



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 10-01-2010, and ending 09-30-2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: CIRCLE MICHIGAN INC. Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 541. City or town, state or country, and ZIP + 4: TRENTON, MI 48183

D Employer identification number: 38-2407739. E Telephone number: (800) 513-6424. F Group Exemption Number

G Accounting method: Accrual. I Website: WWW.CIRCLEMICHIGAN.COM. J Tax-Exempt status: 501(c)(3)

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$195,680

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	176,299	22 151,353
23 Land and buildings		23
24 Other assets (describe in Schedule O)	16,783	24 17,769
25 Total assets	193,082	25 169,122
26 Total liabilities (describe in Schedule O)	1,795	26 1,026
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	191,287	27 168,096

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

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

What is the organization's primary exempt purpose?

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

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, and other relevant information for each program title

28 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

(Grants \$) If this amount includes foreign grants, check here **28a** 189,518

29
(Grants \$) If this amount includes foreign grants, check here **29a**

30
(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 189,518

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

Check if the organization used Schedule O to respond to any question in this Part IV

(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
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

50 Complete this table for the organization's 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"

Table with 5 columns: (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.

50(f) Total number of other employees paid over \$100,000

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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 section containing signature of officer (*****), date (2011-12-15), and name/title (JANET KASIC EXECUTIVE DIRECTOR).












Paid Preparer's Use Only section containing preparer's signature (MICHAEL A GEORGES), date (2011-12-05), firm's name (HUNGERFORD & CO), address (13305 REECK RD, SOUTHGATE, MI 481953055), and phone number ((734) 246-9600).

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

Additional Data

Software ID:
Software Version:
EIN: 38-2407739
Name: CIRCLE MICHIGAN INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
JENNIFER PETROUS  211 W FORT ST DETROIT, MI 48226	PRESIDENT 2 00	0		
JULIE LUCKEY  PO BOX 286 MACKINAC ISLAND, MI 49757	DIRECTOR 2 00	0		
HEATHER TAMLYN  PO BOX 157 MACKINAW CITY, MI 49701	DIRECTOR 2 00	0		
SARAH BARNARD  101 WEST GAND PKWY TRAVERSE CITY, MI 49604	VICE PRESIDE 2 00	0		
PATTI CORNWELL  18935 15 1/2 MILE RD MARSHALL, MI 49068	DIRECTOR 2 00	0		
ANNE PHILLIPS  2901 GRAND RIVER AVE DETROIT, MI 48201	DIRECTOR 2 00	0		
JANET KASIC  PO BOX 541 TRENTON, MI 48183	EXEC DIR 40 00	100,000		
MELISA BROWN  6800 SOARING EAGLE BLVD MT PLEASANT, MI 48858	SECRETARY/TR 2 00	0		
SHARON KOOPS  370 HOWARD AVE HOLLAND, MI 49424	DIRECTOR 2 00	0		
LISA KUKULSKI  141 E MICHIGAN AVE STE 100 KALAMAZOO, MI 49007	DIRECTOR 2 00	0		
DAVID LORENZ  300 N WASHINGTON SQUARE LANSING, MI 48913	DIRECTOR 2 00	0		

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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
CIRCLE MICHIGAN INC

Employer identification number

38-2407739

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 16,742 TRAVEL 630 TRAVEL ALLIANCE PARTNERS 2,687 AAA PITTSBURGH GROUP LEADERSH 1,860 MI ASSOC OF SENIOR CENTERS 260 OHIO TRAVEL ASSOC HEARTLAND 12,498 EDUCATIONAL CONFERENCES 3,192 STRATEGIC PLAN 1,141 GOVENOR'S CONFERENCE 529 NTA- FALL CONFERENCE 2,965 ANNUAL MEG & EDUC CONF 8,223 GOING ON FAITH 3,149 ABA CONVENTION 15,746 MICHIGAN SCHOOLS 60 SALES TRIPS 5,145 DUES & SUBSCRIPTIONS 3,879 OMCA EXPENSE 2,502 POW WOW/TIA EXPENSE 10,288 HERITAGE BANK CLUB 1,674 COMPUTER WEB HOST & DEV 14,462 COMPUTER MAINTENANCE/UPGR 203 STAFF EDUCATION 112 PRODUCT DEVELOPMENT & PRO 76 MEDIA & PUBLIC RELATIONS 994 MANAGEMENT FEES 100,000 BOARD EXPENSES 548 POSTAGE 586 TELEPHONE 3,741 INSURANCE 1,214 STORAGE UNIT LEASE 709 COMMITTEE EXPENSE 76 OFFICE SUPPLIES 2,006 BANK CHARGES 274 TOTAL 218,171

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 16,783 17,769 TOTAL 16,783 17,769

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,795 1,026

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO APPEAR AT VARIOUS TRAVEL CONVENTIONS AND MEETINGS IN ORDER TO PROMOTE AND ENCOURAGE GROUP TRAVEL TO MICHIGAN MEMBER FACILITIES

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	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

TY 2010 Compensation Explanation

Name: CIRCLE MICHIGAN INC

EIN: 38-2407739

Person Name	Explanation
JENNIFER PETROUS	
JULIE LUCKEY	
HEATHER TAMLYN	
SARAH BARNARD	
PATTI CORNWELL	
ANNE PHILLIPS	
JANET KASIC	
MELISA BROWN	
SHARON KOOPS	
LISA KUKULSKI	
DAVID LORENZ	