OH 45162	\$5,637.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	ELSA HEISEL SULE FOUNDATION 334 BEECHWOOD RD., SUITE 550 FT. MITCHEL, KY 41017	\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	PAT LANDEN 3939 ERIE AVENUE APT 214 CINCINNATI, OH 45208	\$1,305,154.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	CAROLYN O GOEPPER ESTATE 5300 SOCIALVILLE-FOSTER ROAD, SUITE 200 MASON, OH 45040	\$\$23,930.	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	DIAPHARMA GROUP, INC. 8948 BECKETT ROAD WEST CHESTER, OH 45069	\$5,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization Employer identification number

CIRCLE TAIL, INC. 31-1516490

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7_	ANN GRIFFIN TRUST 204 FARNSWORTH WATERVILLE, OH 43566	\$\$	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	LANDEN FAMILY FOUNDATION 700 WALNUT ST., STE 301 CINCINNATI, OH 45202	- \$\$	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	
9	TRACY DESCH 6255 DEERHAVEN LN LOVELAND, OH 45140	- \$ <u>7,346.</u>	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	
10	THE LATHAM FOUNDATION 1320 HARBOR BAY PKWY ALAMEDA, CA 94502	\$\$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	
11	YOURCAUSE, LLC 6111 W. PIANO PARKWAY STE 1000YC PLANO, TX 75093	5,919.	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	
12	LAURA GIESEL 6169 DOGWOOD RDG MILFORD, OH 45150	\$\$11,060.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

CIRCLE TAIL, INC.

31-1516490

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13	BANK OF AMERICA, N.A. PO BOX 831 DALLAS, TX 75283	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14	WARREN COUNTY AUDITOR 406 JUSTICE DRIVE, #2 LEBANON, OH 45036	\$\$	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 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.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

CIRCLE TAIL, INC.

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
		-	
)23453 11-25-		\$Sahadula B /Farm	990, 990-EZ, or 990-PF) (2020

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** CIRCLE TAIL, 31-1516490 Part III Exclusively religious, charitable, etc., contributions 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 columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CIRCLE TAIL, INC.

Employer identification number 31-1516490

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(h) Funds and other accounts
	Tatal accept as and after a	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	uiting that the assets held in dense advis	ad funda
5	Did the organization inform all donors and donor advisors in w	-	
6	are the organization's property, subject to the organization's education inform all grantees, donors, and donor actions are the organization inform all grantees, donors, and donor actions are the organization inform all grantees, donors, and donor actions are the organization inform all grantees, donors, and donor actions are the organization inform all grantees, donors, and donor actions are the organization inform all grantees, donors, and donor actions are the organization inform all grantees.		
6	for charitable purposes and not for the benefit of the donor or		
	• •	donor advisor, or for any other purpose	
Pai			
1	Purpose(s) of conservation easements held by the organization		are iv, into 7.
•	Preservation of land for public use (for example, recreat	`	f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	i reservation of	ra certifica filstorie structure
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ed dendervation dentination in the form	Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
-	listed in the National Register	•	I I
3	Number of conservation easements modified, transferred, rele		
_	year >		9
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the peri	•	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar	Assets	(continue	d)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following tha	t make si	gnificant u	ise of its	,	ŕ
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	am				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	on's exem	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, his	storical treas	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma] Yes	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contribution	s or other as	sets not i	ncluded		_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance								- r	
	Did the organization include an amount on Fe						ty?	L	」Yes [No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete									
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four year	ars back_
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g	g, column (a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment									
С		<u>%</u>								
_	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ssion of the organiza	ition tha	t are held ar	nd administe	red for the	e organiza	ition	<u></u>	
	by:									s No
	(i) Unrelated organizations								3a(i)	+-
	(ii) Related organizations								3a(ii)	+-
_	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	urius.						
. u.	Complete if the organization answere) Part IV	/ line 11a S	See Form 990) Part X I	line 10			
	Description of property	(a) Cost or o			t or other		ccumulate	. д	(d) Book va	عاداه
	bescription of property	basis (investr		. ,	(other)		preciation	·	(u) DOOK V	alue
1a	Land	,	,		0,000.	3			30 -	000.
	Buildings				7,457.	2	251,26	59.	1,906,	
	Leasehold improvements				1,193.	<u> </u>	99,84			348.
d	Equipment				0,346.		53,23			$\frac{3101}{115}$.
	Other			-	,		, , , ,			
	. Add lines 1a through 1e. (Column (d) must e		X. colum	nn (B), line 1	0c.)			▶	1,974,	651.
		222, . W.L.		, , , , , , , , , , , , , , , , , , , 			•		•	

Schedule D (Form 990) 2020 CIRCLE TAIL	, INC.	31-	-1516 4 90 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests	<u> </u>		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	<u> </u>		
(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" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-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.)			
Part IX Other Assets.	•		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> </u>		
Part X Other Liabilities.	<u> 13.,1 </u>		
Complete if the organization answered "Yes"	on Form 990. Part IV line	11e or 11f. See Form 990 Part X line 25	
1. (a) Description of liability		200, 1 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
			

(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

31-1516490 Page 4 CIRCLE TAIL, INC. Schedule D (Form 990) 2020 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	_1_			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Dai	rt XIII Supplemental Information				

Part XIII∣ Supplemental Information.

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 X, 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.

Schedule D (Form 990) 2020 CIRCLE TAIL, INC.	31-1516490 Page 5
Schedule D (Form 990) 2020 CIRCLE TAIL, INC. Part XIII Supplemental Information (continued)	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

rame of the organization	TAIL, INC.					31-1516	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1		
Indicate whether the organization rais	sed funds through any of the followin e Solicitate f Solicitate g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organization	n is registered or licensed to solicit o		L utions	or has been notified	it ic 4	evemnt from re	gietration
or licensing.	ir is registered of licerised to solicit t	OHIHO		or rias been notilied	11.15	exempt nom re	gistration

	וונו	of fundraising event contributions and gro				
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			DINNER		3	col. (c))
Φ			(event type)	(event type)	(total number)	35(3)/
Revenue	1	Gross receipts	58,288.		3,006.	61,294.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	58,288.		3,006.	61,294.
	4	Cash prizes				
S	5	Noncash prizes				
shense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ö	8	Entertainment				
	9	Other direct expenses	7,446.			7,446.
	10	,			.	7,446. 53,848.
Pa	ırt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization			9 or reported more than	33,848.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	990, 1 ait IV, iiile 1	e, or reported more than	
-		,	(a) Dingo	(b) Pull tabs/insta	nt (a) Other coming	(d) Total gaming (add
ue			(a) Bingo	bingo/progressive b	ingo (c) Other gaming	col. (a) through col. (c))
Revenue		Grace revenue				
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	YesNo	_ % Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	
9	Fn	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	voked, suspended, or te	rminated during the	e tax year?	Yes No
IJ		100, слріані				

 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a process to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaments. Name Address Address 	oartnership or other entity formed	Ye Ye 13a	
to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gam Name	ing/special events books and records:	13a	%
 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gam Name Name 	ing/special events books and records:	13a	%
 a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gam Name 	ing/special events books and records:		
b An outside facility	ing/special events books and records:		
14 Enter the name and address of the person who prepares the organization's gam Name ▶	ing/special events books and records:	13b	%
Name			
Address			
	ation receives gaming revenue?		
15a Does the organization have a contract with a third party from whom the organization		Ye	s No
b If "Yes," enter the amount of gaming revenue received by the organization	and the amount		
of gaming revenue retained by the third party ▶\$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independer	t contractor		
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from	n the gaming proceeds to		
retain the state gaming license?	The gaming proceeds to	Ye	s No
b Enter the amount of distributions required under state law to be distributed to o	ther exempt erganizations or spent in the		·
organization's own exempt activities during the tax year \$	ther exempt organizations or spent in the		
Part IV Supplemental Information. Provide the explanations required by	v Part I, line 2b, columns (iii) and (v); and Part I	II linoc	0 0h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional inform		II, IIIIES	9, 90, 100,

Schedule G	(Form 990 or 990-EZ)	CIRCLE TAIL,	INC.	31-1516490	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization CIRCLE TAIL, INC. Employer identification number 31-1516490

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other \blacktriangleright ($FUNDRAISING P$)	X	121	19,618.	FAIR MARKET	VALU	E
26	Other						
27	Other						
28	Other (
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions			
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29		1	
						Ye	s No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?	?				30a	X
b	If "Yes," describe the arrangement in Part II.				_		
31	Does the organization have a gift acceptance p				ions?	31	X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

CIRCLE TAIL, INC. **Employer identification number** 31-1516490

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTE THE HUMAN-CANINE BOND THROUGH EDUCATIONAL PROGRAMS, DOG
TRAINING SERVICES, AND DOG ADOPTIONS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD REVIEWS AND APPROVES THE 990 PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE THROUGH ITS REVIEW OF CONTRACTS AND ANNUAL ORGANIZATION
EVALUATION.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED OFF OF EQUIVALENT
SALARIES OF SIMILAR NON-PROFIT ORGANIZATIONS.
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 XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

-	ations required to file an income tax return other than Form 7004 to request an extension of time to file incom		, , , , , , , , , , , , , , , , , , , ,	ips, Reivilos	s, and trusts		
Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	Taxpayer identification number (TIN)		
print	CIRCLE TAIL, INC.			31-1516490			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 8834 CAREY STREET	ee instruc	tions.				
instructions.	City, town or post office, state, and ZIP code. For a for PLEASANT PLAIN, OH 45162	oreign add	lress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
Is For Code Is For						Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (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			
Form 990	-T (trust other than above) JACKIE NAPP	06	Form 8870			12	
 If the c If this i box ► [1 I rec the 	one No. ► 5138773325 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ►	Group Exe and atta NOVE anization's	mited States, check this box emption Number (GEN) ach a list with the names and TINs and TINs and TINs are turn for:	. If this is fo	r the whole g	group, check this asion is for.	
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n		
	is application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	y refundable credits and	1	7		
	mated tax payments made. Include any prior year overp	•	•	idual) , OH 45162 If this is for the whole group of the extension of all members the extension of th	0.		
	ance due. Subtract line 3b from line 3a. Include your page FFTPS (Electronic Federal Tax Payment System). See	•		30	s	0.	

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

instructions.