Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 2020 Open to Public Inspection

A	For th	e 2020 calendar year, or tax year beginning $07/01/20$ , and ending $06/30$	/21		
В	Check if a	applicable; C Name of organization	D	Employe	r identification number
	Address	change CASA OF BERKS COUNTY			
	Name cha	Doing business as	n	47-3	440847
Ħ	Initial retu	Number and street (or P.O. box if mail is not delivered to street address)  845 PARK ROAD SUITE 307			e number
님	Initial retu			POT-	301-8634
Ш	terminated				204 124
	Amended		G	Gross rec	eipts\$ 284,134
	Application	pending KATHLEEN FELKER, MBA, CVA	H(a) Is this a group	return for	subordinates? Yes X No
ш		MAINIMEN FELIXER, MDA, CVA	11/6) And all and and		luded? Yes No
			H(b) Are all subord		See instructions
-	-		ii No, au	acr a 1151.	See instructions
55		npt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
1	Website:		H(c) Group exempt		er 🕨
_			Year of formation: 20	15	M State of legal domicile:
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities:		4	man aman
9		SEE SCHEDULE O	871111111111111111111111111111111111111		anana ammuunii
Jan					
/er					iminamianini
Governance	2 (	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	6 of its net assets.	V 1	
ంఠ		Number of voting members of the governing body (Part VI, line 1a)		3	13
es	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4 8 Wai 850	4	13
Activities	5 7	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	. N. U.L. STEELEN LON.	5	5
Act	6 1	Total number of volunteers (estimate if necessary)		6	46
	7a 1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
			Prior Year		Current Year
<u>a</u>	8 (	Contributions and grants (Part VIII, line 1h)	179,	536	279,134
Revenue	9 F	Program service revenue (Part VIII, line 2g)			0
Še	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0
-	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			3,002
_	12 ⊺	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	179,	536	282,136
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0
Ś	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	101,	584	131,889
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0
d	bī	otal fundraising expenses (Part IX, column (D), line 25) ▶ 28,901			
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	77,	012	60,773
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	178,	596	192,662
_	19 F	Revenue less expenses. Subtract line 18 from line 12		940	89,474
Net Assets or Fund Balances			Beginning of Current		End of Year
Sset	20 T	otal assets (Part X, line 16)	139,	$\overline{}$	225,165
P P	21 T	otal liabilities (Part X, line 26)		512	25,261
		let assets or fund balances. Subtract line 21 from line 20	110,	165	199,904
	art II	Signature Block			
Ur	nder pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best of	my kno	wledge and belief, it is
- tr	ie, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge.		1-1-
		War No Colca		3	19/2022
Sig		Signature of officer		Date	/ /
He	re	NANCY MCCULLAR EXECU	JTIVE DIREC	CTOR	117 11
_		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Paic		WILLIAM D. OYSTER, CPA WILLIAM D. OYSTER, CPA	02/23/22	self-em	ployed P01014851
	parer	Firm's name > SMITH ELLIOTT KEARNS & COMPANY, LLC	Firm's	EIN▶	52-0783935
Use	Only	19 BROOKWOOD AVE, STE 101			
		Firm's address > CARLISLE, PA 17015	Phone	e no.	717-243-9104
May	the IRS	S discuss this return with the preparer shown above? See instructions	and the same of the same	DENT A	X Yes No
For		ork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2020)
DAA					- '

	n 990 (2020) CASA OF BERKS		47-3440847	Page
P	art III Statement of Program Check if Schedule O	m Service Accomplishme contains a response or note	nts to any line in this Part III	<u> </u>
1	Briefly describe the organization's missi SEE SCHEDULE O	ion:	to only line in the Full III	
2	Did the organization undertake any sign prior Form 990 or 990-EZ?		ear which were not listed on the	Yes X No
3	If "Yes," describe these new services or		"	
	Did the organization cease conducting, of services?  If "Yes," describe these changes on Sch		it conducts, any program	Yes X No
4			s three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)( the total expenses, and revenue, if any,	<ol> <li>organizations are required to rep</li> </ol>	ort the amount of grants and allocations to others,	
I A A	O PROVIDE A COMPETE COMMUNITY VOLUNTEER T IND/OR ABANDONMENT; C IMINENT RIGHT TO A SI IND POSITIVE FUTURE I	TO ADVOCATE FOR E. DUR GOAL, TO RESTORE, NURTURING, A. FOR ALL CHILDREN IN THE SUPPORT	AND COMPASSIONATE COURTACH CHILD WHO FACES ABUS ORE THEIR WELL-BEING AND	-APPOINTED SE, NEGLECT, DENSURE THE IVISION A SAFER TO BREAK THE
	(Code: ) (Expenses \$ /A	including gra	nts of \$ ) (Revenue	\$)
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				THE PROPERTY OF THE PARTY OF TH
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	(Code: ) (Expenses \$ /A	including gran	nts of \$ ) (Revenue	\$)
		***************************************	enter personal and the contract of the contrac	CONTRACTOR DELETERATION OF THE SPECIAL PROPERTY.
	SAMMINISTERNA DE 1800	*****************************		
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	by reason removes the mean process or earlier to	·····		THE THE SECTION OF THE POST
10	Other program conicce /D " C.			
	Other program services (Describe on Sch (Expenses \$		)	41
	Total program service expenses	including grants of \$ 123,303	) (Revenue \$	

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	Is the grantiation required to conside Sahadu B. Sahadu	1	X	_
3	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	\/		
4	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)	3		X
·	election in effect during the tax year? If "Yes," complete Schedule C, Part II	100		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		-
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-		
_	VII, VIII, IX, or X as applicable.	-		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
<b>L</b>	complete Schedule D, Part VI	11a	Х	
b	Topolitation involutions of art A, line 12, that is 5% of more			
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
•	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			37
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c	$\rightarrow$	<u>X</u>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	44.4		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4 =	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Vee" complete Schodule 5. Parts W and N.C.			32
17	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	16	-	<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	4-		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	<u>X</u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		$\neg$	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>

Form **990** (2020)

Form	1 990 (2020) CASA OF BERKS COUNTY 47-3440847		F	age 4
_Pa	art IV Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated	V		
24-	employees? If "Yes," complete Schedule J'  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		x
26	If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		-
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	-	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		^
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
250	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	_	X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	-	22
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	-		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		168	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		V	N.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
20	Statements, filed for the calendar year ending with or within the year covered by this return  2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1.1		
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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	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		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		₩-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		_
10	Section 501(c)(7) organizations. Enter:			
a	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:  Gross income from members or shareholders			
a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	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.			

47-3440847 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. h Enter the number of voting members included on line 1a, above, who are independent 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? X 6 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .... 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a  $\mathbf{x}$ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official а X 15a Other officers or key employees of the organization X 15b 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 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records 845 PARK ROAD, SUITE 304 CASA OF BERKS COUNTY WYOMISSING PA 19610 610-301-8634

								*		
Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Cor	ntractors								

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.

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

-1	 								
-1	 Chack this hav i	if poithar the	v amanization n	ar any ralatad	omanization	componented.	any ourset officer	director or trustee	

(A) Name and title	(B) Average hours per week	(de	o not o	Pos Check	C) ition more	than one	e	(D) Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted (ine)	officer and a director/trustee  Former  Highest compensated  Key employee  Officer  Institutional trustee or director					organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) KATHLEEN FELKER,	MBA, C\ 1.00	A								
PRESIDENT	0.00	x		x				0	0	0
(2) DIANE MARABELLA		<del> </del>								
	1.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(3) KJ FRY										
	1.00									
TREASURER  (4) JANELL V. HARAKE	0.00	X	_	X	_	$\vdash$	-	0	0	0
(4) JANELL V. HARAKE	1									
SECRETARY	1.00	x		x				0	o	0
(5) DAVID GREEN	0.00	1		A			-	0	0	-
	1.00									
BOARD MEMBER	0.00	x						0	0	0
(6) THOMAS BAKER, PH										
	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7) NICOLAS CAMACHO,	MDV									
	1.00								_	
BOARD MEMBER	0.00	X					_	0	0	0
(8) NIKOLAS CAPITANO	, ESQ 1.00									
BOARD MEMBER	0.00	x					-	0	O	0
(9) ARTHUR GRIM, JD							7			
	1.00						-			
BOARD MEMBER	0.00	X						0	0	0
(10) MARK LADD										
	1.00									
BOARD MEMBER	0.00	X	$\Box$	_			_	0	0	0
(11) PETROS PAPPALAS	1 00									
BOARD MEMBER	1.00	x						o	o	0
DOMEST PRINTER	0.00	Δ	$\perp$	-				U	U	000

DAA

Pai	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y Er	nplo	yees	, an	d Highest Compensated	Employees (continued)	 		
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos heck ss pe	rson	than o is both or/truste	an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) imated of oth ompens from t	amount ner sation	
	Pub	hours for related organizations below dotted-line)	Individual_trustee or-director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	ganizatio ed orga	on and anizations	S
(12 BOA	) <b>DESTINNE PAR</b> I RD MEMBER	1.00 0.00	RT X						0	0			0
(13		1.00	x						0	0			0
(14 EXE	) NANCY MCCULLA CUTIVE DIRECTOR	40.00 0.00			x				47,723	0			0
= c. (c	13034 64 161 161346330 36360 36 60	o's sav seemen											
5 57 50	23001 SE 1311 SP30001 13 S2006 SECTEM												
5 10 10	rand priar i morre in mei marke.												
2 61 52	THE R. P. LEWIS S. SEC. S. SEC. S.	C. R. W. SS. 44.											
- 5555	econol to tonos pennos no novinos nosi no	' N' WASTE' LESSAG											
1b c d	Subtotal  Total from continuation shee  Total (add lines 1b and 1c)	ts to Part VII, Se	ctio	n A				<b>A A</b>	47,723				
2	Total number of individuals (increportable compensation from t	luding but not limi	ted t				abov	e) w	who received more than \$100	0,000 of			
3	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line	mer officer, direc	tor, t	or su	ich ii	ndivi	dual				 3	Yes	No X
5	organization and related organi individual  Did any person listed on line 1a for services rendered to the org	a receive or accru	 e co	mper	nsatio	 on fr	om a	ny u	nrelated organization or indiv	<i>i</i> idual	 5		x
Secti	on B. Independent Contracto	rs											
1	Complete this table for your five compensation from the organization	e highest compen ation. Report com	sated pens	d indeation	epen for	dent	t cont	racto dar y	ors that received more than year ending with or within the	\$100,000 of e organization's tax year.			
		(A) I business address							Descripi	(B) tion of services	Co	(C) ompensati	ion
						_							
2	Total number of independent or received more than \$100,000 c	ontractors (includi	ng b	ut no	t limi	ited	to the	se I	isted above) who	0			
DAA											 Fon	m <b>990</b>	(2020)

Pa	art V			f Revenue edule O conf	ains a	a respo	nse or note	to any line in th	is Part VIII		
						<u> </u>		(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 d e f		esints ations contribution gifts, gra ot included	ons) ants, ad above in lines 1a-1f	1a 1b 1c 1d 1e 1f 1g		75,743 11,385 64,782 127,224	279,134	on	Cop	У
Program Service	2a b c d e f g	en omen er er er marer er ere	ı servio 2a–2f	ce revenue			Business Code				
le	4 5	other similar amounts)  Income from investment of tax-exempt bond proceeds Royalties					Personal				
	6a b	Gross rents Less: rental expenses	6a 6b	() (()		(")					
	d 7a b	Rental inc. or (loss)  Net rental income Gross amount from sales of assets other than inventory  Less: cost or other	e or (lo	(i) Securities			) Other				
Other Revenue	d	basis and sales exps.  Gain or (loss)  Net gain or (loss)  Gross income from	fundra	•			<b>&gt;</b>				
		(not including \$ of contributions rep See Part IV, line 18 Less: direct expe Net income or (lo	orted o 3 enses	n line 1c).	8a 8b		5,000 1,998	3,002			-1,998
	9a b	Gross income from See Part IV, line 19 Less: direct expe	gamin ) enses	g activities.	9a 9b			3,002			2,330
	10a b	Net income or (lo Gross sales of in returns and allow Less: cost of good	ventor vances ods sol	y, less	10a 10b						
Miscellaneous Revenue			eg	m sales of inven			Business Code				
Misce Rev		All other revenue <b>Total</b> . Add lines	11a–1	1d		. 0 . 10010		282 136	0	0	-1 998

47-3440847 Page 10 CASA OF BERKS COUNTY Form 990 (2020) Statement of Functional Expenses Part IX 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 Part IX (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV/line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 7,228 10,121 30,846 48,195 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,004 73,357 46,948 15,405 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 2,171 1,551 10,337 6,615 Payroll taxes 10 Fees for services (nonemployees): a Management Legal 1,210 864 3,686 5,760 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 2,013 660 472 3,145 (A) amount, list line 11g expenses on Schedule O.) 2,221 729 520 3,470 12 Advertising and promotion 567 3,777 2,417 793 13 Office expenses 1,866 1,333 5,687 8,886 Information technology 14 15 Royalties 2,194 3,071 9,360 14,625 16 Occupancy 62 45 190 297 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 279 1,188 390 1,857 Conferences, conventions, and meetings 19 81 114 347 542 20 Interest Payments to affiliates 21 103 145 689 441 Depreciation, depletion, and amortization .... 22 734 1,027 4,892 3,131 23 Insurance Other expenses, itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 570 797 3,796 2,429 PAYROLL EXPENSES 504 3,358 2,149 705 PROGRAM EXPENSE 2,216 333 1,418 465 COMMUNICATIONS EXPENSE 1,195 280 392 EQUIPMENT & MAINTENANCE 1,867 239 335 1,596 1,022 e All other expenses 28,901 40,458 123,303 192,662 Total functional expenses. Add lines 1 through 24e 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 

Goldowing SOP 98-2 (ASC 958-720)

Form 990 (2020)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 210,977 129,809 1 Cash-non-interest-bearing Savings and temporary cash investments 2 3 Pledges and grants receivable, net 11,048 5,609 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 65 8 Inventories for sale or use 353 848 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,445 2,297 2,986 b Less: accumulated depreciation 10b 1,148 10c Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 425 425 15 Other assets. See Part IV, line 11 15 225,165 139,677 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 22,739 28,030 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,482 2,522 25 of Schedule D 29,512 25,261 26 26 Total liabilities. Add lines 17 through 25 ...... Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. Balances 108,166 109,057 27 Net assets without donor restrictions 91,738 1,108 28 Net assets with donor restrictions Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 6 Capital stock or trust principal, or current funds 29 29 Assets 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 199,904 110,165 32 Total net assets or fund balances Net 32 225,165 139,677 33 Total liabilities and net assets/fund balances

Form	990 (2020) CASA OF BERKS COUNTY	47-3440847			Pag	e IZ
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in	this Part XI		diameter.		X
1	Total revenue (must equal Part VIII, column (A), line 12)		1		32,:	
2	Total expenses (must equal Part IX, column (A), line 25)				92,6	
3	Revenue less expenses. Subtract line 2 from line 1		3		39,4	
4	Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column	(A))	4	1:	LO,:	L65
5	Net unrealized gains (losses) on investments		5	JV		
6	Donated services and use of facilities			- 1		
7	Investment expenses					
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain on Schedule O)		9			265
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal P					
			10	1	99,	904
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in	this Part XII		1111-1111-1111		ولل
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual	Other				
-	If the organization changed its method of accounting from a prior year or checked "O	ther," explain in				
	Schedule O.	·				
2a	Were the organization's financial statements compiled or reviewed by an independent	t accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year v		2 100/00/00/00 (2)			
	reviewed on a separate basis, consolidated basis, or both:	·				
	X Separate basis Consolidated basis Both consolidated and se	parate basis				
h	Were the organization's financial statements audited by an independent accountant?			2b		X_
~	If "Yes," check a box below to indicate whether the financial statements for the year w		- 50 MON 60 - 1753			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and se	parate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes response	nsibility for oversight of				
·	the audit, review, or compilation of its financial statements and selection of an indepe			2c	X	
	If the organization changed either its oversight process or selection process during the		0.194400.100			
	Schedule O.					
3=	As a result of a federal award, was the organization required to undergo an audit or a	udits as set forth in the				
va	Single Audit Act and OMB Circular A-133?			3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization		C-12 123-52255	9 (8		
	required audit or audits, explain why on Schedule O and describe any steps taken to			3b		
_	Toguino dual of duality oxpidit this on contour of and describe diff cope taken to			For	m 990	(2020)

# 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer Identification number 47-3440847

Part   Reason frof, Public Chartly Status, All organizations must complete this part). See instructions.  The operations in our aphate foundation because it is for line at through 12, check only not be box.)  1		ale organization	CASA OF BERK	S COUNTY		10	$\mathbf{n}$	47-344	0847
A church, convention of churches, or association of churches described in section 170b(htt)A(ht).  A church described in section 170b(htt)A(ht), Octan) Esteducit E (From 990 or 690 EZ).  A hospital or a cooperative hospital service organization described in section 170b(htt)A(htt).  A medical research organization operated in conjunction with a hespital described in section 170b(htt)A(htt).  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170b(htt)A(htt).  A noganization than formally receives a substantial part of its support from a governmental unit described in section 170b(htt)A(htt).  A noganization than formally receives a substantial part of its support from a governmental unit or from the general public described in section 170b(htt)A(htt), (Complete Part IL).  A community trust described in section 170b(htt)A(htt), (Complete Part IL).  A noganization organization described in section 170b(htt)A(htt), Operated in conjunction with a land-grant college or university or a non-index grant college of agricultural (see instructions). Effect the name, city, and state of the college or university or a non-index proceives (1) more than 33 13% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to cartain exceptions; and (2) no more than 33 13% of its support from gross investment innorm and unrelated business transitions of the college or university.  An organization departated and operated exclusively to lest for public safety. See section 590b(a)3 of the supporting organization organized and operated exclusively to lest for public safety. See section 590b(a)4.  An organization departated and operated exclusively to lest for public safety. See section 590b(a)3. Check the box it in line 32a through 12d that describes the type of supporting organization organization organization (by its power to regularization exclusion 590b(a)4.  Type II A supporting organi	Part	Reas	on for Public Charity	Status. (All organizations	s must	complet	e this part.) S	See instruct	ions.
A school described in section 170(b)(1)(A)(iii), Altibut Schedule E (Form 980 or 980-EZ),  A hospital or a cooperative hospital sendor apparation described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  (by, and state:	The org	anization is not	a private foundation because it	t is: (For lines 1 through 12, chec	k only one	box.)			1 1
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name. cick, and state.  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). Complete Part III) An organization organization organization organization according to substantial part of its support from a governmental unit described in section 170(b)(1)(A)(iv). A community trust described in section 170(b)(1)(A)(iv). (Complete Part III) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III) A community or an on-rained grant college or agriculture (see instructions). Ether the name, city, and state of the college or university.  In III A community or an on-rained grant college or agriculture (see instructions). Ether the name, city, and state of the college or university.  III A comparization organization described in section 170(b)(1)(A)(iv), (Complete Part III). A comparization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes acquired by the organization described in section 190(a)(1) Complete Part III.) A comparization 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 organization described in section 590(a)(1) Complete Part III.) A comparization organized and operated exclusively to let for public seley, See section 590(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization one of the public selection 590(a)(1) Complete Part III.  I have been approximated to the public organization organization organization organization organization organization organiz	1	A church, co	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)( <i>A</i>	A)(i).		
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)A(N)(ii), Enter the hospital's name, city, and state:	2	A school des	scribed in section 170(b)(1)(A	.)(ii). (Attach Schedule E (Form 9	990 or 990	-EZ).)			
city, and state:  city, and state:  action 170(b)(1)(A)(iv). (Complete Part II.)  A regardat, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  A regardation 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)(iv). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(iv) operated in conjunction with a land-grant college of university or an on-inan-grant college of agriculture (see instructions). Part or he name, city, and state of the college or university or an on-inan-grant college of agriculture (see instructions). Part or he name, city, and state of the college or university.  We comparated that normally receives. (1) more than 33.10% of its support from contributions, membership fees, and gross scelpts from admitise related to its everyth functions, subject to certain exceptions; and (2) no more than 33.10% of its support from gross insessiment income and unrelated business standle income (see section 511 tas) from businesses acquired by the organization after-tune 30, 1975. See section 506(a)(2), (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to test for public safety. See section 509(a)(2).  The businesses of one or more publicly supported organization operated, supervised, or controlled by its supported organization (2), and 122, and 122	3	A hospital or	a cooperative hospital service	organization described in section	n 170(b)(	1)(A)(iii).			
an organization operated for the benefit of a colege or university owned or operated by a governmental unit described in section 170(b)(1)A(N)A). Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)A(N)A.  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)(N)A(N). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(N). (Oranghete Part III.)  A community trust described in section 170(b)(1)(A)(N). (Complete Part III.)  A community and a non-land-grant college of agriculture (see instructions). Either the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Either 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 receipte from adrillates related to its exampt functions, subject to certain exceptions; and (2) no more than 331/3% 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. Sea section 509(a)(2).  An organization organization and operated exclusively to test for public safety. See section 509(a)(2).  An organization organization organization describes the specific of perform the functions of or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). Check the box in lines 12th arough 12th aroug	4	A medical re	search organization operated i	n conjunction with a hospital des	cribed in s	section 1	70(b)(1)(A)(iii). E	nter the hospit	al's name,
section 470(b)(1)(A)(N). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).  A federal, state, or local government or governmental unit or from the general public described in section 170(b)(1)(A)(V). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(V). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(V). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(V). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(V). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(V). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(V). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(V). (Complete Part III.)  In agricultural research organization after 1 June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organization after 1 June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organization after 1 June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organization described in section 509(a)(2). (Complete Part III.)  An organization organization operated socialization described in section 509(a)(2). (See section 509(a)(3). (Check the box in lines 12s firough 12s that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  In Type II. A supporting organization operated, supervised, or controlled by its supported organization(s), bylicably by giving the supported organization operated. A supporting organization operated in connection with its supported organization operated organization operated in connection with its supported organization (s) the supported organization operated in connection with its supported organization operated in supporting organization (s) t	_	city, and stat	e:						
6 A faderal, state, or local government or governmental unit described in section 170(b)(1)(A)(b)(1) apparation that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community frust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community frust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(xi) operated in conjunction with a land-grant college or university?  10   An organization that normally receives: (1) more than 33 1/3% of its support from contributions, memberatiple fees, and gross receipts from advisites feetaled to its exempt functions, subject to certain exceptions; and (2) no more than 331% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization seter. June 30, 1975. Sea section 690(a)(2). Complete Part III.)  An organization organized and operated excutavely 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 599(a)(1) or section 599(a)(2). Sea section 599(a)(3). Check the box in lines 12a through 12a that describes the type of supporting organization and complete lines 12a, 12a, and 12g, and 17g. Type I. A supporting organization from young the supported organization from young repeated, supervised, or controlled by its supported organization(a), by any fine supported organization from young particles or controlled in connection with its supported organization(b), by any fine supported organization from young particles or controlled in connection with its supported organization(b), by any fine supported organization operated in connection with its outported organization(b).  Type III functionally integrated. A supporting or	5	An organizat	ion operated for the benefit of	a college or university owned or o	perated b	y a goven	nmental unit desci	ibed in	
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)	_	section 170	O(b)(1)(A)(iv). (Complete Part I	l.)					
described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community fust described in section 170(b)(1)(A)(xi). (Complete Part II.)  An agricultural research organization described in section 170(b)(1)(A)(xi) operated in conjunction with a land-grant college or university.  10 Si An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from additives related to its exempt functions, subject to certain exceptions; and (2) no more than 31/3% of its support from gross investment income and unrelated business taxable income (ses section 511 tay) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  11 An organization organization and operated exclusively to test for public safety. See section 509(a)(4).  12 An organization organization devaluated 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)(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 II. A supporting organization orgenated, 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 trustess of the supporting organization. You must complete Part IV. Sections A and B.  b Type III. A supporting organization one vertical properation organization and control or management of the supporting organization one vested in the same persons that control or manage the supported organization(s). (see instructions). You must complete Part IV. Sections A and C.  c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) integrated organizations.  g Provide the following information about the supported organizations.  (i) Internation	6								
An agricultural research organization described in section 170(ht)1A(ht)(s) 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?  10	7 _				a governm	ental unit	or from the gene	ral public	
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the 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 receipts from activities related to its exampl functions, subject to certain exceptions; and (2) no more than 331/3% of its support from grass investment income and unrelated business taxable income (less section 591 (a)). One than 331/3% of its support from grass investment and unrelated business taxable income (less section 598(a)).  11	8	A community	trust described in section 13	70(b)(1)(A)(vi). (Complete Part II.	.)				
university.  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exampt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business stable income (less section 591 (11 tax)) from businesses acquired by the organization after Juna 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to leaf for public safety. See section 599(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 599(a)(1) or section 599(a)(2). See section 599(a)(3).  Che kind the box in lines 12a through 12d that describes the type of supporting organization (s), typically by giving the supported organization (by the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization operated, supervised, or controlled by its supported organization(s), by having control or management of the supporting organization relect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C.  C Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) the supported organization operated in connection with its supported organization(s). The functionally integrated. A supporting organization operated in connection with its supported organization(s).  The functionally integrated. A supporting organization operated in connection with its supported organization(s).  The functionally integrated or Type III inor-functionally integrat	9	An agricultur	al research organization descr	ibed in section 170(b)(1)(A)(ix)	operated	in conjunc	ction with a land-g	rant college	
receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33173% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to 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 12ta through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  a			or a non-land-grant college of	agriculture (see instructions). Enti	er the nam	ie, Gity, ai	ilu state oi tile co		
support from gross investment income and unrelated business taxable income (less section 509(a)/4). An organization after June 30, 1975. See section 509(a)/2). (Complete Part III.)  11	10 🛚	An organizat	ion that normally receives: (1)	more than 33 1/3% of its suppor	t from con	tributions,	membership fees	, and gross	
acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  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 609(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization complete lines 12a, 12d, and 12g, and 12g.  a		receipts from	activities related to its exempt	functions, subject to certain exc	eptions; ar	nd (2) no i	more than 331/39	of its	
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		support from acquired by	gross investment income and the organization after June 30,	1975. See section 509(a)(2). (C	ne (less s Complete F	ection 51 Part III.)	i (ax) iioiii busiile	:5565	
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.    Type I. A supporting organization operated, supervised, or controlled by its supported organization(3), typically by giving the supporting organization supervised or controlled by its supported organization(4), typically by giving the supporting organization supervised or controlled in connection with its supported organization. You must complete Part IV, Sections A and B.    Type II. A supporting organization supervised or controlled in connection with its supported organization supported organization operated in the same persons that control or manage the supported organization operated in the same persons that control or manage the supported organization operated in connection with, and functionally integrated with, its supported organization (see instructions). You must complete Part IV, Sections A, D, and E.    Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(5) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.    Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated. Or Type III non-functionally integrated or Type III non-functionally	11	_	· = ·				)(4).		
of one or more publicly supported organizations 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.  c Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  [IV) Name of supported organization obout the supported organization(s).  (IV) Namount of monetary support (see instructions)  (IV) Namount of monetary support (see instructions)  (IV) Amount of constructions)  (IV) Amount of monetary support (see instructions)  (IV) Amount of constructions)		_	-					ne purposes	
a Type II. 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 volumest complete Part IV, Sections A and B.  b Type III. 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.  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, Divertions, A,	_	of one or mo	ore publicly supported organiza	tions described in section 509(a	)(1) or sec	tion 509	(a)(2). See section	n 509(a)(3).	
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b	а	the supp	orted organization(s) the powe	r to regularly appoint or elect a n	najority of				
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.  c				-					
organization(s). You must complete Part IV, Sections A and C.  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. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  g Provide the following information about the supported organization(s).  (I) Name of supported organization (iii) EIN (iiii) Type of organization (described on lines 1–10 above (see Instructions))  (A) (IV) Amount of monetary support (see instructions)  (A) (IV) Amount of monetary support (see instructions)  (A) (IV) Amount of monetary support (see instructions)  (B) (IV) Amount of monetary support (see instructions)	b	Type II.	A supporting organization sup	ervised or controlled in connection	n with its e nersons	supported	i organization(s), i rol or manage the	y naving supported	
c					ic persons	ulat cont	TOT OF ITTERIORS THE	Supported	
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d	c		` '		n connecti	on with, a	and functionally int	egrated with,	
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		its supp	orted organization(s) (see inst	ructions). You must complete P	art IV, Se	ctions A,	D, and E.		
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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations  g Provide the following information about the supported organization (described on lines 1–10 above (see instructions))  (I) Name of supported organization  (II) EIN  (III) Type of organization  (III) Since of supported organization (described on lines 1–10 above (see instructions))  (IV) Amount of monetary support (see instructions)	d	i 📙 Type III	non-functionally integrated	. A supporting organization opera	ated in cor	nection w	vith its supported	organization(s)	)
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.  f Enter the number of supported organizations g Provide the following information about the supported organization(s).  (i) Name of supported organization (described on lines 1-10 above (see instructions))  (A)  (B)  (C)  (D)  (E)								uenuveness	
functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations g Provide the following information about the supported organization(s).  (i) Name of supported organization (described on lines 1–10 above (see instructions))  (A) (B) (B) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	_		,	-				ne III	
Find the number of supported organizations  g Provide the following information about the supported organization(s).  (i) Name of supported organization  (ii) EIN  (iii) Type of organization (described on lines 1–10 above (see instructions))  (A)  (B)  (C)  (D)  (III) Type of organization  (described on lines 1–10 above (see instructions))  (N) Is the organization (Iv) Amount of monetary support (see instructions)  (v) Amount of monetary support (see instructions)	е	function	ally integrated, or Type III non-	-functionally integrated supporting	organiza	ion.	ype i, Type ii, Ty	pc 111	
(ii) Name of supported organization (described on lines 1–10 above (see instructions))  (iii) Type of organization (described on lines 1–10 above (see instructions))  (iii) Type of organization (described on lines 1–10 above (see instructions))  (iv) Amount of monetary support (see instructions)  (vi) Amount of monetary support (see instructions)  (viii) File organization (listed in your governing document?  Yes No  (C)  (C)  (D)	f				6		ss sv		
organization  (described on lines 1–10 above (see instructions))  (A)  (B)  (C)  (D)  (D)  (described on lines 1–10 above (see instructions))  (isted in your governing document?  Yes No  (isted in your governing document?  Yes No  (Isted in your governing document?  Yes No  (C)  (C)  (C)  (D)	9	Provide the	following information about the	supported organization(s).					
above (see instructions))	(i) Na	ame of supported	(ii) EIN						1 '
Yes         No           (A)         (B)           (B)         (C)           (D)         (C)           (E)         (E)		organization							
(A) (B) (C) (D) (E)								,	,
(C) (D) (E)	(A)								
(C) (D) (E)	(B)								
(D) (E)									
(E)	(C)								
	(D)	· ·							
Total	(E)								
	Total								

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.)

	tion A. Public Support						200			
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and membership fees received: (Do not include any "unusual grants.")	Ins	spe	CUO	n	POL	У			
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									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support									
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities, etc. (s	ee instructions)			2916G. 1887/2020	.000001.00.000	12			
13	First 5 years. If the Form 990 is for the org	anization's first, se				)	V <sub>2</sub>			
_	organization, check this box and stop here									
Sec	tion C. Computation of Public S									
14	Public support percentage for 2020 (line 6, o	column (f) divided l	by line 11, column (	f))		.7220	14 %			
15	Public support percentage from 2019 Sched			The same to the same of the same			15 %			
16a	33 1/3% support test-2020. If the organize				3% or more, che	ck this				
	box and stop here. The organization qualified									
þ	33 1/3% support test—2019. If the organization						162			
	this box and stop here. The organization qu									
17a	10%-facts-and-circumstances test—2020									
	10% or more, and if the organization meets				-					
		Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
	organization		P. J.				armana da la caracteria de la caracteria d			
b	10%-facts-and-circumstances test—2019	_								
	15 is 10% or more, and if the organization r				-	•				
	in Part VI how the organization meets the "						<b>№</b> F			
10	organization <b>Private foundation.</b> If the organization did i					15	mna m.an. (5° L			
18							▶ □			
	instructions	oron er fort in torress			red krydyn. A.	ree. 25624.0	mna statistic			

# Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality under ti	ic tests listed	below, picase o	ompicie i art	,	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual/grants.")	14,510	68,197	151,206	179,536	279,134	692,583
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	3,739	855	01.0		5,000	9,594
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	18,249	69,052	151,206	179,536	284,134	702,177
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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						702,177
Sec	tion B. Total Support	L'					702,177
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	18,249	69,052	151,206	179,536	284,134	702,177
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						
12	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, 11,	18,249	69,052	151,206	179,536	284,134	702,177
14	First 5 years. If the Form 990 is for the org					201/201	,
	organization, check this box and stop here	•				150 - 1 - 10 - 10 - 1 - 1	▶□
Sec	tion C. Computation of Public S						
15	Public support percentage for 2020 (line 8,	column (f), divided by	y line 13, column (	f))		15	100.00 %
16	Public support percentage from 2019 Sched	lule A, Part III, line 1	5				%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2020 (line	e 10c, column (f), div	rided by line 13, co	lumn (f))	9 - 5 - 10 - 5 - 110 - 18	17	%_
18	Investment income percentage from 2019 S						<u>%</u>
19a	33 1/3% support tests—2020. If the organi						্ ভি
_	17 is not more than 33 1/3%, check this box	•	-				<b>▶</b> X
b	33 1/3% support tests—2019. If the organi						1 <sub>2</sub> . $\Box$
20	line 18 is not more than 33 1/3%, check this	-	•				72
20	Private foundation. If the organization did	not check a box on I	ine 14, 19a, or 19b	, cneck this box and	see instructions		on the l

### Part IV Supporting Organizations

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

Section	A. All Su	pporting	Orga	nizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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).
- 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- 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.
- 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.
- 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.
- 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.)

77	Yes	No
1	/	
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		

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Pa	art IV Supporting Organizations (continued)	3440047		Page 5
- 0	oupporting Organizations (Continued)			
11	Has the erganization accompany a site of contribution from any of the following accompany		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
u	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
b	11c below, the governing body of a supported organization?  A family-member of a person described in line 11a above?	11a	-	_
C		11b	-	
•	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		1	
Sec	tion B. Type I Supporting Organizations	11c		
	ion 21 Type 1 supporting Significations			
1	Did the governing body members of the governing body officer action in their official conseils, as well as the		Yes	No
•	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sect	supervised, or controlled the supporting organization.  ion C. Type II Supporting Organizations	2		
Oeci	ion c. Type if Supporting Organizations			II.
4	Ware a region of the annulus finals discount and a state of the state		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			
Sect	the supported organization(s). ion D. All Type III Supporting Organizations	1		
3601	ion b. All Type in Supporting Organizations			
	Did the committee on the last of the last		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in this regard.	3	1	
	ion 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 instruc	tions).		
a	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructions).	т т	-
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	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) 2020 CASA OF BERKS COUNTY		4/-3440	184 / Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on I	Nov. 20, 1970	(explain in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organizations may	nust complete :	Sections A through E.	
Section A - Adjusted Net Income	16	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		MY
2 Recoveries of prior-year distributions	2		UV
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI);			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrate	d Type III supi	porting organization	

(see instructions).

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rent Year
1
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(iii)
tributable unt for 2020
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	im 990 or 990-EZ) 2020		BERKS CO			47-3440847	Page 8
Part VI	III, line 12; Part B, lines 1 and 2 3a, and 3b; Pa	t IV, Section A, li 2; Part IV, Sectio	nes 1, 2, 3b, 3c, n C, line 1; Part V, Section B, line	4b, 4c, 5a, 6, 9 IV, Section D, li e 1e; Part V, Se	9a, 9b, 9c, 11a, 1 ines 2 and 3; Pa ection D. lines 5.	0; Part II, line 17a or 11b, and 11c; Part IV, art IV, Section E, lines 6, and 8; and Part V, structions.)	17b; Part Section 1c. 2a. 2b.
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Schedule B (Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

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

Employer identification number

		COUNTY	47-3440847			
Organi	zation type (check one	one mapagini	JUDy			
Filers	of:	Section:				
Form 9	90 or 990-EZ	3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 9	90-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	Only a section 501(c)(7),	vered by the <b>General Rule</b> or a <b>Special Rule</b> . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
Genera	l Rule					
X		g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a ibutions.				
Special	Rules					
	regulations under section 13, 16a, or 16b, and that	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) are amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	contributor, during the y contributions totaled mod during the year for an ex General Rule applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one rear, contributions exclusively for religious, charitable, etc., purposes, but no such re than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the or this organization because it received nonexclusively religious, charitable, etc., contributions during the year	<b>▶</b> \$			
		n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-E2	Z 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, 990-EZ, or 990-PF).

Name of organization

CASA OF BERKS COUNTY

Employer identification number 47-3440847

Part I	Contributors (see instructions). Use duplicate copies 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		\$ 75,743	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 40,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		s 64,782	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
4	Name, address, and ZIP + 4	Total contributions  \$ 26,400	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 6,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
521 18 · · · 60		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Name of the organization

Inspection Employer Identification number

_	- Declare basis	1.7	
	ASA OF BERKS COUNTY	action I	47-3440847
P	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	Accounts.
_	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 th	e assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusion	ve legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in wri	ting that grant funds can be used	ticentestana es a .
	only for charitable purposes and not for the benefit of the donor or donor a	dvisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
P	art II Conservation Easements.		
	Complete if the organization answered "Yes" on		
1	Purpose(s) of conservation easements held by the organization (check all	that apply).	
	Preservation of land for public use (for example, recreation or education	on) Preservation of a historically in	mportant 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 conservat	ion contribution in the form of a conservation	on
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements	I U Visciliano u o u o umo	2b
С	Number of conservation easements on a certified historic structure include	d in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06,	and not on a	- 20
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extingi	ished or terminated by the organization d	
	tax year	assisse, or commuted by the organization of	uning the
4	Number of states where property subject to conservation easement is local	ted >	
5	Does the organization have a written policy regarding the periodic monitori		
	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of vio	lations and enforcing conservation easem	
	• The state of the	nations, and emotoring conservation easem	ens during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violatio	ns and enforcing consequation cocoments	division that were
-	►\$	ns, and emorcing conservation easements	during the year
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170/h\/4\/D\/i\	
_			□ v <sub>22</sub> □ v <sub>3</sub>
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements	in its revenue and armone statement and	Yes   No
	balance sheet, and include, if applicable, the text of the footnote to the org	anization's financial statements that describ	on the
	organization's accounting for conservation easements.	anizations illiandai statements that descrip	es trie
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar Assats
	Complete if the organization answered "Yes" on F	Form 990. Part IV. line 8	Sillilai Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report		at wales
	of art, historical treasures, or other similar assets held for public exhibition,	education or research in furtherance of pu	et works
	service, provide in Part XIII the text of the footnote to its financial statement		abiic
b	If the organization elected, as permitted under FASB ASC 958, to report in		and an af
	art, historical treasures, or other similar assets held for public exhibition, ed		
	provide the following amounts relating to these items:	dealion, or research in furtherance of publ	ic service,
			<b>.</b> .
	(i) Revenue included on Form 990, Part VIII, line 1	•••••	**************************************
2	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or other	• .	he
_	following amounts required to be reported under FASB ASC 958 relating to		
a	Revenue included on Form 990, Part VIII, line 1		\$
_a_	Assets included in Form 990, Part X		\$ S

		BERKS COUNT			47-34	40847			Page
	t III Organizations Maintainir	ng Collections of	Art, Historical	Treasures	, or Othe	r Similar Ass	ets (con	tinue	d)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records, ch	eck any of the follow	wing that make	significant u	ise of its			
Г	_								
a	Public exhibition		oan or exchange pro	ogram					
b	Scholarly research	e ∐ C	Other						
c [	Preservation for future generations	Inci	1.6	11/1/11		/ / \ /	$\gamma_{V}$		
	Provide a description of the organization's co	llections and explain how	they further the org	janization's ex	empt purpose	e in Part	J Y		
	XIII.						- 1		
	During the year, did the organization solicit o								_
Dar	assets to be sold to raise funds rather than to	be maintained as part	of the organization's	collection?			Y	es	N-
rai			an Farm 000 F	Daniel IV / 1844	0				
	Complete if the organization 990, Part X, line 21.	on answered "Yes"	on Form 990, F	aπ IV, line	9, or repo	orted an amou	int on Fo	rm	
1a I	s the organization an agent, trustee, custodia	on or other intermediant	For postallo di con co						
								_	٦
h i	ncluded on Form 990, Part X?	and appealate the fellows			15370 10011010	www.	Y	es _	_ N
	f "Yes," explain the arrangement in Part XIII a	and complete the following	ig table:						
c E	Seginning halance						Amour	ıt	
d /	Beginning balance	an		1811 522 1167 1210		1c			
u /	Additions during the year	ad		<u> </u>		1d		_	_
f	Distributions during the year	54S		.a	. S en ana	1e			_
)a [	Ending balance	000 Ded V Bee 04				1f			_
h i	Did the organization include an amount on Fo	Chook have if the evelop	tor escrow or custod	alai account iia	bility?		,,, L Y	es	- No
Part	f "Yes," explain the arrangement in Part XIII.  V Endowment Funds.	Check here if the explan	ation has been provi	ded on Part X	III	<u> </u>	a		
<b>4</b> 111	Complete if the organizatio	in answered "Vec"	on Form 990 E	Part IV/ line	10				
	Joinploto II the diganization	(a) Current year	(b) Prior year	(c) Two ye		(d) Thron your heal	/e) Fe		In a sta
1a F	Beginning of year balance	(a) Garroni year	(b) File year	(c) Two yes	als Dack	(d) Three years back	(e) FOL	ir years	Dack
	Contributions					_	+		
c N	let investment eamings, gains, and								
	osses								
d (	Grants or scholarships			1			_		
e (	Other expenditures for facilities and								
	rograms								
f A	dministrative expenses								
g E	nd of year balance			_			-	-	
. F	rovide the estimated percentage of the current	nt vear end balance (line	1a column (a)) hal	Id as:					
a B	oard designated or quasi-endowment	%	ig, column (a)) nei	u as.					
b F	ermanent endowment ▶ %								
	erm endowment ▶ %								
	he percentages on lines 2a, 2b, and 2c shou	ıld equal 100%							
	re there endowment funds not in the possess	•	hat are held and add	ministered for	tha				
	ganization by:	olon of the organization t	nat are new and ad	ministered for	i ie			Yes	No
	Unrelated organizations						3a(i)	res	NO
(i							1 10000		
	"Yes" on line 3a(ii), are the related organizat	ions listed as required or	Schedule R?	1.50.000000.19		11222212221260	3b		
D	escribe in Part XIII the intended uses of the	organization's endowme	nt funds		250150 10021		30	_	
art		uipment.	it idiids.						
	Complete if the organization		n Form 990. P	art IV. line	11a See	Form 990 Pa	rt Y. line	10	
	Description of property	(a) Cost or other basi			(c) Acct		(d) Book		
		(investment)	(oth			ciation	(d) DOOR	value	
a La	and								
	uildings								
c Le	easehold improvements								
	quipment			3,445		1,148		2 1	297
u 🗅	* *			_ /		-/		- 1	
e O									

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" or  (a) Description of security or category		
(a) Description of security or category  (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value
(1) Financial derivatives	2.7	Doct of one of your manual value
(2) Closely held equity interests	OCTO	n ( ony
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
· sa (F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments – Program Related.		
Part VIII Investments – Program Related.  Complete if the organization answered "Yes" or	Earm 000 Bort IV lie	no 11a Sao Form 000 Bort V line 12
(a) Description of investment	(b) Book value	(c) Method of valuation:
(w) Section of Integral	(D) DOOK VAIUS	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.	E 000 D ( B / B	441.0 5 000 0 174 5
Complete if the organization answered "Yes" on	1 Form 990, Part IV, III	
(a) Description		(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X Other Liabilities.		
Complete if the organization answered "Yes" on	ı Form 990, Part IV, lir	ie 11e or 11f. See Form 990, Part X,
line 25.		
1. (a) Description of liability		(b) Book value
(1) Federal income taxes (2) PAYROLL TAXES PAYABLE		2,522
(2) PAYROLL TAXES PAYABLE (3)		2,522
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		▶ 2,522
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnot		
organization's liability for uncertain tax positions under FASB ASC 740. Check h	ere if the text of the footnote	has been provided in Part XIII

Schedule D (	Form 990) 2020	CASA OF BEF	KS COUNTY		47-3440847	Page <b>5</b>
Part XIII	Supplemen	tal Information (c	ontinued)			
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# SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, 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

CASA OF BERKS COU	NITTE		S. 5a	Employer identification	
Part I Fundraising Activities. Complete		tion answe	ared "Voc" on For	47-34408	247
Form 990-EZ filers are not require	d to complete the	nis part.	sied res on Fon	iii 990, Pait IV, iin	e 17.
1 Indicate whether the organization raised funds through a	iny of the following a	activities. Che	eck all that apply.		J
a Mail solicitations	e Solicitation	of non-gove	emment grants		
b Internet and email solicitations	f Solicitation	of governme	ent grants		
c Phone solicitations	g Special fu	ndraising eve	ents		
d In-person solicitations					
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	ith any individual (in in connection with p	cluding office rofessional fu	rs, directors, trustees, indraising services?		☐ Yes ☐ No
b If "Yes," list the 10 highest paid individuals or entities (function compensated at least \$5,000 by the organization.	ndraisers) pursuant	to agreemen	ts under which the fund	draiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund- raiser have custody or control of contributions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vI) Amount paid to (or retained by) organization
		Yes No			
1					
2					
3					
4					
5					
6					,
7					
8					
9					
0					
otal	19 2	•			
List all states in which the organization is registered or lic registration or licensing.	ensed to solicit control	fibutions or h	as been notified it is ex	empt from	
s 4990 600			• 18 · 0 · • 10 · 10000 • 0 · 1000 • 0		

Schedule G (Form 990 or 990-EZ) 2020 CASA OF BERKS COUNTY 47-3440847 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL BREAKFAS NONE (add col. (a) through (event type) col. (c)) Revenue 1 Gross receipts 11,385 11,385 2 Less: Contributions 11,385 11,385 3 Gross income (line 1 minus 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Expenses 7 Food and beverages Direct 8 Entertainment 9 Other direct expenses 1,998 1,998 10 Direct expense summary. Add lines 4 through 9 in column (d) 1,998 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . . -1,998Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (a) Bingo (d) Total gaming (add (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes ...... Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ)		OF BERKS	COUNTY	47-3440847	Page 3
11	Does the organization conduc	ct gaming activities with	nonmembers?			Yes No
12	is the organization a grantor, i	peneliciary or trustee of	r a trust, or a mem	ber of a partnership or other ent	ity	
40	formed to administer charitable	le gaming?		. i. k k K		Yes No
13	Indicate the percentage of ga				ř = 1	
a b	An outside facility	()	., , , , , , , , , , , , , , , , , , ,		13a	%
14	An outside facility	de de la mara de como			13b	%
	records:	ou me beisou wuo bieb	arjes uie organizat	ion's gaming/special events book	is and	
	Name ▶	1147 5843 1 1 13 14 44 44 44 44 44		(1) 2 11 11 12 12 12 12 12 12 12 12 12 12 1	9 contention (e.g. co. 5) (e.g. co. 5) (e.g. co. 5)	
					,	
15a	Does the organization have a	contract with a third par	rty from whom the	organization receives gaming	_	
	revenue?					Yes No
D	amount of gaming revenue ret	aming revenue received	d by the organizati	on <b>&gt;</b> \$	and the	
c	amount of gaming revenue ret If "Yes," enter name and addre		\$	***************************************		
·	ii res, entername and addit	ess or the third party:				
	Name >				(165×1 - 161, 161, 161, 161, 161, 161, 161, 1	
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	Address ►	The state of the second		er er ochos och er occasionalisas s		
16	Gaming manager information:					
	Name ▶	11112111221112211222122	\$1201.01 Tel 1 1 669,01 1 60ea			
	Gaming manager compensation					
	Director/officer	Employee			In the A continue of the continue	
	bilecto//officer	Employee	indeper	dent contractor		
17	Mandatory distributions:					
а	Is the organization required un	der state law to make o	charitable distribution	ons from the gaming proceeds to	o	
	retain the state gaming license	9		<b></b>		Yes No
b		ns required under state	law to be distribute	ed to other exempt organizations	s or	
_	spent in the organization's own	exempt activities during	g the tax year	\$		
Pai	t IV Supplemental	Information. Pro	vide the expla	nations required by Part	I, line 2b, columns (iii) and (v)	; and
	See instructions	90, 100, 150, 150	c, 16, and 1/b	, as applicable. Also pro	vide any additional information	
	See manuchons	5.				
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# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization CASA_OF BERKS COUNTY Employer identification number 47-3440847
FORM 990 - ORGANIZATION'S MISSION
TO PROVIDE A COMPETENT, RESPONSIBLE, AND COMPASSIONATE COURT-APPOINTED
COMMUNITY VOLUNTEER TO ADVOCATE FOR EACH CHILD WHO FACES ABUSE, NEGLECT,
AND/OR ABANDONMENT; OUR GOAL, TO RESTORE THEIR WELL-BEING AND ENSURE THE
EMINENT RIGHT TO A SAFE, NURTURING, AND PERMANENT HOME.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BOARD REVIEWS FORM 990 PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ANY CONFLICTS OF INTEREST ARE RESOLVED BY THE BOARD.
S
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
BOARD REVIEWS EXECUTIVE DIRECTOR PAYROLL ANNUALLY AND APROVES ANNUAL RATE.
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
BOARD REVIEWS PAYROLL ANNUALLY AND APROVES ANNUAL RATE.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
IN-KIND CONTRIBUTIONS \$ 265

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service 179 Name(s) shown on return Identifying number CASA OF BERKS COUNTY 47-3440847 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 1,040,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,590,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  $\dots$ 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ...... 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12. 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 689 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2020 17 0 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property 5-year property C 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM SI i Nonresidential real 39 yrs. MM S/L property MM Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L c 30-year 30 yrs. MM S/L d 40-year 40 yrs. S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 . . . . 21

For assets shown above and placed in service during the current year, enter the

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

689

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