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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545-1150

# 2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2008 calendar year, or tax year beginning **10/01/08**, and ending **9/30/09**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>CIRCLE MICHIGAN, INC.</b>		<b>D</b> Employer identification number <b>38-2407739</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>P.O. BOX 541</b>		<b>E</b> Telephone number <b>800-513-6424</b>
		City or town, state or country, and ZIP + 4 <b>TRENTON MI 48183</b>		<b>F</b> Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ **WWW.CIRCLEMICHIGAN.COM**

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Organization type (check only one) —  501(c) ( **6** ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **208,191**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	98,660
	3	Membership dues and assessments	3	108,978
	4	Investment income	4	553
	5a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a, attach sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ )	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<b>208,191</b>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,790
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	13,255
	16	Other expenses (describe ▶ <b>See Statement 2</b> )	16	270,598
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>285,643</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-77,452
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	275,093
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>197,641</b>

### Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

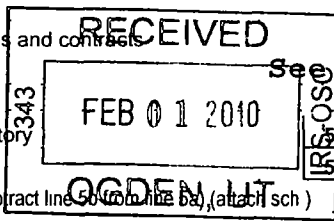
(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	191,525	184,439
23 Land and buildings		
24 Other assets (describe ▶ <b>See Statement 3</b> )	83,200	13,202
25 Total assets	274,725	197,641
26 Total liabilities (describe ▶ <b>See Statement 4</b> )	-368	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	275,093	197,641

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

SCANNED FEB 09 2010



Handwritten signature or initials.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? See Statement 5 Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )

Table with 2 columns: Description (lines 28-31) and Amount. Line 28: 237,895. Line 32: 237,895. Includes checkboxes for foreign grants.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (If not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Lists 15 individuals.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed	None	
42a	The books are in care of	JOYCE HAWKINS P.O. BOX 541 Located at TRENTON, MI	
	Telephone no	800-513-6424	
	ZIP + 4	48183	
b	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)?		X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
		43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$100,000 ▶

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

Total number of other independent contractors each receiving over \$100,000 ▶

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** ▶ *Javet Kasic* Signature of officer | Date **1-26-10**

▶ **JAVET KASIC, Executive Director** Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ *[Signature]* Date **1-23-10** Check if self-employed

Firm's name (or yours if self-employed) ▶ **Hungerford & Co.** Preparer's Identifying Number (See instr) **P00086850**

address, and ZIP + 4 ▶ **13305 Reeck Rd. Southgate, MI 48195-3055** EIN ▶ **38-2904869** Phone no ▶ **734-246-9600**

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

## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES	\$ 108,978
Total	\$ 108,978

### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
TRAVEL	2,515
MARKETPLACE/FAM TOURS	24,052
EDUCATIONAL CONFERENCES	5,229
OHIO TRAVEL ASSOC HEARTLAND	1,921
SYTA EXPENSE	811
GOVENOR'S CONFERENCE	506
NTA- FALL CONFERENCE	3,925
ANNUAL MEG & EDUC CONF	12,841
GOING ON FAITH	1,319
ABA CONVENTION	6,386
MICHIGAN SCHOOLS	877
SALES TRIPS	4,336
INTEREST	121
OFFICE SUPPLIES	2,129
TELEPHONE	4,090
POSTAGE	558
COMPUTER WEB HOST & DEV	712
COMPUTER MAINTENANCE/UPGR	599
PRODUCT DEVELOPMENT & PRO	281
DUES & SUBSCRIPTIONS	3,144
OMCA EXPENSE	340
POW WOW/TIA EXPENSE	11,030
GRAPHIC DESIGN EXPENSES	650
MANAGEMENT FEES	100,000
BOARD EXPENSES	538
INSURANCE	1,122
COMMITTEE EXPENSE	164
BANK CHARGES	343
MISCELLANEOUS	78,154
MEDIA & PUBLIC RELATIONS	946
STATEWIDE PROMOTIONAL DVD	250
STORAGE UNIT LEASE	709
Total	\$ 270,598

### Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 83,200	\$ 13,202
	83,200	13,202

7207 CIRCLE MICHIGAN, INC.  
38-2407739  
FYE: 9/30/2009

## Federal Statements

### Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ -368	\$
	<u>-368</u>	<u></u>

## Federal Statements

### Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

TO APPEAR AT VARIOUS TRAVEL CONVENTIONS AND MEETINGS IN ORDER TO PROMOTE AND ENCOURAGE GROUP TRAVEL TO MICHIGAN MEMBER FACILITIES.

### Statement 6 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

#### Description

TO APPEAR AT VARIOUS TRAVEL CONVENTIONS AND MEETINGS IN ORDER TO PROMOTE AND ENCOURAGE GROUP TRAVEL TO MICHIGAN MEMBER FACILITIES. THE ASSOCIATION IS INSTRUMENTAL IN GIVING LEADS AT CONVENTIONS AND MEETINGS TO MEMBERS. THE ASSOCIATION REPRESENTS 150 MEMBERS NATIONALLY AND INTERNATIONALLY.