990 Form

Change in Accounting Period 2949332708500 9 Return of Organization Exempt From Income Tax

2018

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public

Form 990 (2018)

<u>A</u>	For t	he 20	018 calend	lar year, or t	ax year begir	nning		07-01-	./9 201氏 and er	nding	09-	30 ,2019
В	Check	ıf appl	ıcable	C Name of org	ganization MOUI	NTAIN CIRCUI	r CASA, IN	c			D	Employer identification no
	Addres	s char	nge	Doing busin	less as							20-1194112
\Box	Name o	chang	Đ	Number and	d street (or PO br	ox if mail is not delivered	to street address)	-		Room/suite	E	Telephone number
$\overline{}$	Initial r	-		l .	SAGE ST							(706) 886-1098
ᆖ			erminated			e, country, and ZIP or fore	aion postal code			<u> </u>		Gross receipts
一		ended return TOCCOA, GA 30577									l T	s 154,785
=		ation pending F Name and address of principal officer								H(a) is this a group	ratura (ar.	5.7
ш	Applica	ation p	endung	r Name and a	iddiess of principa	ai onicei				1		included? Yes No
_	T		<u>V</u>	501(c)(3)) ((insert no)	1047/07/17 05	527	P	57		list (see instructions)
	Тах-өх	•		501(c)(3)	501(c) () (insert no)	4947(a)(1) or	<u> </u>		- -		
			N/A	i		Π		 		H(c) Group exe		
				Corporation	Trust As	sociation Unther	·	I I L Y	ear of formation 2	004 M State	of legal	domicile GA
Fee	irtilj		Summai	· -								
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ce		<u>C</u>	OMMUNII	Y VOLUNI	EERS TO	BE ADVOCATES	FOR CHILE	REN IN	THE COURT	SYSTEM		
Governance		_				 :		<u> </u>				
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ő	2				-	n discontinued its of		posea oi m	nore than 25% o I	its net assets	1	
∘ಶ	3			•	•	erning body (Part VI	•	· · · · · · · · · · · · · · · · · · ·			3	18
Activities &	4				_	rs of the governing			<i>.</i>		4	18
Ϋ́	5	To	otal numbe	r of individua	Is employed in	n calendar year 201	8 (Part V, line 2	a) ·			5	
Ċ	6	To	otal numbe	r of volunteer	rs (estimate if	necessary) · ·					6	
•	7	a To	otal unrelat	ed business	revenue from	Part VIII, column (0	C), line 12 ·				7a	0
		bΝ	et unrelate	d business ta	xable income	from Form 990-T,	ine 38	CEIVE	<u>-D </u>		7b	0
							111	OLIVE	-	Prior Year		Current Year
	8	С	ontribution	s and grants	(Part VIII, line	: 1h) • • • • • •	. 9		· · · · ૹૢૺ · [352	,023	151,115
ne	9	Р	rogram ser	vice revenue	(Part VIII, line	e 2g)	· 冯··N0/	/ 1.2 20	019 - 웃 - [0
le /	10) In	vestment i	ncome (Part	VIII, column (A), lines 3, 4, and 7	صہ ، ، ا ^ن ارہ		· & · ·	1	,753	345
Revenue	11	0	ther reven	ue (Part VIII,	column (A), li	nes 5, 6d, 8c, 9c, 1	oc and 1/e)	DENI	117	21	, 993	2,839
_	12	2 To	otal revenu	e - add lines	8 through 11	(must equal Part VI	II, selumn (A), i	DEIV,	<u>~</u>		,769	154,299
	13					IX, column (A), line						0
	14											0
	15	· · · · · · · · · · · · · · · · · · ·								, 950	81,016	
Expenses	16					column (A), line 11e			[0
ë				_	•	lumn (D), line 25)			o			
Š	17			-		nes 11a-11d, 11f-24				81	, 800	41,412
	18		•	•	• • •	equal Part IX, colu	-		F		,750	122,428
	19		•		· ·	18 from line 12			j-		.019	31,871
	+			о охроносо	CGD::GGC ::::G	10 110111 11110 12				Beginning of Current	<i>.</i>	End of Year
ts o	<u>ğ</u> 20) т	ntal accete	(Part X, line	16)						,702	265,527
SSe	E 21			es (Part X, line	•						, 283	3,237
Net Assets or	ام 22 ج				,	line 21 from line 20					,419	262,290
	<u> </u>			re Block	Jes Gubiraci	inte 21 nom inte 20					, 413	202,230
					examined this re	ium, including accompan	ving schedules and	statements, a	and to the best of my	knowledge and belief,	ıtıs	
true	, corre	ct, and	complete De	edaration of prep	arer (other than o	fficer) is based on all info	rmation of which pr	eparer has an	ny knowledge			
			Z	CCN MTMC	WELL W	M. a. a.	1/17	7. 02			1	1/6/2019
Sig	ın			ISSA MITO re of officer	RELL /	ulion,	e i ma		<u> </u>		Date	1/0/4011
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Pa		,	JACK G	REEN		1 6 7 .	7-7	μ:	1-05-2019	self-émploye	ed _	P00151501
	epar		Firm's name		JACK GR					Firm's EIN		
US	e Or	ııy	Firm's addre	ss P	PO BOX					Phone no		
						GA 30577			_	1 70	06-88	36-7143
Mav	the I	RS d	liscuss this	return with the	ne preparer si	nown above? (see i	nstructions)					· · · 🔀 Yes 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JLC 3 0 2019

Form	m 990 (2018) MOUNTAIN CIRCUIT CASA, INC	20-1194112	Page 2
Pa	art III: Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u>.</u> . []
1 `			
	TO PROVIDE SCREENED TRAINED AND SUPERVISED COMMUNITY VOLUNTEERS TO BE ADVOCA	TES FOR CHI	LDREN
	IN THE COURT SYSTEM		
			
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	No No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		_
	services?	· · · · ∐ Yes	⊠] No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured	1 by	
7	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$113,523 including grants of \$) (Revenue	\$)
	TO PROVIDE SCREENED TRAINED AND SUPERVISED COMMUNITY VOLUNTEERS TO BE ADVOCA	TES FOR CHI	LDREN
	IN THE COURT SYSTEM		
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	<u> </u>		
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			<u> </u>
			··
			····•
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 113,523		
EEA		Forr	n 990 (2018)

20-1194112 AVPage

Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 Χ assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Х Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 Χ 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 in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Х 13 13 Χ 14a 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 Χ assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 20a 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 23 Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a X through 24d and complete Schedule K If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV а A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ 35a Χ Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R. Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Χ and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Yes No | 1a| 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1b b Enter the number of Form W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2018) MOUNTAIN CIRCUIT CASA, INC

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

			Yes	No
2a`	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			l '
b	if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country		-	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
ď	If "Yes," indicate the number of Forms 8282 filed during the year		•	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	. 1		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	. 1		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			_ 1
b	Gross income from other sources (Do not net amounts due or paid to other sources			, °,
	against amounts due or received from them)			- 1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			,
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			<u>. </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		_ X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	\$		

Par	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	Vo"			
_	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions				
	Check if Schedule O contains a response or note to any line in this Part VI			· 🛛 _	
Sec	tion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year				ĺ
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar		`		
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?	7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?	7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			-	
	the year by the following			-	
а	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	Х		
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х	
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		$\neg \neg$		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			-	
	describe in Schedule O how this was done	12c	х		
13	Did the organization have a written whistleblower policy?	13	Х		
14	Did the organization have a written document retention and destruction policy?	14	X		
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	X		
b	Other officers or key employees of the organization	15b	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	16a		$\overline{\mathbf{x}}$	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16b			
Sect	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Georgia				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)				
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website Donn request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and				
. •	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				
	MELISSA MITCHELL (706)886-1098, 11 N SAGE ST, TOCCOA, GA 30577				

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MOUNTAIN	CIRCUIT	CASA.	INC

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Part Vil	Compensation of Officers, Directors	, Trustees, Key Employees, Highest Compens	ated Employees, and
	Independent Contractors		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related	` 					n >	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Indvidual trustee or director	Institutional trustee	ficer	Key employee	Highest compensated employee	rmer	(W-2/1099-MISC)		organization and related organizations
(1) GENIA_PITTMANTREASURER	5.00			Х				0	0	0
(2) MISSY HATCHETT CHARIMAN	5.00			Х				0	0	0
(3) MELISSA MITCHELL EXECUTIVE DIRECTOR	40.00				X	Χ_		53,518	0	0
(4)										
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
(8)										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
(13)										
(14)										

20-1194112

•	(A) Name and title	(B) Average hours per week (list any	ınles	s pers	tion ore the	an one both an rustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	npensation from the ganization nd related anization	on d
(15)													-
(16)													
(17)											 		
<u>(18)</u>											1		
(19)								_	-				
(20)											 		
(21)					,						1		
(22)											_		
(23)													
(24)						•							-
(25)													
1b c	Sub-total	on A · ·						>					
d 2	Total (add lines 1b and 1c)								53,518 than \$100,000 of	0			0
	reportable compensation from the organization								<u></u>	0		Yes	No
3	Did the organization list any former officer, director, employee on line 1a? <i>If</i> "Yes," complete Schedule J			loye	e, or	hıgl	nest c	omp	ensated		3		X
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	ortable comp	pensati										
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," of							 nızatı	on or individual		5		X
Secti	on B. Independent Contractors	ompiete Sch	edule s	101	Suci	, per	3011						
1	Complete this table for your five highest compensation from the organization Report compensation report compensation report compensation report compensation report compensation report report reports and report reports repo												
	(A)								(B)			(C)	_
	Name and business address								Description of	291 AICA?		pensatio	
2	Total number of independent contractors (including received more than \$100,000 of compensation from				listed	ab	ove) w	/ho					

		Check if Schedule O contains a response or	note to any line in and	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns 1 Membership dues 1 Fundraising events 1	b				
	d e f	Related organizations					
Contribut and Othe	g	and similar amounts not included above 11 Noncash contributions included in lines 1a-1f \$	B	151 115			
	1 "	Total. Add lines 1a-1f		151,115			
ne	2a		Business Code				
ven	b		1				
Service Revenue	C						
) A	d						
Š	e		·				-
Program	f	All other program service revenue · · · · ·					
ā	1	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes and other similar amounts)		345	345		
	4	Income from investment of tax-exempt bond pro	ceeds · · · ▶				
	5	Royalties · · · · · · · · · · · · · · · · · · ·	▶				
		(ı) Real	(ii) Personal				
		Gross rents · · · · · ·					
	1	Less rental expenses · · · ·					}
	1	Rental income or (loss) · · ·					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less cost or other basis and sales expenses · · · ·					
	С	Gain or (loss) · · · · · ·					
a .	1	Net gain or (loss) · · · · · · · · · · · · · · · · · ·	· <u>· · · · · · • </u>				
enne	8a	Gross income from fundraising events (not including \$			1		
Other Reve		of contributions reported on line 1c)					
ē		See Part IV, line 18 · · · · · · · · · · · · · · · · · ·	3,325				
Ö	b	Less direct expenses	486				
	c	Net income or (loss) from fundraising events		2,839		··············	2,839
	9a	Gross income from gaming activities					
		See Part IV, line 19 · · · · · · · · · · · · · · · · · ·	a				
	b	Less direct expenses · · · · · · · · I	o				
	С	Net income or (loss) from gaming activities .					
	10a	Gross sales of inventory, less returns and allowances	3				
	b	Less cost of goods sold $\cdots \cdots $	o [
	C	Net income or (loss) from sales of inventory -					
		Miscellaneous Revenue	Business Code				
	11a						ļ <u> </u>
	b		_				
	С						
	1	All other revenue				<u></u>	<u> </u>
	1	Total. Add lines 11a-11d					
	12	Total revenue. See instructions · · · · · ·	<u></u> ▶	154,299	345		0 2,839

Part IX | Statement of Functional Expenses

	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	61,970	61,970		·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) · ·				
9	Other employee benefits	14,599	14,599		
10	Payroll taxes	4,447	4,447		
11	Fees for services (non-employees)				
а	Management				<u> </u>
b	Legal	_			
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 · _				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	24,727	24,727		
13	Office expenses	1,458		1,458	·
14	Information technology				
15	Royalties				
16	Occupancy	6,878		6,878	
17	Travel	2,574	2,574		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				· - _
20	Interest				
21 22	Payments to affiliates	130	130		
	Depreciation, depletion, and amortization	554		554	
23 24	Insurance				
4	Other expenses Itemize expenses not covered	k 1			
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				
	·				
	(A) amount, list line 24e expenses on Schedule O)				
a	VOLUNTEER RECOGNITION	792	792		
ь	PRINTING AND PUBLICATION	251	251		
c d	TRAINING	4,033	4,033		
и е	All other expenses	15		4.5	
25	Total functional expenses. Add lines 1 through 24e .	122,428	112 522	8,905	0
26	Joint costs. Complete this line only if the	122,425	113,523	6,905	
	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)		ļ		

Form 990 (2018) 20-1194112 MOUNTAIN CIRCUIT CASA, INC Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 Cash - non-interest-bearing 68,583 64,156 2 2 98,005 100,771 3 3 Pledges and grants receivable, net 4 64,006 4 100,046 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 7 Notes and loans receivable, net 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10,375 10c Less accumulated depreciation 10b b 1,108 554 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 231,702 265,527 17 17 1,283 3,237 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 26 Total liabilities. Add lines 17 through 25 1,283 Organizations that follow SFAS 117 (ASC 958), check here 🕒 💹 and

9	ł	complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	230,419	27	262,290
Bala	28	Temporarily restricted net assets		28	
멑	29	Permanently restricted net assets		29	
Fun	ĺ	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ō		complete lines 30 through 34.			
ssets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ę.	32	Retained earnings, endowment, accumulated income, or other funds		32	

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

262,290

33

34

230,419

231,702

š

33

34

Form	1 990 (2018) MOUNTAIN CIRCUIT CASA, INC 20	0-119 <u>41</u> :	12	P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		· · ·		<u>. []</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		54,	299
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	.22	428
3	Revenue less expenses Subtract line 2 from line 1	3		31,	871
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	230,4	419
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			•	
	33, column (B))	10	2	262,2	290
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		J		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
•	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				.
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			4,	- 1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		<u> </u>	•	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				\sqcap
	Schedule O		Í!		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018 Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

MOUNTAIN CIRCUIT CASA, 20-1194112 Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (n) EIN (described on lines 1-10) listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	264,237	282,908	318,646	345,642	352,023	1,563,456
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · · ·	264,237	282,908	318,646	345,642	352,023	1,563,456
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4 · ·						1,563,456
Sec	tion B. Total Support					·	
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 · · · · · · · ·	264,237	282,908	318,646	345,642	352,023	1,563,456
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	934	989	901	932	1,753	5,509
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						1,568,965
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>					▶ 🗌
Sec	tion C. Computation of Public Su	<u> </u>		-			
14	Public support percentage for 2018 (line 6, o	column (f) divided b	y line 11, column (1	h)			99.65 %
15	Public support percentage from 2017 Sched						99.60 %
16a	33 1/3% support test - 2018. If the organiza		·				. G
	box and stop here. The organization qualified						▶ 🏻
b	33 1/3% support test - 2017. If the organiza						. \Box
	this box and stop here. The organization qu						▶ ⊔
17a	10%-facts-and-circumstances test - 2018.						
	10% or more, and if the organization meets				· ·		
	Part VI how the organization meets the 'fact		_	-	• •		
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2017.	=				•	
	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization mee						. □
46	• • •						· · · · · • 📙
18	Private foundation. If the organization did r						. □
	instructions	<u> </u>	 	 	<u> </u>	 	· · · · • U

MODINTAIN CIRCUIT CASA, INC 20-1194112 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (e) 2018 (a) 2014 (b) 2015 (c) 2016 (d) 2017 Calendar year (or fiscal year beginning in) (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (a) 2014 Amounts from line 6 · · · · · · · · 10a Gross income from interest, dividends, 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 C Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 1/1 and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 16 Section D. Computation of Investment Income Percentage 17 % Investment income percentage from 2017 Schedule A, Part III, line 17 · · · · · · · · · · · · · · · · 18 18 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
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)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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	4b		
С				
	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)	<u> </u>		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	, ,		1
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			- 1
	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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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			

If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI

with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

8

9a

9b

9с

10a

	rt IV: Supporting Organizations (continued)	_		age 3
Pa	rt IV Supporting Organizations (continued)		137.	
44'			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?]	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	 -		
	below, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations		r	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ŀ		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ]	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,	•		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	_	
2	NATION AND A STATE OF THE STATE			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	 -		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			İ
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		•	
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		<u>. </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	<u> </u>
a	The organization satisfied the Activities Test. Complete line 2 below.		,	<i>'</i>
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (รคค แ	struc	tions)
2	Activities Test. Answer (a) and (b) below.	000 "	Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.00	
a	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	2a		
L	that these activities constituted substantially all of its activities	4d		 i
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			ļ
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u></u>		
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	,			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 MOUNTAIN CIRCUIT CASA, INC

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani:	zations	
1 🔲	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov 20, 1970 (expla	ain in Part VI) See
	instructions. All other Type III non-functionally integrated supporting organization	zatıor	ns must complete Section	ons A through E.
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	t short-term capital gain	1		
$\overline{}$	coveries of prior-year distributions	2		
	ner gross income (see instructions)	3		
	d lines 1 through 3	4	120.00	
5 De	preciation and depletion	5		
	tion of operating expenses paid or incurred for production or	\top		
	on of gross income or for management, conservation, or			
mainte	nance of property held for production of income (see instructions)	6		
	ner expenses (see instructions)	7	-	
	iusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ınstruc	tions for short tax year or assets held for part of year):			
a Ave	erage monthly value of securities	1a		
b Ave	erage monthly cash balances	1b		
c Fai	r market value of other non-exempt-use assets	1c	<u> </u>	
d To	al (add lines 1a, 1b, and 1c)	1d		
e Dis	count claimed for blockage or other			
factor	s (explain in detail in Part VI)			
2 Acc	quisition indebtedness applicable to non-exempt-use assets	2		
3 Sul	otract line 2 from line 1d	3		
4 Ca	sh deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see ins	tructions)	4		
5 Ne	value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Itiply line 5 by 035	6		
7 Re	coveries of prior-year distributions	7		
8 Mir	nimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	usted net income for prior year (from Section A, line 8, Column A)	1		
2 En	er 85% of line 1	2		
3 Mir	imum asset amount for prior year (from Section B, line 8, Column A)	3		
4 En	er greater of line 2 or line 3	4		
5 Inc	ome tax imposed in prior year	5		
6 Dis	tributable Amount. Subtract line 5 from line 4, unless subject to			
	ency temporary reduction (see instructions)	6	·	ļ
7	Check here if the current year is the organization's first as a non-functionally	ınteg	grated Type III supporting	g organization (see
	instructions)			
FFΔ			Schedu	ule A /Form 990 or 990-F7\ 2018

Pai	rt V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	tions	**	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions.			
7				
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	Instructions			
	Excess distributions carryover, if any, to 2018			
	<u>From 2013</u>			
	<u>From 2014</u>			
С	From 2015			
d	<u>From 2016</u>			
е	From 2017			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			1
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019 Add lines 3j			
	and 4c] i		
8	Breakdown of line 7			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Part VI	Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	Times 2, 0, and 0 7 too complete this part for any additional information (ede mondottone)
 _	
 	
-	
 -	
	•
	•
·-···	
<u> </u>	
	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

	JNTAIN CIRCUIT CASA, INC	20-1194112
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	· · · · · · · · · · · · · · · · · · ·	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	- -
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically is	important land area
	Protection of natural habitat Preservation of a certified his	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a consi	envation
-	easement on the last day of the tax year	Held at the End of the Tax Year
_	• •	2a
a	Total number of conservation easements	2b
b	,	2c 2c
C	realised of conservation easiencing on a certained motion of additional metalogical metalo	26
đ	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	2d
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
		A. J. Mariana
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	* \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that of	describes the
-	organization's accounting for conservation easements	or Cimilar Assets
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ier Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	···· • \$
b	Assets included in Form 990, Part X	· · · · · • \$
		 -

•									_	
	ule D (Form 990) 2018 MOUNTAIN CIRCUI	T CASA, INC	A-4 Llinda	nical Tra		- Otho	20-119			age 2
	rt III Organizations Maintaining Co							sets (cont	iiiue	<i></i>
3	Using the organization's acquisition, accession, a	nd other records,	check any o	f the follows	ng that are a	significa	ant use of its			
	collection items (check all that apply)									
а	Public exhibition		oan or excha							
b	Scholarly research	e [] O	ther					· · · · · · · · · · · · · · · · · · ·		
С	Preservation for future generations									
4	Provide a description of the organization's collect	ons and explain h	ow they furth	her the orga	inization's ex	empt pu	irpose in Part			
	XIII									
5	During the year, did the organization solicit or rec							п.,		п
D-	assets to be sold to raise funds rather than to be		t of the orga	inization's c	ollection?	- · ·	• • • • • • • •	· · · [] Y	es	No
Pa	rt IV Escrow and Custodial Arrang Complete if the organization an		on Form (000 Bart	IV/ line 0	or ron	orted an ame	ount on Ec	rm	
	· · · · · · · · · · · · · · · · · · ·	swered res	on Folin s	990, Pari	iv, line 9,	Oi rep	orted an amo	Julii Oli Fo	,,,,,,	
	990, Part X, line 21									
1a	Is the organization an agent, trustee, custodian o								1	П.,.
	·			• • • • •				Y	es (∐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the follo	wing table							
						-		mount	_	
C	Beginning balance									
d	Additions during the year						-			
е	Distributions during the year						-			
f	Ending balance					<u> </u>				
2a	Did the organization include an amount on Form	•				-		🗌 Y		∐ No
	if "Yes," explain the arrangement in Part XIII Che	ck here if the exp	lanation has	been provid	ded on Part	XIII			• • •	Ш
Pa	rt V Endowment Funds.	awarad "Vas"	on Form (000 Bort	IV/ line 10	^				
	Complete if the organization an	- '						. 1		
	<u> </u>	(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years bac	k (e) Four	years b	ack
1a	Beginning of year balance	•	-							
Þ	Contributions									
С	Net investment earnings, gains, and									
_	losses									
d	Grants or scholarships									
е	·									
	programs									
f	Administrative expenses		- -							
g	End of year balance							l		
2	Provide the estimated percentage of the current y		(line 1g, colu	ımn (a)) hel	d as					
а	Board designated or quasi-endowment	%								
þ	Permanent endowment • %									
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should e	•								
3a	Are there endowment funds not in the possession	n of the organization	on that are h	eld and adr	ninistered fo	r the		Г		
	organization by							2 (1)	Yes	No
	(i) unrelated organizations · · · · · · · · ·							· · 3a(i)		
	(ii) related organizations · · · · · · · · · · · ·	• • • • • • • •	• • • • • •	• • • • •				· · 3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organization			ıle R? • •				· · <u>3b</u>		
4	Describe in Part XIII the intended uses of the org		ment funds							
Pa	rt VI Land, Buildings, and Equipme		_		0.7.12 4.	4 0		3 - 4 V - 15	40	
	Complete if the organization an	swered "Yes"	on Form	990, Part	IV, line 1	ia Se	e Form 990, F	-aπ X, line	10	
	Description of property	(a) Cost or o		1	other basis		Accumulated	(d) Book	value	
		(inves	tment)	(0	ther)	d	epreciation			
1a	Land	• •		ļ <u>.</u>						
b	Buildings	• •	_	<u> </u>						
С	Leasehold improvements	• •		ļ	6,651		6,097			554
d	Equipment	• •			3,724		3,724			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

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Schedule D (Form		IT CASA, INC	20-11	94112 Page
Part VII	Investments - Other Securities.			Dank V. Ivra 40
	Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 11b See Form 990	, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year market	
(1) Financial d	derivatives		 	
(2) Closely-he	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				· • • • • • • • • • • • • • • • • • • •
(G)			·- <u>-</u>	· · · · · · · · · · · · · · · · · · ·
(H)				
Part VIII	must equal Form 990, Part X, col. (B) line 12) Investments - Program Related.			
ait VIII	Complete if the organization answere	nd "Ves" on Form 990 Pa	rt IV line 11c. See Form 990	Part X line 13
	Complete if the organization answere	iu les on onn 990, ra	it iv, line it c deel oill 990	, rait X, line 15
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				<u> </u>
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 13)		· ·	
Part IX	Other Assets.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11d See Form 990	, Part X, line 15
	(a) D	escription		(b) Book value
(1)				·
(2)				
(3)				<u> </u>
(4)				
(5)				
(6)	· · · · · · · · · · · · · · · · · · ·			
<u>(7)</u>				
(8)				
(9)		<u></u>		
rotal. (Column Part X	n (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.			
	Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 11e or 11f See For	m 990, Part X,
	line 25			
1	(a) Description of liability	(b) Book value	_	
(1) Federal ır	ncome taxes		_	

1	(a) Description of liability	(b) Book value
(1) Federa	al income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	

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

Pa	rt XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
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	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities]
С	Recoveries of prior year grants]
d	Other (Describe in Part XIII)	
е	Add lines 2a through 2d	2е
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	4
b	Other (Describe in Part XIII)	 _
С	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 nor Poturn
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per Audited Financial Statements Per Audited Financial Statem	per Keturn.
_		11
1	Total expenses and losses per audited financial statements	
2	Donated services and use of facilities	
a	Prior year adjustments	-
b	Other losses	┦
d	Other (Describe in Part XIII)	1
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	1
	Add lines 4a and 4b	4c
С		
С 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
5		
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIII Supplemental Information.	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 1b and 2b, Par	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Int XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 1b and 2b, Par	5
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Na

Inspection

Name of the organization						Employer ide	ntification number
MOUNTAIN CIRCUIT CASA, INC						20-11	
Part I Fundraising Activities	•	_		swered "Yes" on I	orm 99	0, Part IV,	line 17
Form 990-EZ filers are no	ot required to co	omplete this	part				
1 Indicate whether the organization rais	sed funds through	any of the fo	llowing activ	ities Check all that ap	ply		
a 🔲 Mail solicitations		e 🗌	Solicitation	of non-government gra	ants		
b Internet and email solicitations		f 🗌	Solicitation	of government grants			•
c Phone solicitations		gΠ	Special fund	draising events			
d In-person solicitations		٠ ـ	•	J			
2a Did the organization have a written o	r oral agreement :	with any indivi	dual (includi	ing officers, directors, t	rustees		
or key employees listed in Form 990,	-					Пу	es 🗌 No
b If "Yes," list the 10 highest paid indivi	-					_	_
		iuiiuiaiseis) p	disdant to a	greements ander wine	in the fand	raiser is to be	•
compensated at least \$5,000 by the	Jiganization						
		.			(v) Am	ount paid to	
(i) Name and address of individual			traiser have	(iv) Gross receipts		tained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity	custody or control of contributions?		from activity		ser listed in	(or retained by) organization
						ol (i)	
	Ì	Yes	No				ŀ
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10							
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Total			>				
3 List all states in which the organization	n is registered or l	icensed to so	licit contribu	tions or has been notifi	ied it is exi	empt from	
registration or licensing	.						
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		G (Form 990 or 990-EZ) 2018 MOU	NTAIN CIRCUIT CAS	SA, INC	F	20-	1194112 Page 2	
Pa	irt l							
		than \$15,000 of fundraising gross receipts greater than		a gross income on r	oim 990-⊏	z, iines i and o	b List events with	
	_	gross receipts greater than	(a) Event #1	(b) Event #2	(c)	Other events	(d) Total events (add col (a) through	
		н	(event type)	(event type)	(to	ital number)	col (c))	
e								
Revenue	1	Gross receipts					· · · · · · · · · · · · · · · · · · ·	
æ								
	2	Less Contributions · · · · ·					<u> </u>	
	3	Gross income (line 1 minus						
-		line 2) • • • • • • • • • • • • • • • • • •				 		
	4	Cash prizes						
						· <u> </u>		
	5	Noncash prizes						
ses	6	Rent/facility costs · · · · · · · ·						
ben	_							
Ě	7	Food and beverages · · · · ·					<u>,, </u>	
Direct Expenses	8	Entertainment						
Δ	ľ	Linestallinest			-			
	9	Other direct expenses						
		·						
	10	Direct expense summary Add lines						
De	11 	Net income summary Subtract line Gaming. Complete if the o						
1 6		than \$15,000 on Form 990		162 011 50111 330, 1	aitiv, iiie	19, or reported	more	
	Γ^-	11211 4 10,000 0111 01111 000	-LZ, iiio ou.	(b) Pull tabs/instant	7		(d) Total gaming (add	
Revenue			(a) Bingo	bingo/progressive bing	o (c)	c) Other gaming (a) col (a) through col (c))		
Ševe								
	1	Gross revenue						
		Outhorn						
es	2	Cash prizes	<u>.</u>		-			
enses	3	Noncash prizes						
Direct Exp	ľ	Hondan phase						
ěct	4	Rent/facility costs						
۵			-			-		
	5	Other direct expenses · · · · ·						
			Yes %	Yes	% Yes	· %		
	6	Volunteer labor	∐_No	No No	No			
	7							
		7 Direct expense summary Add lines 2 through 5 in column (d)						
	8	8 Net gaming income summary Subtract line 7 from line 1, column (d)						
					-		<u> </u>	
9	Er	nter the state(s) in which the organizat	ion conducts gaming activit	ies				
a		the organization licensed to conduct g	aming activities in each of	these states?			· · · · 📗 Yes 📗 No	
t) If'	"No," explain			<u> </u>			
	_			-				
10a	<u>~</u>	ere any of the organization's gaming li	censes revoked suspende	d or terminated during t	he tax vear?		· · · · Yes No	
		"Vec " evoluin	censes revoked, suspende		,			
	_							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

MOUNTAIN CIRCUIT CASA, INC 20-1194112 01. Form 990 governing body review (Part VI, line 11) NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED 02. Conflict of interest policy compliance (Part VI, line 12c) DIRECTORS AND OFFICERS ARE INTERVIEWED UPON NOMINATION CONCERNING ANY CONFLICTS OF THE BOARD IS REMINDED AT LEAST ANNUALLY ABOUT POTENTIAL CONFLICTS AND CHANGES IN THEIR STATUS 03. CEO, executive director, top management comp (Part VI, line 15a) THE FINANCE COMMITTEE THAT IS MADE UP OF VOLUNTEERS REVIEWS COMPENSATION OF THE KEY EMPLOYEE AND MAKE RECOMMENDATIONS TO THE BOARD ANNUALLY 04. Other officer or key employee compensation (Part VI, line 15b THE EXECUTIVE DIRECTOR WHO IS ALSO THE KEY EMPLOYEE IS THE ONLY OFFICER THAT RECEIVES COMPENSATION 05. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS AVALIABLE TO THE PUBLIC UPON REQUEST 06. Explanation of other changes in net assets or fund balances (Part XI, line 9) ROUNDING