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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2023 calendar year, or tax year beginning and e	ending						
	heck if oplicable	C Name of organization		D Employer identific	cation number				
	Addres	CIRCLE TAIL, INC.							
	Name change	Doing business as		31-15164	90				
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 8834 CAREY STREET	Room/suite	E Telephone number 5138773325					
	termin- ated			G Gross receipts \$ 1,115,185.					
	Ameno return	PLEASANI PLAIN, OH 45102		H(a) Is this a group re	eturn				
	Application pending	F Name and address of principal officer: MARDIS STADET		for subordinates					
		SAME AS C ABOVE		H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1	list. See instructions				
	<u>Vebsit</u>		1	H(c) Group exemption					
	orm of I rt I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1997 N	1 State of legal domicile: OH				
0	1	TAIL IS TO							
Governance		PROVIDE SERVICE AND HEARING DOGS TO PEOPLE	E WITH	I DISABILITI	ES, AND				
erné		Check this box if the organization discontinued its operations or dispose	ed of more	1 1					
Š				3	13				
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			13 17				
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			120				
Activities &		Total number of volunteers (estimate if necessary)			0.				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
	D	Net differated busiliess taxable income from Point 990-1, Part 1, life 11		Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		1,268,425.	835,397.				
ηne		Program service revenue (Part VIII, line 2g)		144,732.	177,933.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,572.	32,686.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		44,546.	46,999.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,471,275.	1,093,015.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		336,547.	383,840.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
épe	b	Total fundraising expenses (Part IX, column (D), line 25) 19,06	1.						
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		261,504.	341,677.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		598,051.	725,517.				
		Revenue less expenses. Subtract line 18 from line 12		873,224.	367,498.				
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year				
sset 3ala	20	Total assets (Part X, line 16)		4,413,311.	5,029,157.				
et A	21	Total liabilities (Part X, line 26)		16,408. 4,396,903.	17,598. 5,011,559.				
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		4,390,903.	5,011,559.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			knowledge and beller, it is				
,	001100	gana complete. Documento a properor (centre man onco) io deces en an information of the	p. opa. o.						
Sigr	1	Signature of officer		Date					
Her		JENNIFER KIBLINGER, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		AMY KUCEWICZ, CPA AMY KUCEWICZ, CP	PA	if self-employ					
Prep	arer	Firm's name FLYNN & COMPANY, INC.		Firm's EIN 3	1-1451941				
Use	Only	Firm's address 7800 E. KEMPER ROAD							
		CINCINNATI, OH 45249-1614		Phone no.51	3-530-9200				
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No				

Total program service expenses

Form 990 (2023) 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? See instructions	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 Rev. Proc. 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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		Х
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		Х
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		Х
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		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
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. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023) 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
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 the 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		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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 on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 .		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	N OOU	(2022)

Form 990 (2023) CIRCLE TAIL, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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	_		7,7
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			~
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
и а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
·	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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 Enter the amount of receives an head			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-710		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) CIRCLE TAIL, INC. 31–1516490 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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 O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	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 rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed OH									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	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 on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	JACKIE NAPP - 5138773325									
	8834 CAREY STREET, PLEASANT PLAIN, OH 45162									

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 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.

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

Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	Pos heck ss per	ition more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARLYS STALEY	46.00	1						0.5.4.0.		
EXECUTIVE DIRECTOR				Х				86,100.	0.	0.
(2) JENNIFER KIBLINGER	20.00	٠,,		٦,					0	0
PRESIDENT	F 00	Х		Х				0.	0.	0.
(3) GENA STONEFIELD	5.00	·		37					0	0
VICE PRESIDENT (4) JACKIE NAPP	5.00	Х		Х				0.	0.	0.
TREASURER	3.00	х		х				0.	0.	0.
(5) JANELLE TUCKER	5.00	^		^				0.	0.	<u> </u>
SECRETARY	3.00	х		Х				0.	0.	0.
(6) PATRICK LILLIE	5.00								•	•
BOARD MEMBER	3.00	x						0.	0.	0.
(7) MATT COOK	5.00	1							•	
BOARD MEMBER		Х						0.	0.	0.
(8) V. RUTH KLETTE	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) CAREN WELBORNE	5.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MAX YAMSON	5.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JACKIE ROWLETT	5.00	<u> </u>								
BOARD MEMBER		Х						0.	0.	0.
(12) BARBARA SCULL	5.00	1								_
BOARD MEMBER	 	Х						0.	0.	0.
(13) CHELSEA ZESCH JONES	5.00	∤								_
BOARD MEMBER		Х						0.	0.	0.
(14) JEFFREY ANTONELLI	5.00	٠,,								•
BOARD MEMBER	+	Х	_			_		0.	0.	0.
		-								
		<u> </u>								
		1								
		 								
		1								
							ı	L		000

Form 990 (2023) CIRCLE TA	AIL, INC								31-15	164	190	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	ΙΗiς	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (0				(D)	(E)		(F)
Name and title	Average hours per week	box,	not c	ss per	more son is	than o s both r/trus	n an	Reportable compensation from	Reportable compensation from related	- 1	amo	nated unt of her
	(list any hours for related	e or director	tee			sated		the organization (W-2/1099-MISC/	organizations (W-2/1099-MIS 1099-NEC)	s	compe fror	ensation n the nization
	organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1039-1420)		and r	elated zations
	line)	pul	lns	JJ0	Key	Hig	For					
1h Cubtotal								86,100.		0.		0.
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								86,100.		0.		0.
Total number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable	•		0
											Y	es No
3 Did the organization list any former officer,	,	,	,	•	,	,	_	, , ,	,			х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3	
and related organizations greater than \$150Did any person listed on line 1a receive or a										}	4	X
rendered to the organization? // "Yes." com											5	Х
Complete this table for your five highest contractors	mpensated ind	leper	nder	nt cc	ntra	actor	rs th	nat received more than \$	100,000 of comp	ensati	on from	<u> </u>
the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	ith c	r wi	thin	the organization's tax y	ear.		(C)	
Name and business	address	NC	NE	3				Description of s	ervices	Co	ompens	ation
2 Total number of independent contractors (in \$100,000 of compensation from the organize)	· ·	ot lim	nited	d to t	thos		ted	above) who received mo	ore than			

31-1516490

			Check if Schedule O	conta	ains a res	ponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
ņν	1	а	Federated campaigns		18	<u>. </u>					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
တ် မြ			Fundraising events			_					
fts,						_					
ig je			Government grants (contr								
Sin			All other contributions, gifts,			+					
ie Ei		'	similar amounts not included			.	835,397.				
흡		_					033,337.				
no D		_	Noncash contributions included in	lines 1	a-1f [19	g \$		835,397.			
Oa		n	Total. Add lines 1a-1f				Business Code	033,337.			
	_		TRAINING SERV	TCI	г C		900099	147 154	147 154		
<u>i</u>	2		DOG ADOPTIONS		69		900099	147,154. 30,779.	147,154. 30,779.		
erv ne							300033	30,113.	30,119.		
n S		С									
Jrar Be		d									
Program Service Revenue		e									
а			All other program service	rever	nue			177 022			
-		g	Total. Add lines 2a-2f					177,933.			
	3		Investment income (include					22 606			22 606
		other similar amounts)						32,686.			32,686.
	4		Income from investment of		-	bond p	roceeds				
	5		Royalties								
					(i) R	eal	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Secu	ırities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
ther Revenue		С	Gain or (loss)	7с							
Be		d	Net gain or (loss)			<u></u>					
Jer	8	а	Gross income from fundraising	ng ev	ents (not						
₹			including \$		o	f					
			contributions reported on	line	1c). See						
			Part IV, line 18			<u>8a</u>					
		b	Less: direct expenses			8b	11,573.				
		С	Net income or (loss) from	fund	raising e	/ents_		45,789.			45,789.
	9	а	Gross income from gamin	g act	tivities. S	ee					
			Part IV, line 19								
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing activi	ties					
	10	а	Gross sales of inventory, I	ess r	eturns						
			and allowances			10a					
		b	Less: cost of goods sold				10,597.				
			Net income or (loss) from					-4,891.	-4,891.		
							Business Code				
ous	11	а	MISCELLANEOUS				900099	6,101.	6,101.		
ane Dug		b									
Miscellaneous Revenue		С									
Aisc B		d	All other revenue								
2			Total. Add lines 11a-11d					6,101.			
	12		Total revenue. See instruction					1,093,015.	179,143.	0.	78,475.

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).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Do :	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		1		
•	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	86,100.	77,490.	4,735.	3,875.
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	270,122.	243,109.	14,857.	12,156.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	27,618.	24,857.	1,519.	1,242.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	5,850.	5,850.		
d	Lobbying				
е	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 O.)	30,000.	28,028. 2,937.	1,972.	
12	Advertising and promotion	3,263.	2,937.	179.	147.
13	Office expenses				
14	Information technology	9,387.	8,449.	516.	422.
15	Royalties				
16	Occupancy	7,200.	6,912.	288.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		4.6 == -		
22	Depreciation, depletion, and amortization	155,788.	149,556.	6,232.	
23	Insurance	14,995.	13,495.	825.	675.
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 O.)	20.001	20.22:		
а	ANIMAL MEDICINE AND SUP	38,004.	38,004.		
b	MAINTENANCE	23,372.	22,437.	935.	
С	UTILITIES	19,234.	18,465.	769.	
d	OFFICE SUPPLIES	6,114.	5,503.	336.	275.
е	All other expenses	28,470.	27,698.	503.	269.
25	Total functional expenses. Add lines 1 through 24e	725,517.	672,790.	33,666.	19,061.
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)				Earm 990 (2022)

Form 990 (2023)
Part X Balance Sheet

Par	t X	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			566,470.	1	539,118.
	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 c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers				
		under section 4958(f)(1)), and persons described		6			
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8,035.	8	5,492.
As	9	5				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,646,616.			
	b	Less: accumulated depreciation			2,809,613.	10c	2,997,781.
	11	Investments - publicly traded securities			1,029,193.	11	2,997,781. 1,486,766.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	l l		14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ		4,413,311.	16	5,029,157.	
	17	Accounts payable and accrued expenses			16,408.	17	17,598.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		 		21	
က္က	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abi		controlled entity or family member of any of the	se perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ated thir	l l		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			16,408.	26	17,598.
		Organizations that follow FASB ASC 958, che	eck here	X			
ces		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			3,487,542.	27	4,026,473.
Ba	28	Net assets with donor restrictions			909,361.	28	985,086.
ᄪ		Organizations that do not follow FASB ASC 9	58, che	ck here			
띤		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ea				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Set	32	Total net assets or fund balances			4,396,903.	32	5,011,559.
	33	Total liabilities and net assets/fund balances			4,413,311.	33	5,029,157.

						<i>j</i> -		
Pa	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	1 2 3 4 5 6 7	1,(4,	093 725 367	3,01 5,51 7,49 5,90	17. 98. 03.		
8	Prior period adjustments	8				0.		
9 10	7							
Pa	t XII Financial Statements and Reporting	•						
	Check if Schedule O contains a response or note to any line in this Part XII					X		
1 2a	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			2a	Yes	No		
b	Were the organization's financial statements audited by an independent accountant?			2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on School As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	audit, edule O.		2c		x		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		·····	Ju				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

31-1516490 CIRCLE TAIL, INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 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).) 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 on 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 (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support		_	_	_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
800	organization, check this box and stor					<u></u>	
	tion C. Computation of Publi						
	Public support percentage for 2023 (li					15	<u>%</u>
	Public support percentage from 2022 33 1/3% support test - 2023. If the contract of the contra			n line 10 and line			<u>%</u>
IOa	stop here. The organization qualifies	-					
h	33 1/3% support test - 2022. If the o		~			or more, check thi	
b	and stop here. The organization qual						
172	10% -facts-and-circumstances test					and line 14 is 10% (
., a	and if the organization meets the facts						
	meets the facts-and-circumstances te		•	-	•	now the organiz	
h	10% -facts-and-circumstances test	_		*	-	 17a_and line 15 is :	10% or
J	more, and if the organization meets the	-					10/0 01
	organization meets the facts-and-circu				-		
12	Private foundation. If the organization				•		
	ato toanaution it the organizatio	did not officer a	~3/ 3/1 mile 10, 10	a, 100, 174, 01 171	e, check this box a		· ·····

Schedule A (Form 990) 2023 CIRCLE TAIL, INC. 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 nualify under the tests listed below please complete Part II \

Se	ction A. Public Support	elow, please comp	iete Part II.)				_		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	485,590.	1824910.	1258560.	•	• •	5672882.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	157,052.	35,330.	94,297.		177,933.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	642,642.	1860240.	1352857.	1413157.	1013330.	6282226.		
	Amounts included on lines 1, 2, and 3 received from disqualified persons			35,332.	46,115.	44,877.	126,324.		
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 control of the line 12 for the control of the second of the line 12 for the control of the line 12 for the line 12 for the line 15 for the line	293,531.	1286378.	826,521.	970 535.	522,973.	3899938.		
,	amount on line 13 for the year Add lines 7a and 7b	293,531.	1286378.	861,853.	1016650.	567,850.	4026262.		
	Public support. (Subtract line 7c from line 6.)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2255964.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
9	Amounts from line 6	642,642.	1860240.	1352857.	1413157.	1013330.	6282226.		
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,763.	12,276.	9,000.	13,572.	32,686.	71,297.		
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		-	27000	20,0:20		7=7=5 . 3		
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3,763.	12,276.	9,000.	13,572.	32,686.	71,297.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	76.	5,047.	402.		6,101.	11,626.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	646,481.	1877563.	1362259.	1426729.	1052117.	6365149.		
14	First 5 years. If the Form 990 is for the check this box and stop here	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,		
Se	ction C. Computation of Publi	c Support Per	centage						
15	Public support percentage for 2023 (li	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	35.44 %		
16	Public support percentage from 2022		•			16	37.79 %		
Se	ction D. Computation of Inves	tment Income	Percentage						
17	Investment income percentage for 20	123 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	1.12 %		
18	Investment income percentage from 2					18	.99 %		
19a	a 33 1/3% support tests - 2023. If the								
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the						md X		
	line 18 is not more than 33 1/3%, che	ck this box and st o	op here. The orga	nization qualifies a	s a publicly suppo	rted organization			
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

ı		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Qh		
	9b		
	9с		
	10a		
	10h		
	10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported	•		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
	<i>7</i> 1 11 3 3		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
	<i>y</i> .	-1		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	15).		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below.	instruction	Yes	No
2			162	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	O.		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete S	Sections A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	short-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Othe	r gross income (see instructions)	3		
4 Add I	lines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
collec	ction of gross income or for management, conservation, or			
	tenance of property held for production of income (see instructions)	6		
	r expenses (see instructions)	7		
	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
_	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	uctions for short tax year or assets held for part of year):			
a Avera	age monthly value of securities	1a		
b Avera	age monthly cash balances	1b		
c Fair r	market value of other non-exempt-use assets	1c		
d Total	I (add lines 1a, 1b, and 1c)	1d		
e Disc	ount claimed for blockage or other factors			
(expla	ain in detail in Part VI):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3 Subti	ract line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ir	nstructions).	4		
5 Net v	value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ply line 5 by 0.035.	6		
7 Reco	veries of prior-year distributions	7		
8 Minir	mum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
2 Enter	0.85 of line 1.	2		
3 Minin	num asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incor	ne tax imposed in prior year	5		
6 Distr	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

	dule A (Form 990) 2023 CIRCLE TAIL,		wi-otiono		1-1516490	Page 7
Par		(a)(3) Supporting Orga	nizations (continue	ed)		
Sect	on D - Distributions				Current Year	<u> </u>
1	Amounts paid to supported organizations to accomplish exe			1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pri	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	he organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	1		10		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	5	(iii) Distributable Amount for 20	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i_	Carryover from 2018 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
b	Excess from 2020					
С	Excess from 2021					

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Employer identification number

CIRCLE TAIL, 31-1516490 INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

CIRCLE TAIL, INC.

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
1	JENNIFER KIBLINGER 1360 TALLBERRY DRIVE CINCINNATI, OH 45230	\$15, 477 .	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	\$ 29,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PAT LANDEN 3939 ERIE AVENUE APT 214 CINCINNATI, OH 45208	\$321,951.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DIAPHARMA GROUP, INC. 8948 BECKETT ROAD WEST CHESTER, OH 45069	\$5,025.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LANDEN FAMILY FOUNDATION 700 WALNUT ST., STE 311 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
6	FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277-0053	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CIRCLE TAIL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BRIDGEWATER CAPITAL LLC 5505 WANDERING WAY MASON, OH 45040	\$5,000.	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
8	CLEVER CRAZES FOR KIDS 625 EDEN PARK DRIVE, STE 200 CINCINNATI, OH 45202	\$5,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BEVERLY MACHER 415 EAGLE TRACE MAYFIELD HEIGHTS, OH 44124	- - \$\$73,180.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4 ROBERT & ADELE SCHIFF FAMILY FOUNDATIONS C/O US BANK PO BOX 1118, M.L. CN-OHW10CINCINNATI, OH 45202	Total contributions - \$ 30,000.	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	JULIE BEATTY 24 EAST MILLS AVENUE CINCINNATI, OH 45215	\$18,000.	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
12	YOUR CAUSE, LLC 2508 HIGHLANDER WAY SUITE 210 CARROLLTON, TX 75006		Person X Payroll

CIRCLE TAIL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13	SCAIFE FAMILY FOUNDATION 777 S FLAGLER DR WEST PALM BEACH, FL 33401	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	THE CHARLES H. DATER FOUNDATION, INC. 700 WALNUT ST., STE 301 CINCINNATI, OH 45202	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	LOUIS M. GROEN FOUNDATION 312 WALNUT ST, STE 3100 CINCINNATI, OH 45202	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
16	THE SUTPHIN FAMILY FOUNDATION 1 GRANDIN FARM LANE CINCINNATI, OH 45208	\$\$	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
17	ELSA HEISEL SULE FOUNDATION 334 BEECHWOOD ROAD, SUITE 550 FT MITCHELL, KY 41017	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 18	Name, address, and ZIP + 4 THE SPAULDING FOUNDATION 8040 HOSBROOK RD, STE 440 CINCINNATI, OH 45236	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CIRCLE TAIL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	PO BOX 688 MASON, OH 45040	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	DAYTON FOUNDATION 1401 SOUTH MAIN ST, STE 100 DAYTON, OH 45409	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 21	Name, address, and ZIP + 4 DORIS DAY ANIMAL FOUNDATION, C/O PHILANTH 1401 S. MAIN ST, STE 100 DAYTON, OH 45409	* 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

CIRCLE TAIL, INC.

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

Name of 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 Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

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 Inspection

Name of the organization

CIRCLE TAIL, INC.

Employer identification number 31-1516490

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the Association	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		L I
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquire	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	annount in Innoted	
4	Number of states where property subject to conservation easi		
5	Does the organization have a written policy regarding the peri		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h		
U	otali and volunteer flours devoted to morntoning, inspecting, i	landing of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year
	3,		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(r	n)(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 footne	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Of	ther 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 pub	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance 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	herance 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	al 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	tIII	Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, or	Other S	Similar	Asset	s (continued	d)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	_	ction items (check all that apply).			•	· ·	·				
а		Public exhibition	d		Loan or exc	hange progra	am				
b		Scholarly research	е			0.0					
С		Preservation for future generations									
4	Provi	de a description of the organization's co	ollections and explain	how th	ey further th	ne organizatio	n's exemp	t purpos	e in Part	XIII.	
5		g the year, did the organization solicit o	· ·		•	-	-				
		sold to raise funds rather than to be ma				*			[Yes	No
Par	t IV	Escrow and Custodial Arrang								ine 9, or	
		reported an amount on Form 990, Par								· 	
1a	Is the	organization an agent, trustee, custodia	an, or other intermed	liary for	contribution	s or other as	sets not in	cluded			
	on Fo	orm 990, Part X?							[Yes	No
b		es," explain the arrangement in Part XIII									
										Amount	
С	Begir	nning balance						1c			
		ions during the year						1d			
		butions during the year						1e			
f		ng balance						1f			
2a		ne organization include an amount on Fo						?		Yes	No
b	If "Ye	es," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in P	art XIII			<u></u>	
Par	t V	Endowment Funds Complete if	the organization ans	wered "	Yes" on For	m 990, Part I	V, line 10.				
			(a) Current year	(b) P	rior year	(c) Two year	s back (c	I) Three ye	ars back	(e) Four year	ırs back
1a	Begir	nning of year balance									
b		ributions									
С		nvestment earnings, gains, and losses									
d	Gran	ts or scholarships									
е		expenditures for facilities									
	and p	programs									
f	Admi	nistrative expenses									
g		of year balance									
2	Provi	de the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a))) held as:					
а	Board	d designated or quasi-endowment		%							
b		anent endowment	%								
С	Term	endowment	%								
	The p	percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are th	nere endowment funds not in the posses	ssion of the organiza	tion tha	t are held ar	nd administer	ed for the				
	orgar	nization by:								Ye	s No
	(i) L	Inrelated organizations?								3a(i)	
	(ii) F	lelated organizations?								3a(ii)	
b	If "Ye	s" on line 3a(ii), are the related organiza	tions listed as require	ed on So	chedule R?					. 3b	
4		ribe in Part XIII the intended uses of the		wment f	unds.						
Par	t VI	Land, Buildings, and Equipm	ent								
		Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	ee Form 990	, Part X, Iir	ne 10.			
		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	b l	(d) Book va	lue
			basis (investr	nent)	basis	(other)	depr	eciation			
1a	Land					0,000.					000.
		ings				3,747.		39,00		2,484,	
		ehold improvements				1,646.	1	05,45		426,	
d	Equip	oment			6	1,223.		4,37	3.	56,	850.
		·									
	Λdd	lines 1a through 1e. (Column (d) must o	au al Farma 000. Dant	V line 1	00 00/1100	(D))				2.997.	781.

Schedule D (Form 990) 2023 CIRCLE TA		3	1-1516 4 90 Page
Part VII Investments - Other Securities Complete if the organization answered		11h Con Form 000 Part V line 10	
(a) Description of Security or Category (including name of secu		(c) Method of valuation: Cost or e	nd-of-vear market value
		(c) Method of Valuation. Cost of e	nd-or-year market value
• • • • • • • • • • • • • • • • • • • •		+	
(2) Closely held equity interests (3) Other		+	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total . (Col. (b) must equal Form 990, Part X, line 12, col. (B)))		
Part VIII Investments - Program Related	i.	•	
Complete if the organization answered "\	Yes" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)	()		
Part IX Other Assets			
Complete if the organization answered "		11d. See Form 990, Part X, line 15.	T
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, line 15 Part X Other Liabilities	<u>5, col. (B))</u>		
Complete if the organization answered "	Ves" on Form 990 Part IV line	11e or 11f See Form 990 Part Y line 3	05
. (a) Description of liability	1e3 Offi Offi 390, Fartiv, line	Tre or Tri. Gee Form 390, Fart X, line 2	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2) (3)			
(4)			
(5)			
(~)			+

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

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

	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return	Page ¬
	Complete if the organization answered "Yes" on Form 990, Part IV, line		ao por riotaini	
1	Tabel assessment and abbas assessment as a suite of financial abbas and	724.	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		····	
	Net unrealized gains (losses) on investments	2a		
b				
d	- · · · · · · · · · · · · · · · · · · ·			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Pai	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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:	1 1		
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			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	(_)	5	
	rt XIII Supplemental Information			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		Part V, line 4; Part X, line 2; Part X	ΧI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		
D 7 E	om v time o.			
PAF	RT X, LINE 2:			
יניי	E PROVISIONS OF THE ASC STANDARD, ACCOUN	ייידאים באס נואכיו	יסייא דאייט דאי דאייסיי	c
1111	FROVIDIONS OF THE ASC STANDARD, ACCOUNT	ITING FOR UNCL	ENTAINTI IN INCOM	<u> </u>
ד א ז	KES, CLARIFIES THE ACCOUNTING FOR THE RE	COCNTTTON AND	MEASIIREMENT OF	
1 7 1 2	and, charifing the accounting for the Ri	COOMITION AND	7 HIMDORIHIIVI OI	
TNC	CERTAINTIES IN INCOME TAXES FOR ALL ENTI	TIES INCLUD	NG NOT-FOR-PROFT	т
<u> </u>	SUMMER THE STATE OF THE STATE O	TILD, INCLUDE		
ORC	GANIZATIONS. THE ORGANIZATION ACCOUNTS F	OR UNCERTAIN	TAX POSTTIONS IN	
	MATERIAL ON THE CHARLEST TO THE COURT OF	OIL OILOZILIIII	11111 1 001110110 111	
ACC	CORDANCE WITH THE ASC TOPIC, ACCOUNTING	FOR CONTINGEN	CIES. UNDER WHICH	Н
	JOHNSON WITH THE MES TOTTO, MOSCOWITHS	1011 0011111021	WELLS, SINDLIN MILES	••
LIZ	ABILITIES FOR UNCERTAIN TAX POSITIONS AR	E RECOGNIZED	IN THE FINANCIAL	
STA	ATEMENTS WHEN IT BECOMES PROBABLE A LIAE	BILITY HAS BEE	EN INCURRED AND T	HE
				-
AMC	OUNT CAN BE REASONABLY ESTIMATED.			

Schedule D (Form 990) 2023	CIRCLE TAIL,	INC.	31-1516490	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	ormation (continued)			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, 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

2023

Open to Public Inspection

Name of the organization	TAIL, INC.					Employer ide 31-1516	ntification number ∕ 0 ∩
Part I Fundraising Activities.	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, li	ine 17		
required to complete this part 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Path of the paid individual compensated at least \$5,000 by the	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual of art VII) or entity in connection with providuals or entities (fundraisers) pursual	ion of ion 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 con or con contribi	ustody itrol of	(iv) Gross receipts from activity	to (c	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 organizatio or licensing.	n is registered or licensed to solicit c		 utions	or has been notified	it is e	exempt from re	<u> </u> gistration
or ilcertaing.							

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through FUNDRAISER col. (c)) (event type) (event type) (total number) 57,362. 57,362. 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 57,362. 57,362. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 11,573. 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 45,789 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990) 2023 CIRCLE TAIL, INC. 31	-1516	490	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	\square	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility			%
	o An outside facility	. 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
С	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 Independent contractor			
17	Mandaton, distributions:			
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23 Schedule G (Form 990) 2023

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

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CIRCLE TAIL, INC.

Employer identification number 31-1516490

0111011 111111 01 1010150
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.