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

OMB No. 1545-0047

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>				or tax year beginn			, an	d ending					
В	Check if a	applicable:	C Name of org	janization FIRS	CIRCUIT CA	ASA			D Emplo	yer ident	tification r	umber	
	Address c	hange	Doing busine	ess as]				
$\overline{}$			Number and	street (or P.O. box if r	nail is not delive	red to street address) Room/suite	•	46-04626	371			
Щ	Name cha	ange	115 E 11th A	₩E					E Teleph	one numb	er		
	Initial retu	rn	City or town	1		State	ZIP code		005 000	4040			
$\overline{}$			MITCHELL			SD	57301		605-996-	1212			
	Final return	/terminated	Foreign cou	intry name	Foreign provin	ce/state/county	Foreign po	stal code	1	E.			
	Amended	return							G Gross	eceipts S	\$		502,392
			E Name and a	aldress of pulsainal offi					W.	*			
Ш	Applicatio	n pending		address of principal offi					this a group fee			=	No No
			JACKIE HO	RTON 200 E 5TH	I AVE STE 2	<u>, MITCHELL, SI</u>	57301		re all subordir			Yes	SNo
ţ	Tax-exem	npt status:	X 501(c)(3	(3) 501(c) () (inse	rt no.) 4947(a	a)(1) or 5	27 If	"No attach	list. See	instructio	ns	
	Website:	·		·	• •	<u> </u>							
			T1		1		-	H(C) G	roup exemption				
K	Form of o	organization	ı: X Corpora	ation Trust	Association	Other	L.	Year of form	nation 200)2 M	State of le	egal domicile	e: SD
F	Part I	Su	mmary										
	1			organization's mis	sion or most	significant activ	ities: 4	<u> </u>					
	-		· ·	ed volunteers app			4	The same of the sa					
9				ent the best intere		en that are in the	iuvenile obr	enia					
Activities & Governance				ault of their own.	010 01 0111010	on that are mining	Javoniio o						
ē	_							43 2					
õ	2	Check to				nued its operation		ed of mo	re than 25°	1	net ass	ets.	
<u>ن</u>	3			embers of the gov						3			17
ģ	4	Number	of independe	ent voting membe	ers of the gov	verning body (P	art VI, line 1b))		4			17
ij	5			viduals employed			/ line 2a) .			5			7
ੜ੍ਹੇ	6	Total nu	mber of volur	nteers (estimate i	f necessary)	<i>A</i> . <i>A</i>	.			6			
¥	7a	Total un	related busin	ess revenue from	Part VIII, co	olumn (S), line 1	2			7a			0
	b	Net unre	elated busine	ess taxable incom	e from Form	990-T, Part Jir	ne 11			7b			
						AT ST			Prior Year			Current Ye	аг
a	8	Contribu	utions and gra	ants (Part VIII, lin	e 1h)	(3	357,819	9		275,943
Ž	9	_								64,518			98,974
Revenue	10	Investm	ent income (F	enue (Part VIII, lir Part VIII, column	(A) lines 3	and 7d)				8,740			20,783
2	11	Other re	venue (Part)	VIII, column (A), I	ines 5 6d 8	e 9c 10c and				81,179			106,692
	12	Total rev	enueadd lin	nes 8 through 11 (m	ust enital Pa	rt VIII column (Δ'	line 12)			512,256			502,392
	13			mounts paid (Parl				+)		002,002 n
	14			or members (Part				-					
	4-												224 722
es	15			nsation, employed				•		342,717			331,733
Expenses	16a			sing fees (Part IX)						- ()	7 1 540	0
ğ	b b	lotal fur	naraising exp	enses (Partil)	olgann (D), Iir	ne 25)	57,1	35	1 - 4			- 1 - 4 - 變	· 4. %
Ш	1	Other ex	xpenses (Par	rt IX, column (A),	mes 11a-11	d, 11t-24e)				124,551			139,311
	18			lines 13 17 (m) is			line 25) . .			167,268			<u>471,044</u>
	19	Revenu	e less expens	ses Subtractifine	18 from line	·12				44,988	3		31,348
Net Assets or	<u>š</u>							Begin	ning of Curr			End of Yea	
set	20	Total as	sets (Part X	line (16)						555,911	1		<u>584,681</u>
Ž,	21		bilities 🍎 art 🕽							2,578	3		0
ž,	22	Net ass	ets of und ba	alances. Subtract	line 21 from	line 20	 <u>.</u>			553,333	3		584,681
P	art II	Sig	nature Blo	ock								• • •	
Ųno	ler penalti	es of perjur	y, I declare that I	have examined this re	turn, including a	ccompanying sched	ules and stateme	ents, and to	the best of my	/ knowled	lge		
and	belief, it is	s true, corre	ect, and complete	e. Declaration of prepa	rer (other than o	fficer) is based on al	information of w	hich prepar	er has any kn	owledge.			
e:													
Si		Sign	ature of officer						Date				
He	re	1	CKIE HORTO)N			E.	YECHTIV	E DIRECT				
					··			VECCIIA	E DINECT	<u>OK</u>			
_			or print name ar	, ru uuc	I Brown	araria ajanatura 🔨		T _E .	Г		Г	DTIM	
D.	المال	16	haioi a liailie		Cab	aker's signature	0 ~	Da	ate	Check	Xif	PTIN	
Pa		PAT	RICK J CAR	RLON	\	Jaturel 7	tallor	- ₃	/19/2025			P012640	74
	eparer				עם מפסריי				T				17
Us	e Only	<i>,</i>		CARLON & MILLA					Firm's EIN	46-1	0434964	,	
		Firm	n's address F	PO BOX 399, 201	E 4TH AVE	<u>, MITCHELL, SI</u>	57301-039	9	Phone no.	605	-996-68	50	
Ma	y the IR	RS discus	s this return	with the preparer	shown abov	e? See instructi	ons .					Yes	X No
				1 1 1 1 1 1 1							٠ .		· · · ·

	990 (2024) FIRST CIRCUIT CASA	46-0462671	Page 2
Par	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part	III	
1	Briefly describe the organization's mission:		
	CASA provides trained community volunteers appointed by a judge to represent the best interests of abused and neglected children that are in the juvenile or regular court system		
	through no fault of their own.		
2	Did the organization undertake any significant program services during the year which were r	ot listed on	
	the prior Form 990 or 990-EZ?		X No
_	If "Yes," describe these new services on Schedule O.	A	
3	Did the organization cease conducting, or make significant changes in how it conducts, any p services?		X No
	If "Yes," describe these changes on Schedule O.		X NO
4	Describe the organization's program service accomplishments for each of its three largest pro		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of	grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 328,738 including grants of \$	(Revenue \$)
	The organization served more than 86 children.		
-			
		~~~~~~	
4b	(Code: ) (Expenses \$including grants of \$	) (Revenue \$	)
	CASA promotes & protects the interests of children involved in court proceedings through the		
	advocacy efforts of trained volunteers.		
	<u> </u>		
4c	(Code: )(Expenses \$ including grants of \$	) (Revenue \$	)
	Increased number of volunteers		/
	<del>-</del>	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
		~~~~~~	
4-1	Other program agains (December - Other title O.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses 328,738	U)	

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 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 Χ 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? 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve the environment, historic land areas, or historic structures? If "Yes," complete Schedule Dell'art II" 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? Χ 8 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 Х 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 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.

a Did the organization report an amount for land, buildings, and equipment Part X, line 10? If "Yes," complete Schedule D, Part VI.

b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total acceptance of the securities in Part X. Х Х c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 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 Х e Did the organization report an amount for other liastiffes in Part X, line 25? If "Yes," complete Schedule D, Part X. . . Х 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. 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 Χ 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 X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, incestment, 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 Χ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х 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 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 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.... 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 . . .

· ·	Officeriat of Required Ochedules (continued)		T	Т
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22	 	 ^
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	ì		
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b		24b	<u> </u>	—
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		Ì	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		+
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		 .
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Paris	25a		x
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		 ^
	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%			
27	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	3	3.4	
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creater or founder, or substantial contributor? If			THE REAL PROPERTY.
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If Yes, "complete Schedule L, Part IV	28b		Х
¢	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
29	"Yes," complete Schedule L, Part IV .	28c		X
30	Did the organization receive more than \$25,000 in noneash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, firstorical treasures, or other similar assets, or qualified	29	<u> </u>	X
00	conservation contributions? If "Yes," complete Sangalle M	30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		X
32	Did the organization sell, exchange, dispose of the property o	31	<u> </u>	^
	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 301.770 3? If Wes, " 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,			
350	III, or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	35a		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		
	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	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	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 (gambling) winnings to prize winners?			
	Topotomore general (generally) withings to prize williers?	1 10		Y

If "Yes," complete Form 6069.

Form 9	90 (2024) FIRST CIRCUIT CASA 46-0	462671	P	age 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and f			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ins	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion 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	17	7	
	If there are material differences in voting rights among members of the governing body, or		1	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	17	100	4. 3
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other persons	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			3
	the year by the following:	4:		<u> </u>
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in PartVII. SectionA, who cannot be reached	8b	X	
9	Is there any officer, director, trustee, or key employee listed in PartVII, SectionA, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	: Code.		
40-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	!		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	5 3
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			ž
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
D	Did the organization regularly and consistently mostler and enforce compliance with the national lift (No. #	12b	X	
·	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was dofe	40-	v	
13	Did the organization have a written whistiablower policy?	12c	X	
14	Did the organization have a written decomment retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	14		§
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			, j
а	The organization's CEO, Executive Director, or top management official.	15a	X	5
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, lescribe 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 entitle during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	- 35		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			4.3
	the organization's exempt status with respect to such arrangements?	16b	f Hi	. 1.22
Secti	on C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	1 501(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. + - 1(0)		
-	Own website Another's website X Upon request Other (explain on Schedule	()		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest process.	olicy.		
	and financial 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			

Form 990 (2024)	FIRST CIRCUIT CASA									46-04626	371 Page 7
Part VII	Compensation of Officers, Dire	ctors Trustee	e K	ΑV	Еm	nlo	VAA	2 k	lighest Comp		1 rage i
T WIT VIII	Employees, and Independent C	·	, it	.cy	_,,,	PiC	y 00.	٥, ،	ngnest comp	Ciisatea	
•	Check if Schedule O contains a r		te to	an∖	/ lin	e ir	this	Pa	art VII		
Section A.											<u> </u>
	this table for all persons required to be										
organization's	· · · · · · · · · · · · · · · · · · ·		р						,		
=	of the organization's current officers, di	rectors, trustees	(whe	ther	· ind	ivid	uals (or o	rganizations), re	gardless of amo	unt
	ion. Enter -0- in columns (D), (E), and (3/ ,	9	
 List all 	of the organization's current key emplo	yees, if any. See	the i	nstr	uctio	ons	for d	efin	ition of "key emp	oloyee."	
	organization's five current highest con										
	reportable compensation (box 5 of Form		Form	109	19-M	ISC	, and	l/or	box 1 of Form 1	099-NEC) of mo	re than
	n the organization and any related orga								. •		
● List all	of the organization's former officers, ke eportable compensation from the organ	y employees, ar	ia nig rolato:	nesi	cor coni	npe	nsate	ea e	employees who r	eceived more th	an
		•			_			: .		ton or tructor of	ile e
	of the organization's former directors of more than \$10,000 of reportable compe										uie
	actions for the order in which to list the p		, orga	111126	1001	CAT !	u an,	101	Grand Grand	110.	
	is box if neither the organization nor any		ation	com	nor	ne of	ed ar))	errent officer dir	rector or trustae	
Oneok ut	is box in helitier the organization for any	Telated organiz	I	COII			eu ai	ıy C	enterit oncer, an	I	
					(C Posit		4	*			
	(A)	(B)			eck r	поге	than c		(D)	(E)	(F)
	Name and title	Average hours	box, office	unles er and	s per i a di	son i recte	is coth r/tros	an) New	Reportable compensation	Reportable compensation	Estimated amount of other
		per week			٩Į		g II		from the	from related	compensation
		(list any hours for	Individual frustee or director		. de	•	ag gr	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
		related organizations	Ctor Ctor	9			8 8	_	1099-NEC)	1099-NEC)	related organizations
		below	-307				npe				
		dotted line)	8	#Istee	1	*	compensated				
		•			Ì		8				
(1) JACKII	HORTON	40.00	1								
EXECUTIVE		0.00		•		Х	Χ		99,119		
(2) STEVE	LAUFMAN	1.00	1000								
DIRECTOR		00									
(3) TERRY	REYELIS	0.00			U						
CHAIRMAN	FOLINED	- C.			Х				i		
(4) DAN F DIRECTOR	ECHNER	1.00 0.00	1			ł					
(5) MIKE V	MEINS	1.00									
DIRECTOR	VEINO	0.00									
(6) ASHLE	Y MILLER	1.00		H	\dashv						
DIRECTOR		0.00									
(7) STACY	GIBLIN (1)	2.00				-					
SECRETARY		0.00			Х						

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(8) JIM TAYLOR

(9) JESSE TOLSMA

(10) WHITNEY HINKER

(11) MIKE LIMBERG

(13) ARTIKA FRANKLIN

(14) ANNE KELLY

(12) MARCUS ROTHLISBERGER

DIRECTOR

VICE CHAIRMAN

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

0 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Teal everyway Related or sempt Continued Related campaigns Table Folderstad campaigns Table Folderstad campaigns Table Folderstad campaigns Table Tabl			Check if Schedule O contains a respon	se o	note to any line in	n this Part VIII			🔲
14 15 15 15 15 15 15 15							Related or exempt	Unrelated	Revenue excluded from tax under
	29 s	1a	Federated campaigns	1a	0			100	sections 312–314
	rang Turk	b		1b	0		11 11 27 27		
All other program service revenue	ج ت	С	Fundraising events	1c	0		子 我想: 夏 罗:		
All other program service revenue	ifts	d	Related organizations	1d	0		7,045 2		100
All other program service revenue	o is	е	Government grants (contributions)	1e	214,416	a	第二直接 2016	1数加 ·	一颗 业步
All other program service revenue	Sis	f	All other contributions, gifts, grants, and			1000			第 第
All other program service revenue	iğ je			1f	61,527				
All other program service revenue	計算	g				1. 多春子		1	医心管 计分
All other program service revenue	<u> </u>	ļ	lines 1a-1f	1g	\$ 0				秀 通 章
22 a MAJOR GIFTS 98.977		h	Total. Add lines 1a-1f	٠.,	<u> </u>	275,943			
Total Add lines 28—2f Signature Sign	et)	-	*** LOD OUTTO		Business Code		FR A	1.1.2	and the second
Total Add lines 28—2f Signature Sign	<u>.</u>	_	,	98,974					
Total Add lines 28—2f Signature Sign	Ser			0					
Total Add lines 28—2f Signature Sign	E S	4				U			
Total Add lines 28—2f Signature Sign	ga Re	e					·		
Total Add lines 28—2f Signature Sign	õ	f	All other program service revenue						
1	ш.	g	Total. Add lines 2a–2f			98 974	子 。		4
Other similar amounts		3	Investment income (including dividends, in	teres	t and		3 - 10,	276E C.E.	- 100 A.
1 1 1 1 1 1 1 1 1 1			other similar amounts)			20.783			
Second S		4	Income from investment of tax-exempt bon	d pro	oceeds 🖎 🧵	D. 1995.	* ****		
Section Sect		5	Royalties <u></u>		. <u></u> . 🝂 . 🦠	0			
December 2015 Color Colo		_	I I	ıl	(ii) Personal		· 漢		
C Rental income or (loss) 6c 0 0 0 0 0 0 0 0 0						1			
d Net rental income or (loss) Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses . c Gain or (loss). 7b 0 0 0 Net gain or (loss). 6 Net gain or (loss). 7c 0 0 0 Net gain or (loss). 6 Respectively. 8 Gross income from fundraising events (not including \$ 0 or contributions reported on line 10. See Part IV, line 18. 8 Less: direct expenses c Net income or (loss) income from gaming activities. See Part IV, line 18. 9 Gross income from gaming activities. See Part IV, line 18. 9 Gross income from gaming activities. See Part IV, line 18. 9 Gross income from gaming activities. See Part IV, line 18. 9 Gross income from gaming activities. See Part IV, line 18. 9 Gross income or (loss) from gaming activities. See Part IV, line 18. 9 Gross income or (loss) from gaming activities. See Part IV, line 18. 9 Gross sales of inventory, less returns and allowances. 10 Gross sales of inventory, less returns and allowances. 10 Gross sales of inventory. 11 Business Code 11 Business Code 4 All other revenue. 6 Total. Add lines 11a-11d.		Į.				10000000000000000000000000000000000000		(編)	
Ta Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses. c Gain or (loss). 7b 0 0 0 To 0 0 Wet gain or (loss). 6ross income from fundralsing events (not including \$ 0 of contributions reported on line 10. See Part IV, line 18. b Less: direct expenses. c Net income or (loss) tronstantifications growing activities. See Part IV line and the seed of the see				U	0				
Sales of assets Other than inventory Ta	İ	-		ies :	· · · · · · · · · · · · · · · · · · ·	0	2.04		
other than inventory .		, -	· · · · · · · · · · · · · · · · · · ·	47720	An exilici	· · · · · · · · · · · · · · · · · · ·			
b Less: cost or other basis and sales expenses . 7b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			· · · · · · · · · · · · · · · · · · ·	a n	0			19643	
d Net gain or (loss). Gross income from fundraising events (not including \$ of contributions reported on line 10 See Part IV, line 18. Ba 106,692 b Less: direct expenses	e n	b				李章等 [等 中的 5000 and 1	*## 1 1
d Net gain or (loss). Gross income from fundraising events (not including \$ of contributions reported on line 10 See Part IV, line 18. Ba 106,692 b Less: direct expenses	/en		and sales expenses 7b	0	0	1000 美国			
d Net gain or (loss). Gross income from fundraising events (not including \$ of contributions reported on line 10 See Part IV, line 18. Ba 106,692 b Less: direct expenses	Re	С	Gain or (loss) 7c	0	0			: May 1	
events (not including \$ of contributions reported on line 10 See Part IV, line 18.	8	_	Net gain or (loss)			0			
of contributions reported on Ine 10 See Part IV, line 18 b Less: direct expenses c Net income or (loss) from truralising events See Part IV line 18 b Less: direct expenses See Part IV line 18 b Less: direct expenses See Part IV line 18 c Net income or (loss) from gaming activities See Part IV line 18 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances teturns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11a b C C d All other revenue e Total. Add lines 11a-11d	동	. 8a	Gross income from fundraising			与专员工人企 员	三金属 表型	77	"看"
See Part IV, line 18						100			第二数数 。
b Less: direct expenses 8b 0 0		•		0-	100.000	建筑建筑			
C Net income or (loss) from fundarising events 106,692		h							
9a Gross income from gaining activities. See Part IV ine 18. 9a 0 b Less: direct expenses. 9b 0 Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances. 10a b Less: cost of goods sold. 10b 0 c Net income or (loss) from sales of inventory. 9a 0 10a 0 10a 0 10a 0 10b 0 11a 0 11a 0 11a 0 11a 0 11a 0 11b 0 11b 0 11b 0 11c 0 11c 0 11c 0 11d 0 1					U	100 000	*** 2 \$	- All - All -	(2) (2) (2)
See Part IV ine 18. 9a 0 b Less: direct expenses. 9b 0 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances. 10a 0 b Less: cost of goods sold 10b 0 c Net income or (loss) from sales of inventory. 0 11a		-	Gross income from garding activities	<u></u>	· · · · · ·	100,092	7 A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	26	A 15 17 18 18 18 18 18 18 18 18 18 18 18 18 18
b Less: direct expenses. 9b 0 c Net income or (loss) from gaming activities 0 10a Gross sales of inventory, less returns and allowances 10a 0 b Less: cost of goods sold 10b 0 c Net income or (loss) from sales of inventory 0 11a 0 b 0 c All other revenue 0 e Total. Add lines 11a-11d 0				9a	O	李芳芳 (蒙 李等主国		· 推 道 。
C Net income or (loss) from gaming activities		b			0		上上 美国	赛 医乳头虫	装装
returns and allowances. b Less: cost of goods sold. c Net income or (loss) from sales of inventory. 11a b c d All other revenue. e Total. Add lines 11a-11d.						0	46.99		
b Less: cost of goods sold	·		Gross sales of inventory, less			1.60 // 6/4	有一种企	J	N. S. M. W.
C Net income or (loss) from sales of inventory 0				10a	0			Later 1	
11a	- 1				0	11 12 美国		罗马斯斯	· 秦 · 秦 · 克
e Total. Add illes Tra-Trd		<u> </u>	Net income or (loss) from sales of inventory	<u></u>		0			
e Total. Add illes Tra-Trd	ار <u>ج</u>	110			Business Code		2.4		(
e Total. Add illes Tra-Trd									
e Total. Add illes Tra-Trd	اِجَ يَيْ			-• ·					<u> </u>
e Total. Add illes Tra-Trd		Τ.	All other revenue						
12 Total revenue. See instructions.	Ξ			ı				T.S.C.	
		12	Total revenue. See instructions.	•		502.392	n		

46-0462671

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).

	Check if Schedule O contains a response or note	to any line in this Pa	art IX	· · <u>· · · · · · · · · · · · · · · · · </u>	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				魔 建二十二
	and domestic governments. See Part IV, line 21	0		· · · · · · · · · · · · · · · · · · ·	通識 玄藍 1
2	Grants and other assistance to domestic			2.1.8 据 423	- 家线医囊型。
	individuals. See Part IV, line 22	0		1 基本 選出 1	
3	Grants and other assistance to foreign			137 28 37 5	三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二
	organizations, foreign governments, and foreign			33.7	
	individuals. See Part IV, lines 15 and 16	0		1. 12. 2	二字 糖皮素 卷
4	Benefits paid to or for members	0			1. 美国主义工
5	Compensation of current officers, directors,		A		
	trustees, and key employees	268,957	205,626	42,221	21,110
6	Compensation not included above to disqualified				•
	persons (as defined under section 4958(f)(1)) and			•	
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include		4		
	section 401(k) and 403(b) employer contributions)	7,313	5,558	1,170	585
9	Other employee benefits	33,753	25,805	5,299	2,649
10	Payroll taxes	21,71	16,499	3,474	1,737
11	Fees for services (nonemployees):	•	•		······································
a	Management	♠ ` ♦ . 0	\		
b	Legal	* * * * * * * * * * * * * * * * * * *	*		
c	Accounting	2,080	v	2,080	
d	Lobbying	A 0			
e	Professional fundraising services. See Part IV, line 17.	0	· · · · · · · · · · · · · · · · · · ·	\$ Mg 1	
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Þ	(A), amount, list line 11g expenses on Schedule O.)	~ 0		o	
12	Advertising and promotion	-	24,319		6,080
13	Advertising and promotion	12,716	1,702	9,669	1,345
14	Information technology	11,686	7,012	2,337	2,337
15	Royalties	0	,,,,,,,	2,001	2,00.
16	Occupancy	20,517	8,399	10,479	1,639
17	Travel	23,487	20,723	2,764	
18	Payments of travel or entertainment expenses	20,407	. 20,720	2,,01	
	for any federal, state, or local public officials	ام			
19	Conferences, conventions, and meetings	3,151	3,151		
20	Interest	0,101	0,101		
21	Payments to affiliates	0			····
22	Depreciation, depletion, and amortization	5,015	2,507	2,508	0
23	Insurance	8,025	4,815	2,675	535
24	Other expenses. Itemize expenses not covered	0,020	4,010	2,010	
	above. (List miscellaneous expenses on line 24e. If		医手手切术 人格		
	line 24e amount exceeds 10% of line 25, column	是 点型	据 1 多数 1 多型	\$ 1.00 files	
	(A), amount, list line 24e expenses on Schedule O.)			1.5	
•	DIRECT MAIL FUNDRAISING/EVENTS	3,379		* NA 126-14-54	3,379
b	SPECIAL EVENTS	15,739			15,739
	VOLUNTEER APPRECIATION	2,168			10,700
d	DUES	909	454	455	
-	All other expenses BANK FEES	909	404		
e 25			200 700	40 95 171	E7 405
25	Total functional expenses. Add lines 1 through 24e .	471,044	328,738	85,171	57,135
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)	l l			

Page **11** FIRST CIRCUIT CASA 46-0462671 Part X Balance Sheet

' '	11 C /	Check if Schedule O contains a response or note to any line in this	Part X		
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	91,662	1	312,956
	2	Savings and temporary cash investments	. 444,333	2	250,000
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from any current or former officer, director			· 李俊·徐祥 · · · · · ·
	•	trustee, key employee, creator or founder, substantial contributor, or 35	Table 1		1. 黄头髓(x) 直。
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined	4324311 4 4 2	1	10 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	"	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0	6	
ţ	7	Notes and loans receivable, net	The state of the s	74	0
Assets	8	Inventories for sale or use	30 8070	8	
Ğ	9	Prepaid expenses and deferred charges		9	7,925
	10a	Land, buildings, and equipment: cost or		7	
	100	- · · · · · · · · · · · · · · · · · · ·	7,096	77	表表示。这个
	Ь		3,296 10,941	10c	13,800
	11	Investments—publicly traded securities			0
	12	Investments—other securities. See Part IV, line 11	A 144		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14				0
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	555,911	_	584,681
	17	Accounts payable and accrued expenses	2,578		
	18	Grants payable	0	 	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	 	
ø	22	Loans and other payables to any current or former officer, girector,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35	%		
ō		controlled entity or family member of any of these persons .		22	4.4
Ë	23	Secured mortgages and notes payable to unrelated third parties			0
	24	Unsecured notes and loans payable to unrelated third parties		 	0
	25	Other liabilities (including federal income tax, payables to related third			
	2.5	parties, and other liabilities not included on lines 17–24). Complete			
		Dot V of Cohodula D		25	n
	26	Total liabilities. Add lines 17 through 25	2,578		0
<u></u>		Organizations that follow FASB ASC \$58, check here			
ö			(B) 1000 1000 1000 1000 1000 1000 1000 10		養養 養 三年
an		and complete lines 27, 28, 32, and 33.	550,000	07	504.004
Ba	27	Net assets without donor restrictions			584,681
힏	28	Net assets with donor restrictions	<u> </u>	28	7.44 C
Ē		Organizations that do not follow FASB ASC 958, check here		100	
-	0.5	and complete lines 29 through 33.			董 3.
ţ	29	Capital stocker trust principal, or current funds	0		
Net Assets or Fund Balances	30	Paid-in or capital surplies, or land, building, or equipment fund		_	
As	31	Retained earnings, endowment, accumulated income, or other funds .			
et	32	Total net assets or fund balances			584,681
_	33	Total liabilities and net assets/fund balances	. 555,911	33	584,681

Form 9	990 (2024) FIRST CIRCUIT CASA	46-0462671	Page 12
Part			,9
	Check if Schedule O contains a response or note to any line in this Part XI		. \square
1		1	502,392
2		2	471.044
3		3	31,348
4	reconstruction of the contract	4	553,333
5		5	
6		6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Other changes in net assets or fund balances (explain on Schedule O)		
		<u>o l</u>	584,681
Part	XII Financial Statements and Reporting	•	
	Check if Schedule O contains a response or note to any line in this Part XII.		<u>. L.l</u>
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other explain on Schedule O.		Yes No
2a	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 on a separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis	<u>2a</u>	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process of selection process during the tax year, explain on Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
b	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	<u>3a</u>	X
	required audit or audits, explain why on Schedule and describe any steps taken to undergo such audits	3b	
		Form	990 (2024)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047 2024

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number FIRST CIRCUIT CASA

	_	IRGUII CASA					40-040	02071
Par		Reason for Public Char						
The	orga	anization is not a private foundat	•		•			
1		A church, convention of church	•			170(b)(1)(A)(i).	
2	Ш	A school described in section 1	1 70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)		A	
3		A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(t	o)(1)(A)(iii).	
4		A medical research organizatio	n operated in conjur	nction with a hospital d	escribed i	n section	1 70(ь) (ч)(А)(ііі). Еп	ter the
		hospital's name, city, and state						
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned o	or operate	d by a go	ernmental unit desc	ribed in
6		A federal, state, or local govern	ment or governmen	tal unit described in se	ction 170	(b)(1)(A)(W.	
7	Х	An organization that normally redescribed in section 170(b)(1)			m a gover	nmental u	nt or from the gene	ral public
8	2	A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)			
9	Ħ	An agricultural research organia				in coniu	nction with a land-gr	ant college
		or university or a non-land-grar university:	nt college of agricult	ure (see instructions).	Enter the	name, city	, and state of the co	llege or
10		An organization that normally receipts from activities related to support from gross investment	to its exempt functio	ns, subject to certain e	xceptions	; and (2) r	no more than 33 1/39	% of its
		acquired by the organization af	ter June 30, 1975. S	See section 509(a)(2).	Complet	e Part III.)		
11	Щ	An organization organized and	•	* ESF 'AND "CO	-			
12		An organization organized and one or more publicly supported Check the box on lines 12a thro	l organizations desc	ribed in section 509(a)(1) or se c	ction 509(a)(2). See section 5	i09(a)(3).
а		Type I. A supporting organization (sorganization). You must contain the supported organization.	s) the power to regu	jarly appoint or elect a	y its supp majority o	orted orga of the direc	anization(s), typically ctors or trustees of th	by giving ne supporting
b		Type II. A supporting organization or management of the organization(s). You must o	zation supervised o ne supporting organi	controlled in connection connection vested in the sa	on with its ime perso	supported ns that co	d organization(s), by ntrol or manage the	having supported
¢		Type III functionally integr	ated. A supporting o	rganization operated i	n connect	ion with, a	nd functionally integ	rated with,
d	.	its supported organization(s Type III non-functionally in						anization(s)
u	!	that is not functionally integr requirement (see instruction	ated The organizat	ion generally must sati	sfy a distr	ibution red	uirement and an att	entiveness
е		Check this box if the organia	ation∢eceived a wr	itten determination fror	n the IRS	that it is a		e III
		functionally integrated, or Ty	pe III non-functiona	lly integrated supporting	ng organiz	ation.		<u></u>
f		Enter the number of supported						0
g	_	Provide the following information Name of supported organization	nabout the support	ed organization(s). (iii) Type of organization	tive to the c	rganization	(v) Amount of monetary	(vi) Amount of
	(4)	Traine of supported organization	* (II) EII4	(described on lines 1–10		ir governing	support (see	other support (see
				above (see instructions))	docui	ment?	instructions)	instructions)
			,		Yes	No.		
(A)					103	140.		
()								
(B)								· · · · · · · · · · · · · · · · · ·
· ·								
(C)								
(D)								
(E)	<u> </u>							
Tota	<u> </u>		9.		整理	1.5	0	0

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 358,534 534,561 491,784 503,516 481,610 2,370,005 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 The value of services or facilities furnished by a governmental unit to the organization without charge 534,561 358.534 Total. Add lines 1 through 3 491.784 481,610 2.370.005 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) Public support. Subtract line 5 from line 4 2,370,005 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 (d) 2023 (b) 2021 (e) 2024 (f) Total Amounts from line 4 358,534 503,516 481,610 2,370,005 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources 966 1,854 20.783 8,740 33,009 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 . . . 2,403,014 12 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 98.63% 16a 33 1/3% support test-2024 of the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2023. At the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances est—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

, Sche	dule A (Form 990) 2024 FIRST CIF	CUIT CASA				46-0462671	1 Page 3
	t III Support Schedule for Orga		cribed in Sect	ion 509(a)(2)			
	(Complete only if you check				ation failed to	qualify under Pai	rt II.
	If the organization fails to qu						
Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					<u>:</u>	0
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						C
3	Gross receipts from activities that are not an					A	
•	unrelated trade or business under section 513						C
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf					*	C
5	The value of services or facilities					,	
•	furnished by a governmental unit to the						
	organization without charge						C
6	Total. Add lines 1 through 5	0	0	n	0	0	
	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons						c
h	Amounts included on lines 2 and 3		-	W.			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		•				C
c	Add lines 7a and 7b	o	⇔ a	0	0	0	0
	Public support (Subtract line 7c from		No. 1		。 第二章		
_	line 6.)		12 43		10000000000000000000000000000000000000	基基 類	C
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	0	0	0	0	0	(
10a	Gross income from interest, dividends,	4		'			
	payments received on securities loans, rents,						
	royalties, and income from similar sources			·			(
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		>				
	acquired after June 30, 1975		•				
С	Add lines 10a and 10b	0	0	0	0	0	(
11	Net income from unrelated business	W N					
	activities not included on line 10b, whether			•			
	or not the business is regularly carried on	•					(
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						(
13	Total support. (Add lines 10c, 1						
	and 12.)	0	0	0	0	0	
14	First 5 years. If the Form 950 is for the organic			•			 -
	organization, check this box and stop here	<u></u> .		<u> </u>	· · · · · · · · ·		
Se	ction C. Computation of Public Su	pport Percenta	ge				
15	Public support percentage for 2024 (line 8,	column (f), divided b	y line 13, column	(f))		15	0.00%
16	Public support percentage from 2023 Scheo	lule A, Part III, line 1	5			16	0.00%
Se	ction D. Computation of Investme	nt Income Perc	entage				
17	Investment income percentage for 2024 (lin	e 10c, column (f), di	vided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2023 S					18	0.00%
19a	33 1/3% support tests—2024. If the organ	ization did not chec	k the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	

b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

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

- 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 s. answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4, (5), 4, (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 easile 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?
- 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 scan to a disqualified person (as defined in section 4958) not described on line 7?
- Did the organization make a can'to a disqualified person (as defined in section 4958) not described on line 7?
 If "Yes," complete fart I of Schedule L (Form 990).
 Was the organization controlled directly or indirectly at any time during the tax year by one or more
- 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 309(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Part	V Supporting Organizations (continued)		•	age e
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1.3
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	17		進
L.	11c below, the governing body of a supported organization?	11a		<u> </u>
b _.	A family member of a person described on line 11a above?	11b		
C	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 .	44-	,	/ E
Secti	on B. Type I Supporting Organizations	11c	<u> </u>	<u> </u>
			Yes	No
1.	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		5 5	110
	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)	3		
	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		Ť.	8
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported	1	-10/34	
	organization(s) that operated, supervised, or controlled the supporting organization? If Yes," expain in Part	1.5		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	. 15		1
Secti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
OGGE	on o. Type it supporting organizations		Vaa	l NI=
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	i i	Page 1	
	or management of the supporting organization was vested in the same persons that controlled or managed		ed sign	
	the supported organization(s).	1		
Secti	on 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		4.0	48
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	*		47%
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	3		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, of trustees either (i) appointed or elected by the supported	£.	1	
	organization(s), or (ii) serving on the governing body or a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		Ž.	\$
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	2	\$ /	5
	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	1		
	supported organizations played in this regard.	3		المستا
Section	on E. Type III Functionally Integrated Supporting Organizations			·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	ructions	S }	
а	The organization satisfied the activities Test. Complete line 2 below.		-,.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported agovernmental entity. Describe in Part VI how you supported a governmental entity (see instru	untin nol		
2	Activities Test. Answer lines 2a and 2b below.			-
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
•	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,	1		
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities.	2a	2	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	7.5	-5.	1
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If		3	1
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			Trees.
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	4.4		1.5
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			净
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each) ·	ý,	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		ı

1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization.	g trus	st on Nov. 20, 1970 (explain	in Part VI). See
Section A - Adjusted Net Income	IIZGU.	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		*
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of		A	•
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	4	★ 注注 * ★ 差 子等 一 当	
instructions for short tax year or assets held for part of year):			着多人说:"
a Average monthly value of securities	1a		
b Average monthly cash balances	16	.	
c Fair market value of other non-exempt-use assets	1c	The state of the s	· ·
d Total (add lines 1a, 1b, and 1c)	1a		0
e Discount claimed for blockage or other factors	10	1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M	. S. E
(explain in detail in Part VI):	,		· 是一张
2 Acquisition indebtedness applicable to non-exempt-use assets	2		240, 42
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount	10		Current Year
1 Adjusted net income for prior year (from Section A. line 8, column A)	1	电子路 多	0
2 Enter 0.85 of line 1.	2	学生生物。 1988	0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4	三分子 人名伊勒尔马	0
5 Income tax imposed in prior year	5	1. 经国际基础分析	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional instructions).		egrated Type III supporting o	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	 Supporting Organizations (continued) 	
Secti	on D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes 1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purpos		
4	· · · · · · · · · · · · · · · · · · ·	4	· · · · · · · · · · · · · · · · · · ·
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part VI) 5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	e 7	0
8	Distributions to attentive supported organizations to which the	he organization is responsive	
· ·	(provide details in Part VI). See instructions.		
9	Distributable amount for 2024 from Section C, line 6	9)
10_	Line 8 amount divided by line 9 amount	10	0.000
. ;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions Pre-2024	(ii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6	是在京 · · · · · · · · · · · · · · · · · · ·	0
2	Underdistributions, if any, for years prior to 2024		江海 。至
	(reasonable cause required—explain in Part VI). See		工作业 机工
	instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019	工厂	· · · · · · · · · · · · · · · · · · ·
<u> </u>	From 2020 0	· · · · · · · · · · · · · · · · · · ·	7. \$ \$ \$ 7. \$
<u> </u>	From 2021	· · · · · · · · · · · · · · · · · · ·	1986年4月
<u>d</u>	From 2022	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. 4. 特種類。
e	From 2023		
f	Total of lines 3a through 3e	0 计图像处理 ("我我就 "。
	Applied to underdistributions of prior years		
<u>n</u>	Applied to 2024 distributable amount	· · · · · · · · · · · · · · · · · · ·	0
	Carryover from 2019 not applied (see instructions)	122	
<u>_</u> _L	Remainder. Subtract lines 3g, 3h, and 3i from line 3	0 多类型为外面设施	推注: 2.3字张器
4	Distributions for 2024 from Section D, line 7:		
	Applied to underdistributions of prior years	CONTRACTOR OF THE CONTRACTOR O	
	Applied to 2024 distributable amount	第一百百二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	0
С	Remainder. Subtract lines 4a and 4b from ine 4	0 1 1 1 1 1 1	复数学 美罗德兰
5	Remaining underdistributions for years prior to 2024, if		学展员 计手工
	any. Subtract lines 3g and 4a from line 2. For result		
	greater than zero, explain in Part VI. See instructions.	C C	
6	Remaining underdistributions for 202. Subtract lines 3h	· · · · · · · · · · · · · · · · · · ·	
	and 4b from line 1. For result of eater than zero, explain	· · · · · · · · · · · · · · · · · · ·	
	in Part VI. See instructions	一、 "" " " " " " " " " " " " " " " " " " "	0
7	Excess distributions carryover to 2025. Add lines 3j	到金衣 主管	Control of the Secretary
·	and 4c.	0 多数多 :	B. 1997 - 特別的重
8	Breakdown of line /	三头红蓝红 1944 电温线线 香蕉	
a	Excess from 2020 0	學權。第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	· · · · · · · · · · · · · · · · · · ·
b	Excess from 2021	· · · · · · · · · · · · · · · · · · ·	· 1000 6 10 10 10 10 10 10 10 10 10 10 10 10 10
С	Excess from 2022		1. 18 18 9 18 18 18 18 18 18 18 18 18 18 18 18 18
<u>d</u>	Excess from 2023 0	· · · · · · · · · · · · · · · · · · ·	WEST COLUMN
e	Excess from 2024	· · · · · · · · · · · · · · · · · · ·	A

	Form 990) 2024 FIRST CIRCUIT CASA	46-0462671	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Se 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and	: II, line 17a or 17b; Part I 11c; Part IV, Section ection E, lines 1c, 2a, 2b, 8; and Part V, Section E,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instruction	ns.)	
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#### Schedule B (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

46-0462671 FIRST CIRCUIT CASA Organization type (check one): Section: Filers of: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private 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 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, Fart 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, is 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 to an edward from \$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 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

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

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MITCHELL UNITED WAY  417 N MAIN ST STE 103  MITCHELL SD 57301  Foreign State or Province:  Foreign Country:	\$18,000	Person X Payroll Noncash Complete Part II for nancash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FIRST CIRCUIT CASA

Employer identification number 46-0462671

Part II	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	FMV (or estimate) (See instructions.)	(d) Date received		
44 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of org	ganization RCUIT CASA		Employer identification number 46-0462671
Part III	Exclusively religious, charitable, etc., c. (10) that total more than \$1,000 for the y the following line entry. For organizations contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	ear from any one contributor. Co completing Part III, enter the total of c. (Enter this information once. See	cribed in section 501(c)(7), (8), or mplete columns (a) through (e) and exclusively religious, charitable, etc.
(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 2		puship of transferor to transferee
	For. Prov. Country		
(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 2	IP+4 Relation	enship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and Z	(e) Transfer of gift	enship of transferor to transferee
	For. Pro Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
· _	Transferee's name, address, and Z	P+4 Relatio	nship of transferor to transferee
	For. Prov. Country		

### SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
FIRS	T CIRCUIT CASA		46-0462671
Par	Organizations Maintaining Donor A Complete if the organization answere	Advised Funds or Other Similar Fur d "Yes" on Form 990, Part IV, line 6.	nds or Accounts
		(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 dono	or advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject to	the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors	s, and donor advisors in writing that grant in	ends can be used
	only for charitable purposes and not for the ben	efit of the donor or donor advisor, or for an	ny other purpose
	conferring impermissible private benefit?		🥦 Yes 🗌 No
Par	II Conservation Easements		·
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that apoly)	
	Preservation of land for public use (for example	e, recreation or education) Preservation	n of a historically important land area
	Protection of natural habitat		n of a certified historic structure
		The section of	in of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contribution	in the form of a conservation
_	casement on the last day of the tax year.		Held at the ENG Of the Tax Tear
a	Total number of conservation easements		. <u>2a</u>
b	Total acreage restricted by conservation easem		2b
c d	Number of conservation easements on a certific Number of conservation easements included or	ed historic structure included on line 2a	<u>2c</u>
u	not on a historic structure listed in the National I	inne 2c acquired after July 25, 2006, and	
3	Number of conservation easements modified, tr		<u>[ 2d  </u>
•	the organization during the tax year	ansierred, released, extinguished, or term	•
4	Number of states where property subject to con	estration preement is located	
5	Does the organization have a written policy reg	eding the periodic maniforing increasion	handling of
- T.	violations, and enforcement of the conservation	excements it holde?	Yes No
6	Staff and volunteer hours devoted to monitoring	Vispecting handling of violations and en	forcing
•	conservation easements during the year	, depocing, nariding of violations, and en	lorong
7	Amount of expenses incurred in monitoring, insi	pecting handling of violations, and enforcing	· · · · · .
•	conservation easements during the vear	pooring, nationing of violations, and emotor	uy e
8	Does each conservation easement reported on	line 2d above satisfy the requirements of s	section 170(b)(4)(B)(i)
	and costion 170/b\/4\/P\/ii\2		
9	In Part XIII, describe how the organization reports	s conservation easements in its revenue and	d evnense statement and halance
	sheet, and include, if applicable the text of the for	otnote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easer	ments	
Part			Other Similar Assets
	Complete the organization answered	d "Yes" on Form 990 Part IV line 8	Olifor Oliffiai Assets
1a	If the organization elected as permitted under F	ASB ASC 958 not to report in its revenue	statement and halance sheet
	works of art, historical treasures, or other similar	r assets held for public exhibition, education	on or research in furtherance of
	public service, provide in Part XIII the text of the	e footnote to its financial statements that de	escribes these items
b	If the organization elected, as permitted under F	FASB ASC 958 to report in its revenue state	tement and halance sheet works
	of art, historical treasures, or other similar asset	s held for public exhibition, education, or re	esearch in furtherance of public
	service, provide the following amounts relating t	to these items	esearch in fartherance of public
	(i) Revenue included on Form 990, Part VIII, lin		¢
ŕ	(ii) Assets included in Form 990, Part X.		\$
2	If the organization received or held works of art,	historical treasures or other similar asset	e for financial agin, provide the
_	following amounts required to be reported under	r FASR ASC 058 reletion to these items	э ю ппапыагуатт, рточке (пе
а	Revenue included on Form 990, Part VIII, line 1	The Add Add add relating to these items.	<b>d</b>
	Assets included in Form 990, Part X		, , , , , , , , , , , , , , , , , , ,
	FOR THE PROPERTY OF THE PROPER	<u> </u>	· · · · · • • • • • • • • • • • • • • •

Part III   Capanizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	-	Jie D (Form 990) (Rev. 12-2024) FIRST CIRCU			46-046			Page <b>2</b>
collection items (check all that apply).  a Perulic exhibition   d   Loan or exchange program    b   Scholarly research   e   Other    Preservation for future generations    Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Surject   Surject   Surject   Surject    Part IV   Esprow and Custodial Arrangements    Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an aniquent on Form 990, Part IV, line 21.  Is the organization analysement of the organization of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an aniquent on Form 990, Part IV, line 21.  Is the organization analysement of the organization and the part IV    Is the organization analysement of the organization and the part IV    Is the organization analysement of the organization and the part IV    Is the organization analysement of the organization analysement of the organization and the organization and the part IV    Is the organization analysement of the organization of the	Par							
a Public exhibition d Loan or exchange program b Scholarly research e Other  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to relate funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an animal part included or Form 990, Part X, line 21.  1a Is the organization an agent thrustee, custodian, or other intermediary for contributions or otheressels that included on Form 990, Part X.  1b If "Yes," explain the arrangement in Part XIII and complete the following table.  C Beginning belance.  2 Did the organization include an amount on Form 990, Part X, line 21, for eagens' sequested all execution tability? Yes   No b If "Yes," explain the arrangement in Part XIII. Check here if the explanating this peen provided in Part XIII.  1a Beginning of year balance.  Complete If the organization answered "Yes" on Form 990, Part X, line 10.  1a Beginning of year balance.  O Complete If the organization answered "Yes" on Form 990, Part X, line 10.  1a Beginning of year balance.  O O O O O O O O O O O O O O O O O O O	3		sion, and other records, o	check any of the followi	ng that make significant	use of it	s	
Scholarly research   Scholarly research   Scholarly research   Previous of future generations   Previous of future generations   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII   Provide a description of the organization's collections of art, historical reasures, or other similar assets to be sold to relies funds rather than to be maintained as part of the organization's collection?   Ves   No   No   No   No   No   No   Part XIII   Scrow and Custodial Arrangements   Complete if the organization an aspent, trustee, custodian, or other intermediary for contributions or othersects not included on Form 990, Part XIII and complete the following table.   Amount   1   1   1   1   1   1   1   1   1		collection items (check all that apply).	·					
c Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization's solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition	d	Loan or exchange pro	ogram			
Preservation for future generations	b	Scholarly research	е 🗀	Other				
Still  Soluting the year, did the organization solicit or receive donetions of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Complete if the organization an aspert great of part IV, line 9, or reportes an any approximation and agent, rustee, custodian, or other intermediary for contributions or otherefiseets red included on Form 990, Part X, line 21.  Is is the organization an agent, rustee, custodian, or other intermediary for contributions or otherefiseets red included on Form 990, Part X, line 21.  If "Yes," explain the arrangement in Part XIII and complete the following table.  If "Yes," explain the arrangement in Part XIII and complete the following table.  Additions during the year.  If Ending balance.  Old the organization include an amount on Form 990, Part X, line 21, for easfront apparent and the part XIII.  If "Yes," explain the arrangement in Part XIII. Check here if the explanation table, and the part XIII.  Part V Endowment Funds  Complete if the organization answered "Yes" on Form 999. Part IV, line 10.  Part V Endowment Funds  Complete if the organization answered "Yes" on Form 999. Part IV, line 10.  Contributions.  Old Contributions.  Old Grants or scholarships.  Dependent or scholarships.  Old Grants or scholarships.  Old Grants or scholarships.  Dependent organization or scholarships.  Dependent organization organization is listed as required on Schedule R?  The percentages on lines 2a, 2b, and 2 schould equal 100%.  Are there endowment funds of the grants and progranization that are held and administered for the organization by the progranization should equal 100%.  Are there endowment funds of the grants and progranization that are held and administered for the organization property  (i) Unrelated organization answere	c	Preservation for future generations						
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's o XIII.	collections and explain h	ow they further the orga	anization's exempt purpo	ose in Pa	ırt	
Escrow and Custodial Arrangements   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X, line 21.    1a   Is the organization an agent, trustee, custodian, or other intermediary for contributions or otherassets flet included on Form 990. Part XX   Yes   No	5							i
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an africunt on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian, or other intermediary for contributions or others seet that included on Form 990, Part X?  It was explain the arrangement in Part XIII and complete the following table.  C Beginning balance.  Amount  O Additions during the year.  It d  Distributions during the year.	Б. (			of the organization's co	Direction?	Ye	.s	NO
1	Part	Complete if the organization answ		90, Part IV, line 9, o	r reported an amount	on For	m	
b If "Yes," explain the arrangement in Part XIII and complete the following table.    C   Beginning balance	1a		dian, or other intermedia	ry for contributions or of	thereessets not			
Egyphining balance.    Amount						Ye	s 🗌	No
c Beginning balance   1d   1d   1d   1d   1d   1d   1d   1	þ	If "Yes," explain the arrangement in Part XII	I and complete the follow	ving table. 🌈				
d Additions during the year.  1 Ending balance.  2a Did the organization include an amount on Form 990, Part X, line 21, for easier of the organization include an amount on Form 990, Part X, line 21, for easier of the control liability?  2 In the organization include an amount on Form 990, Part X, line 21, for easier of the explanation in Part XIII.  2 In the organization include an amount on Form 990, Part X, line 21, for easier of the explanation in Part XIII.  2 In the organization answered "Yes" on Form 990 Part IV, line 10.  2 Beginning of year balance.  3 Beginning of year balance.  4 Contributions.  5 Contributions.  6 Not Investment earnings, gains, and losses.  6 Grants or scholarships.  6 Other expenditures for facilities and programs.  7 Administrative expenses.  8 Board designated or quasi-endowning.  8 Permanent endowment  7 The percentages on lines 2a, 2b, and 29 should equal 100%.  3a Are there endowment funds ability the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Control Part XIII Inhalption answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  2 Describe in Part XIII Inhalption answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  2 Leasehold improvements  6 O O O O O O O O O O O O O O O O O O		Desirate a halana				<del>\</del> mount		
be Distributions during the year.  I fe Inding balance.  2a Did the organization include an amount on Form \$90, Part X, line 21, for es row expussed lial account liability?  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.    Part V   Endowrment Funds   Complete if the organization answered "Yes" on Form \$90, Part IV, line 10.    Part V   Endowrment Funds   Complete if the organization answered "Yes" on Form \$90, Part IV, line 10.    Part V   Endowrment Funds   Complete if the organization answered "Yes" on Form \$90, Part IV, line 10.    Part V   Endowrment Funds   Complete if the organization answered "Yes" on Form \$90, Part IV, line 10.    Part V   Endowrment   Contributions   C	_							0
f Ending balance.  Did the organization include an amount on Form 990, Part X, line 21, for easy own equatedual account liability?  Part V Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Beginning of year balance.  O O O O O O O O O O O O O O O O O O O								
Did the organization include an amount on Form 990, Part X, line 21, for exprow expustedial account liability?								
b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.    Part V   Endowment Funds	_				——————————————————————————————————————			. — <u> </u>
Endowment Funds Complete if the organization answered "Yes" on Form 980 Patt IV, line 10.    Complete if the organization answered "Yes" on Form 980 Patt IV, line 10.   Complete if the organization answered "Yes" on Form 980 Patt IV, line 10.   Contributions	_			<b>A V V</b>	•		s 🔛	NO
Complete if the organization answered "Yes" on Form 930 Paint IV, line 10.    Comparison   Compa	_		I. Check here if the expla	anation has been provid	led in Part XIII			
Beginning of year balance	Part		<b>•</b>					
1a Beginning of year balance								
b Contributions Net investment earnings, gains, and losses of Grants or scholarships or scholarships of Grants or scholarships of Grants or scholarships or scholarshi	4.					· · ·	ur years	back
c Net investment earnings, gains, and losses d Grants or scholarships. e Other expenditures for facilities and programs f Administrative expenses. g End of year balance. 0 0 0 0 0 0 0 0  Provide the estimated percentage of the furrent war end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment b Permanent endowment The percentages on lines 2a, 2b, and 2g should equal 100%.  Are there endowment funds of in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Interval of the felated organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment)  Describion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  A Describion of property (a) Cost or other basis (c) Accumulated depreciation  A Describion of property (a) Cost or other basis (c) Accumulated depreciation  A Describion of property (a) Cost or other basis (c) Accumulated depreciation  A Describion of property	_		0	0	0	0		0
and losses .  d Grants or scholarships .  e Other expenditures for facilities and programs .  f Administrative expenses .  g End of year balance .  O O O O O O O O O O O O O O O O O O		· · · · · · · · · · · · · · · · · · ·		<b>b</b>				
d Grants or scholarships . Other expenditures for facilities and programs . Administrative expenses . g End of year balance . O O O O O O O O O O O O O O O O O O	G		A &					
e Other expenditures for facilities and programs f Administrative expenses. g End of year balance.	٠ ا							<del></del>
Figure   Administrative expenses						+		
f Administrative expenses. g End of year balance. D O O O O O O O Provide the estimated percentage of the current war end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment Permanent endowment The percentages on lines 2a, 2b, and 2g should equal 100%.  Are there endowment funds of in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(ii) are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (c) Accumulated depreciation (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (c) Accumulated depreciation (iii) Cost or other basis (c) Accumulated depreciation (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (c) Accumulated depreciation (other)  Buildings 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•							
g End of year balance	f	• •				+		
Provide the estimated percentage of the current war end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment  Term endowment  The percentages on lines 2a, 2b, and 2d should equal 100%.  Are there endowment funds of in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) Related organizations (iv) Related organizations (ivi) Re	a			n	0	0		
Board designated or quasi-endowment b Permanent endowment The percentages on lines 2a, 2b, and 2g should equal 100%.  3a Are there endowment funds of the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) The possession of the organization that are held and administered for the organization by: (ii) Related organizations (iii) Related organizations (iv) Tyes No  3a(i)   Sa(ii)	_	Provide the estimated percentage of the				<u> </u>		
b Permanent endowment c Term endowment The percentages on lines 2a, 2b, and 2 should equal 100%.  3a Are there endowment funds of the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(i) are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land	а	Board designated or quasi-endowment		19, 0010.1111 (0/) 11010				
The percentages on lines 2a, 2b, and 2g should equal 100%.  Are there endowment funds of in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land	b		%					
Are there endowment funds for the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations.  (ii) Related organizations.  (iii)	Ċ	Term endowment %	<b>y</b>					
Ves   No   Sa(i)   Unrelated organizations   Sa(i)   Unrelated organizations   Sa(i)   Sa(ii)   Selated organizations   Sela								
(i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	3a		ession of the organizatio	n that are held and adm	ninistered for the			
(ii) Related organizations.  b If "Yes" on line 3a(ii) are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  Description of property  (a) Cost or other basis (other)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			•				Yes	No
b If "Yes" on line 3a(i) are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (other)  Description of property  (a) Book value  (b) Cost or other basis (c) Accumulated depreciation  (other)  Description of property  (a) Book value  (a) Book value  (b) Buildings  (c) Accumulated depreciation  (other)  O  D  D  D  D  D  D  D  D  D  D  D  D						3a(i)		
Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (other)  Description of property  (a) Cost or other basis (other)  (other)  Description of property  (a) Book value  (a) Book value  (b) Cost or other basis (other)  (other)  Description of property  (a) Book value  (a) Book value  (b) Cost or other basis (other)  (other)  Description of property  (a) Book value  (b) Cost or other basis (other)  (other)  Description of property  (b) Cost or other basis (other)  (other)  Description of property  (c) Accumulated depreciation  O DO						3a(ii)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation	_					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation				nent funds.				
Description of property   (a) Cost or other basis (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value	Part							
tal         Land         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0 <th></th> <th></th> <th>ered "Yes" on Form 9</th> <th>90, Part IV, line 11a.</th> <th>See Form 990, Part</th> <th>X, line</th> <th><u> 10.</u></th> <th></th>			ered "Yes" on Form 9	90, Part IV, line 11a.	See Form 990, Part	X, line	<u> 10.</u>	
1a         Land         0         0         0         0           b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0         0           d         Equipment         0         47,096         33,296         13,800           e         Other         0         0         0         0		Description of property	1 ''		' '	(d) Bo	ok value	3
b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0         0           d         Equipment         0         47,096         33,296         13,800           e         Other         0         0         0         0	10	Land	<del>                                     </del>		depreciation			<del></del>
c         Leasehold improvements         0         0         0         0           d         Equipment         0         47,096         33,296         13,800           e         Other         0         0         0         0	_		· · · · · · · · · · · · · · · · · · ·	7.00	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
d         Equipment         0         47,096         33,296         13,800           e         Other         0         0         0         0								
e Other0 0 0 0								
							1	
								<u>_</u>

Part VII	Investments—Other Securities			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form 9	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
	al derivatives	0		
(2) Closely	held equity interests	0		
(3) Other				
/A\				
(D)			4	
(E)				à
(F)				
(G)	, .			
(H)				
	nn (b) must equal Form 990, Part X, line 12, col. (B)) .	. 0		· (4) (4) (5) (5) (5)
	Investments—Program Related			
	Complete if the organization answered '	'Yes" on Form 990	Part IV line 11c. See Form 9	90 Part X line 13
***************************************	(a) Description of investment	(b) Book value	(c) Method of va	aluation:
(2)				
(3)				
(4)		A 4		·
(5)		A 4		
(6)				
(7)			<b>&gt;</b>	
(8)			7	
(9)				
	in (b) must equal Form 990, Part X, line 13, col. (B)).	0		
Part IX	Other Assets		<u> </u>	
T GILLIA	Complete if the organization answered	'Vac" on Form 000	Part IV line 11d See Form C	000 Bort V line 15
	(a) Descri	res on rolli 990,	Fait IV, line Tro. See Form s	
(1)	(a) Descri	Picit		(b) Book value
(2)		**************************************		
(3)		<u>,                                      </u>		
(4)		<u> </u>		
(5)				
(6)				
(7)				
(8)				
(9)	(mm (h) must a must 5 - 6 000 B - 4 V (ii - 45	-1 (5))		
	ımn (b) must equal Form 990, Part X, line 15, c	OI. (B))		0
Part X	Other Liabilities Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11e or 11f. See F	Form 990, Part X,
4	line 25.			
1.		ion of liability		(b) Book value
	l income taxes	<del></del>		0
(2)			· · · · · · · · · · · · · · · · · · ·	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		***		
	ımn (b) must equal Form 990, Part X, line 25, c	ol. (B))		0
	r uncertain tax positions. In Part XIII, provide the tex	·	rganization's financial statements th	
organization'	s liability for uncertain tax positions under FASB AS	C 740. Check here if the	text of the footnote has been provide	led in Part XIII

Far	Complete if the examination appropriate IVection Farm 000 Deut I	\ / . E		
4	Complete if the organization answered "Yes" on Form 990, Part I			,
1	Total revenue, gains, and other support per audited financial statements	• • • • • • • • • • •	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	_2b		
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
, a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	•	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		<b>.≇</b> c	0
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	0
Part	XII Reconciliation of Expenses per Audited Financial Statement		Return	
	Complete if the organization answered "Yes" on Form 990, Part I			
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:		45.2	
а	Donated services and use of facilities	<u>2</u> a		
b	Prior year adjustments	26	*	
C	Other losses	- 2c		
d	Other (Describe in Part XIII.)	. 2d ≝		
е	Add lines 2a through 2d		2e	0
3	Other (Describe in Part XIII.) .  Add lines 2a through 2d .  Subtract line 2e from line 1 .  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b .  Other (Describe in Part XIII.)	,	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 7:		1.77	
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a	44.	
Ų	Other (Describe in Part Am.)	4b		
С	Add lines 4a and 4b		1401	0
			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	0
Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .  XIII Supplemental Information		5	0
Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	art IV. lines 1b and 2b; Pa	5 art V, line 4; Panation.	rt X, line
Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	art IV, lines 1b and 2b; Pavide any additional inform	5 art V, line 4; Panation.	rt X, line
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Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	art IV, lines 1b and 2b; Pa vide any additional inform	5 art V, line 4; Panation.	rt X, line
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Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	art IV, lines 1b and 2b; Pa vide any additional inform	5 art V, line 4; Panation.	rt X, line
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Part Provid 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove	art IV, lines 1b and 2b; Pa vide any additional inform	5 art V, line 4; Panation.	rt X, line

Schedule D (Form 990) (Rev. 12-2024)  Part XIII Supplemental	FIRST CIRCUIT CASA	46-0462671	Page <b>5</b>
Part XIII Supplemental	Information (continued)		
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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

Open to Public Inspection

Name of the organization				Employer identification number		
FIRST CIRCUIT CASA				46-0462671		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.						
Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.						
1 Indicate whether the organization a X Mail solicitations	raised funds throi			ng activities. Check of nongovernment g		
b Internet and email solicitations						
c Phone solicitations	•	=		of government grant		
d In-person solicitations		g [X] S	peciai iunc	Iraising events		
				Zha a la calla a cane		
key employees listed in Form 990,	Part VII) or entity	y in connec	ction with p	rofessional fundraisj	ng services?	Yes X No
b If "Yes," list the 10 highest paid inc	lividuals or entitie	es (fundrais	ers) pursua	ant to agreements u	nder which the fund	fraiser is to
be compensated at least \$5,000 b	y the organizatior	ո.				
		T			(v) Amount paid to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (I)	(vi) Amount paid to (or retained by) organization
1		Yes	No	AY)		
2				0	0	0
			4 N	0	0	0
3				0	0	0
4				o	0	0
5		6		0	0	0
6				0	0	
7			-			0
8				0	0	0
9				0	0	0
10				0	0	0
				0	. 0	0
Total	<u> </u>			0	0	0
List all states in which the decamization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.						
					-	
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Schedule G	/E	000	/D	40.0004	
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FIRST CIRCUIT CASA

46-0462671 Page 2

P	art l	Fundraising Events. 0 more than \$15,000 of for	undraising event contri	butions and gross inco	on Form 990, Part IV, me on Form 990-EZ,	line 18, or reported lines 1 and 6b. List
•		events with gross recei	(a) Event #1 CASA'S GOT TALEN (event type)	(b) Event #2 3OT TALENT SCHOL (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	54,296	30,600	6,673	91,569
Ľ	3	Gross income (line 1			0	0
		minus line 2)	54,296	30,600	6,673	91,569
	4	Cash prizes			0	0
	5	Noncash prizes			0	0
nses	6	Rent/facility costs			0	
Direct Expenses	7	Food and beverages			0	0
Direct	8	B Entertainment			o	0
	9				0	0
	10 11		l lines 4 through 9 in colur	mn (d)		(0 <u>)</u> 91,569
Pa	rt II	Net income summary. Subtract Gaming. Complete if the \$15,000 on Form 990-E	e organization answer	ed Yes on Form 990,	Part IV, line 19, or re	ported more than
Revenue		V. 15,000 0 1 0 1 000 1	(a) Bingo	(b) Pull tabs/instant bingo/grogressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				0
ses	2	Cash prizes				0
Expenses	3	Noncash prizes				0
Direct I	4	Rent/facility costs				0
_ _	5	Other direct expenses				0
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary Add	ines 2 through 5 in colum	nn (d)		(0)
	8	Net gaming income summary.	Subtract line 7 from line	1, column (d)	· · · · · · · · · · · · · · · · · · ·	0
9 Enter the state(s) in this the organization conducts gaming activities:						
a Is the organization licensed to conduct gaming activities in each of these states?					. Yes No	
	a V b li	Nere any of the organization's ga f "Yes," explain:	ming licenses revoked, s	uspended, or terminated d	uring the tax year?	. Yes No

Sched	ule G (Form 990) (Rev. 12-2024) FIRST CIRCUIT CASA	46-0	462671	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming?	_	_ Yes □	No
13	Indicate the percentage of gaming activity conducted in:	· · L	00 _	
а	The second of the mo	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Todalus.			
	Name		-	w
	Address	5		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?) 	Jvoo ⊏	J Na
b	If "Yes," enter the amount of gaming revenue received by the organization \$ 0 and the	٠	_ Yes	_] No
	amount of gaming revenue retained by the third party \$ 0			
С	If "Yes," enter the name and address of the third party:			
	Name			
	Address		•	
16	Gaming manager information:			
	Name			
	Name			
	Gaming manager compensation \$			
	Description of services provided	·		
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	and a limit to the second of t		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		_	_
Part	spent in the organization's own exempt activities during the tax year \$	· · · · · ·		0
rait	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in See instructions.	(iii) and nforma	d (v); and ation.	d c
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SCHEDULE O

(Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
FIRST CIRCUIT CASA	46-0462671
Form 990, Part IV, Section 3, Line 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUME	NTS,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
	
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