

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.

A For the **2021** calendar year, or tax year beginning _____, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization C.A.S.T (CATCH A SPECIAL THRILL) FOR KIDS FOUNDATION		D Employer identification number 91-1582848
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2755 COMMERCIAL ST SE, NO. 101		E Telephone number 541-992-0441
	City or town, state or province, country, and ZIP or foreign postal code SALEM OR 97302		G Gross receipts \$ 960,539
	F Name and address of principal officer: JAY YELAS 2755 COMMERCIAL ST SE, NO. 101 SALEM OR 97302		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.CASTFORKIDS.ORG** **H(c)** Group exemption number ▶

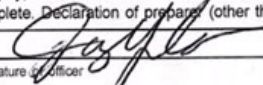
K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1992** **M** State of legal domicile: **OR**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	2500
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	241,306	634,340
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	127,533	230,371
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,567	1,263
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	175,130	24,421
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	547,536	890,395
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	391,948	397,632
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 62,222		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	199,343	273,414	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	591,291	671,046	
19 Revenue less expenses. Subtract line 18 from line 12	-43,755	219,349	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	518,590	703,372
	22 Net assets or fund balances. Subtract line 21 from line 20	117,261	82,694

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date 8-23-22		
	JAY YELAS Type or print name and title	EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name JASON D. REINKE	Preparer's signature	Date 08/23/22	Check <input type="checkbox"/> if PTIN self-employed P00541662
	Firm's name ▶ TRAPLENA, SULLIVAN & REINKE, PC	Firm's EIN ▶ 81-4492811		
	Firm's address ▶ 4216 FRANKLIN AVE WACO, TX 76710-6944	Phone no. 254-751-1133		

May the IRS discuss this return with the preparer shown above? See instructions Yes No