

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2024 calendar year, or tax year beginning , and ending

**B** Check if applicable:  Address change  Name change  Initial return  Final return/terminated  Amended return  Application pending

**C** Name of organization: **CIRCLE PROGRAM**

**D** Employer identification number: **02-0460584**

**E** Telephone number: **603-536-4244**

**F** Name and address of principal officer: **TALESHA SAINT-MARC, 85 MAIN ST, PLYMOUTH, NH 03264**

**G** Gross receipts: **1,020,604**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

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

**J** Website: **WWW.CIRCLEPROGRAM.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1993**

**M** State of legal domicile: **NH**

## Part I Summary

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  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) **12**

4 Number of independent voting members of the governing body (Part VI, line 1b) **12**

5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) **25**

6 Total number of volunteers (estimate if necessary) **95**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0**

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 **0**

8 Contributions and grants (Part VIII, line 1h) **984,756**

9 Program service revenue (Part VIII, line 2g) **825,469**

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) **53,102**

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **95,135**

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **1,037,858**

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) **0**

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) **447,877**

16a Professional fundraising fees (Part IX, column (A), line 11e) **0**

16b Total fundraising expenses (Part IX, column (D), line 25) **120,360**

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **292,515**

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) **740,392**

19 Revenue less expenses. Subtract line 18 from line 12 **297,466**

20 Total assets (Part X, line 16) **3,541,568**

21 Total liabilities (Part X, line 26) **80,367**

22 Net assets or fund balances. Subtract line 21 from line 20 **3,461,201**

Beginning of Current Year **3,461,201**

End of Year **3,687,095**

Net Assets or Fund Balances

Expenses

Revenue

Signature of officer: **CHRISTINA BRADBURY**

Title or print name and title: **TREASURER**

Preparer's name: **LENA ROZZI, CPA**

Preparer's signature: **LENA ROZZI, CPA**

Date: **07/02/25**

Check  self-employed  # PTIN **P0211496**

Firm's EIN: **02-0365196**

Firm's name: **MASON & RICH P. A.**

Firm's address: **6 BICENTENNIAL SQ, CONCORD, NH 03301-4058**

Phone no.: **603-224-2000**

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

Form 990 (2024)