

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning , and ending		D Employer identification number	
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 CIRCLE PROGRAM		02-0460584
	Doing business as		E Telephone number 603-536-4244
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
	85 MAIN ST		
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 1,321,056	
PLYMOUTH NH 03264			
F Name and address of principal officer: TALESHA SAINT-MARC 289 DAY STREET MANCHESTER NH 03104		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: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.CIRCLEPROGRAM.ORG		L Year of formation: 1993 M State of legal domicile: NH	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ORGANIZED FOR THE EDUCATION AND COUNSELING OF UNDERPRIVILEGED GIRLS THROUGH SUMMER CAMP AND YEAR ROUND MENTORING PROGRAMS.			
	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	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	31
	6	Total number of volunteers (estimate if necessary)	6	82
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	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)		722,893	984,756
	10 Investment 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)		55,092	53,102
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		777,985	1,037,858
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
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)		395,589	447,877	
16a Professional fundraising fees (Part IX, column (A), line 11e)			0	
b Total fundraising expenses (Part IX, column (D), line 25) 131,952				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		240,646	292,515	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		636,235	740,392	
19 Revenue less expenses. Subtract line 18 from line 12		141,750	297,466	
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)		3,121,151	3,541,568
	22 Net assets or fund balances. Subtract line 21 from line 20		32,305	80,367
		3,088,846	3,461,201	

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	<i>Christina Bradbury</i>	Date	6/17/24
	Signature of officer		
	CHRISTINA BRADBURY	TREASURER	
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	DENNIS GIANGREGORIO, CPA	DENNIS GIANGREGORIO, CPA	05/21/24
	Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed PTIN
	MASON & RICH P.A.	02-0365196	P01587706
	6 BICENTENNIAL SQ	Phone no.	603-224-2000
	CONCORD, NH 03301-4058		

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

For Paperwork Reduction Act Notice, see the separate instructions.