efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492025006010 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 07-01-2018 and ending 06-30-2019 B Check if applicable D Employer identification number C Name of organization THE CIRCUIT ☐ Address change 31-1511754 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 30295 ☐ Final return/terminated (859) 240-3710 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return CINCINNATI, OH 45230 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☐ Cash ☑ Accrual Other (specify) ► G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www THECIRCUIT NET **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization □ Corporation □ Trust □ Association □ Other 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, column (B) below) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I  $\checkmark$ 1 107,332 2 2 Program service revenue including government fees and contracts . . . . . 19,289 3 Membership dues and assessments . . . . . . 3 69,766 4 4 5a Gross amount from sale of assets other than inventory . . . . . 5b h Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events 6с d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 196,387 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 85,747 12 Salaries, other compensation, and employee benefits . 12 13 13 Professional fees and other payments to independent contractors 6,921 14 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 2,221 16 Other expenses (describe in Schedule O) 16 88.349 17 17 Total expenses. Add lines 10 through 16 183,238 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 13,149 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 54,012 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 67,161 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Part II	Balance Sheets (see the instruction Check if the organization used Schedule		westion in this Part 1	т		- T-
	Check if the organization used Schedule	e o to respond to any q				(D) Fr.d. of warm
22 Cach .ca	vings, and investments		<u>(A</u>	) Beginning of year 73,053	22	<b>(B)</b> End of year 96,792
	d buildings			/3,033	23	90,792
	sets (describe in Schedule O)		⊢	23,950		10,475
	sets		—	97,003		107,267
	abilities (describe in Schedule O)			42,991		40,106
	,		-	· · · · · · · · · · · · · · · · · · ·		
Part II	ets or fund balances (line 27 of column Statement of Program Service A	<u> </u>		54,012	27   	67,161 Expenses
rait III	Check if the organization used Schedule	•	•	· · · · · · · · · · · · · · · · · · ·		quired for section 501(c)
THE CIRCUI REGION WE CINCINNATI AND COLLAI Describe the measured b	organization's primary exempt purpose? T IS THE NON-PROFIT INFORMATION TEG E ASPIRE TO BE THE CONNECTING POINT COMMUNITY, PROVIDING MEMBERS WI' BORATE Organization's program service accomplicy expenses In a clear and concise manner and other relevant information for each pri	FOR ALL THINGS INFO TH INDUSTRY EDUCAT ISHMENTS for each of its er, describe the service	ORMATION TECHNOI ION AND THE OPPOR  s three largest progra	OGY IN THE GREATER TUNITY TO CONNECT am services, as	org oth	and 501(c)(4) anizations, optional for ers )
<b>28</b> See Addition	nal Data Table					
(Grants \$ )	If this amour	nt includes foreign gran	its, check here .	▶ ⊔	28a	
29					29a	
				_		
(Grants \$ )	If this amour	nt includes foreign gran	its, check here .	▶ □		
30					30a	
(Grants \$ )	If this amour	nt includes foreign gran	its check here	▶ □		
			<u> </u>	· · · · —		
•	ogram services (describe in Schedule O)			_		
(Grants \$ )		nt includes foreign gran			31a	
	ogram service expenses (add lines 28		(1.1.1.1			
Part IV	<b>List of Officers, Directors, Trustees,</b> Check if the organization used Schedule	e O to respond to any o	uestion in this Part I	victompensated — see the	e instruc	tions for Part IV)
	<u> </u>					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid enter -0-)	- benefit plans,	nploye and	(e) Estimated amount of other compensation
AJAY SHARN	1A	0 80	enter -o-,	0		) 0
TRUSTEE						
ALAN HARTI	MAN	0 80		0	(	0
TRUSTEE						
BRANDON S	HONDEL	0 80		0	(	0
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DAN O'KEEF	EE	0 80		0		) 0
DAN O KELI	· L	0 00			,	,
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DENNIS REI	NERSMAN	0 80		0	(	0
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GAURAV MA	NTRO	0 80		0		) 0
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GLENN WAR	DEN	0 80		0	(	0
TRUSTEE						
JASON SKID	MORE	0 80		0	(	0
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JESSICA ALI	EN	0 80		0	(	) 0
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JOHN HUTCI	HINSON	0 80		0	(	0
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PAUL CASHE	EN	0 80		0	(	0
TRUSTEE						
		1	ı			Form <b>QQ0_E7</b> (2018)

Form	990-EZ (2018)			Page 3
Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	е	
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V		🗵	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change			
	on Schedule O (see Instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a	o		
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee $\mathbf{or}$ were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	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 $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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	40e		No
	transaction? If "Yes," complete Form 8886-T	406		NO
41 42a	List the states with which a copy of this return is filed 🕨			
	e organization's books are in care of ▶ MARY PAULIN Telephone no ▶	<b>(859)</b>	240-371	0
	Located at ▶ PO BOX 30295 CINCINNATI , OH ZIP + 4 ▶	45230	,	
			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	42b	163	No No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	420		
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here	•	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Г	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44ь		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		•	. '	

						Yes	No
	e organization engage, directly or indirec						
	ates for public office? If "Yes," complete	, 			46		No
rt VI	<b>Section 501(c)(3) organization</b> All section 501(c)(3) organizations	-	ons 47- 49b and 52	. and complete the tabl	es for lu	nes 50	and
	51.	•					
	Check if the organization used Schedule	e O to respond to any q	uestion in this Part VI	<u> </u>	· · · · ·	Yes	_ No
ماند ادرات		usa su bayya a sastyan EG	)1/h) alaatian in affaat	d			
	e organization engage in lobbying activit ," complete Schedule C, Part II	les or have a section 50	or (u) election in effect	during the tax year?	47		
Is the	organization a school as described in sec	ction 170(b)(1)(A)(ii)? I	If "Yes," complete Sche	edule E	48		
a Did the	e organization make any transfers to an	exempt non-charitable	related organization?		49a		
If "Yes	," was the related organization a section	527 organization? .			49b		
Comple	ete this table for the organization's five	highest compensated ei	mployees (other than o	officers, directors, trustees	and key	employe	ees)
	ich received more than \$100,000 of con Name and title of each employee	npensation from the org	ganization If there is n	one, enter "None "  (d) Health benefits,	(a) Est	ımated	amou
(a)	value and title of each employee	hours per week	compensation	contributions to employee benefit plans, and			
		devoted to position	(Forms W-2/1099- MISC)	deferred compensation			
					1		
				1			
				<u> </u>			
Total	number of other employees paid over \$	100,000		· •			
Comple	ete this table for the organization's five	highest compensated in		who each received more t	han \$100	0,000 of	
Comple	ete this table for the organization's five nsation from the organization If there is	highest compensated in s none, enter "None "	· 				_
Comple	ete this table for the organization's five	highest compensated in s none, enter "None "	· 		han \$100		
Comple	ete this table for the organization's five nsation from the organization If there is	highest compensated in s none, enter "None "	· 				
Comple	ete this table for the organization's five nsation from the organization If there is	highest compensated in s none, enter "None "	· 				
Comple	ete this table for the organization's five nsation from the organization If there is	highest compensated in s none, enter "None "	· 				
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Comple	ete this table for the organization's five nsation from the organization If there is	highest compensated in s none, enter "None "	· 				
Comple	ete this table for the organization's five nsation from the organization If there is	highest compensated in s none, enter "None "	· 				
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Comple	ete this table for the organization's five nsation from the organization If there is	highest compensated in s none, enter "None "	· 				
Comple	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of e	highest compensated in s none, enter "None " each independent contra	actor				
Comple	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of each of the contractor of other independent contractor of other independent contractor.	highest compensated in s none, enter "None " each independent contro each receiving over s	\$100,000	(b) Type of service (c			
Comple compe	ete this table for the organization's five insation from the organization. If there is (a) Name and business address of e	rs each receiving over S	\$100,000	(b) Type of service (c	:) Compe	ensation	
Comple compe	number of other independent contractors the organization completed Schedule A	rs each receiving over \$\text{NOTE.} All section 501(c)	\$100,000	(b) Type of service (c	Compe	s	
Comple compe  I Total  Did total  com  er penalti	number of other independent contractors for expleted Schedule A	rs each receiving over s	\$100,000	(b) Type of service (c	Compe	s N	
Comple compe  I Total  Did total  com  er penalti	number of other independent contractors for expleted Schedule A	rs each receiving over s	\$100,000	(b) Type of service (c	Compe	s N	
Comple compe  I Total  Did to com  er penalt wiedge ar	number of other independent contractors be organization complete Schedule A? I pleted Schedule A	rs each receiving over s	\$100,000	t attach a	Compe	s N	
Comple compe  I Total  Did toom er penaltivledge arany know	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	rs each receiving over s	\$100,000	st attach a  edules and statements, an is based on all information	Compe	s N	
Comple compe  I Total  Did toom er penaltivledge arany know	number of other independent contractors be organization complete Schedule A? I pleted Schedule A	rs each receiving over s	\$100,000	t attach a	Compe	s N	
Comple compe  I Total  Did toom er penalti wledge arany know	number of other independent contractor the organization complete Schedule A? I pleted Schedule A	rs each receiving over s	\$100,000	st attach a edules and statements, an is based on all information  2020-01-22 Date	Yes	s N	lo my
Comple compe  I Total  Did to com er penalt wledge ar any know er e	number of other independent contractors for the organization of the organization. If there is a contract of the organization of the organization completed schedule A? It is true, correct, and complete organization completed schedule organization.  The organization complete schedule A? It is true, correct, and complete organization complete organization. It is true, correct, and correct organization. It is true, c	rs each receiving over s  NOTE. All section 501(c	\$100,000	(b) Type of service (continued to the continued to the co	Yes d to the of which	s N	lo my
Comple compe  d Total  Did to com  er penalti wiedge ar any know  n re  id eparer	number of other independent contractors and belief, it is true, correct, and completed schedule A:  **Signature of officer**  **BRIAN BERNING PRESIDENT Type or print name and title  **Print/Type preparer's name KATHLEEN MITTS CPA  **Firm's name MCM CPAS & ADVISOR AND TYPE or print name and title  **Print/Type preparer's name KATHLEEN MITTS CPA  **Firm's name MCM CPAS & ADVISOR AND TYPE or print name and title  **Print/Type preparer's name KATHLEEN MITTS CPA  **Firm's name MCM CPAS & ADVISOR AND TYPE or print name MCM CPAS & ADVISOR AND TYPE or print name MCM CPAS & ADVISOR AND TYPE or print name MCM CPAS & ADVISOR AND TYPE OF TYPE	rs each receiving over s  NOTE. All section 501(c  mined this return, include Declaration of prepai	\$100,000	(b) Type of service (constitution of the constitution of the cons	Yes d to the of which	s N	
Comple compe  I Total Did to com er penalti wledge ar any know nre  id eparer	number of other independent contractors and belief, it is true, correct, and completed belief belief.  BRIAN BERNING PRESIDENT Type or print name and title  Print/Type preparer's name KATHLEEN MITTS CPA  Firm's name MCM CPAS & ADVISOR FIRM's address 201 EAST FIFTH STREET	rs each receiving over s  NOTE. All section 501(c)  mined this return, include Declaration of prepair  Preparer's signature  PRS LLP	\$100,000	(b) Type of service (continued to the continued to the co	Yes d to the of which	s N	
Comple compe  I Total Did toom er penalti wledge ar any know n re	number of other independent contractors and belief, it is true, correct, and completed schedule A:  **Signature of officer**  **BRIAN BERNING PRESIDENT Type or print name and title  **Print/Type preparer's name KATHLEEN MITTS CPA  **Firm's name MCM CPAS & ADVISOR AND TYPE or print name and title  **Print/Type preparer's name KATHLEEN MITTS CPA  **Firm's name MCM CPAS & ADVISOR AND TYPE or print name and title  **Print/Type preparer's name KATHLEEN MITTS CPA  **Firm's name MCM CPAS & ADVISOR AND TYPE or print name MCM CPAS & ADVISOR AND TYPE or print name MCM CPAS & ADVISOR AND TYPE or print name MCM CPAS & ADVISOR AND TYPE OF TYPE	rs each receiving over s  NOTE. All section 501(c)  mined this return, include Declaration of prepair  Preparer's signature  PRS LLP	\$100,000	(b) Type of service (constitution of the constitution of the cons	Yes d to the of which	s N	

Page 4

Form 990-EZ (2018)

## **Additional Data**

Software ID:

**Software Version: EIN:** 31-1511754

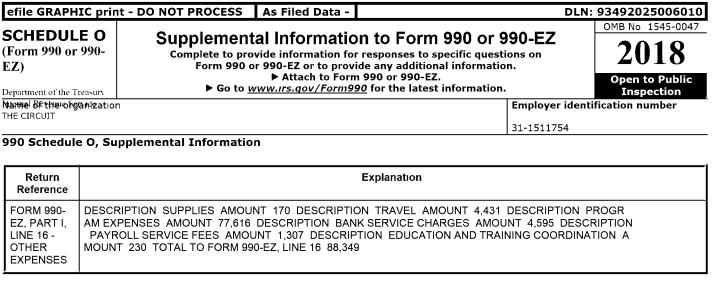
Name: THE CIRCUIT

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 THE CIRCUIT IS A TRADE ASSOCIAT. COMPANIES AND INSTITUTIONS	ION HELPING TO ENHANCE THE DEVELOPMENT OF TECHNOLOGY RELATED	28a	0		
(Grants \$ 0)	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright$				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492025006010 TY 2018 Transfers Personal Benefits **Contracts Declaration** Name: THE CIRCUIT **EIN:** 31-1511754 Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR

INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990EZ, PART II,
LINE 24 OTHER
ASSETS

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 248 END OF YEAR AMOUNT 281 DESCRIPT ION SUPPORT AND REVENUE FOR FUTURE PERIODS BEG OF YEAR AMOUNT 42,197 END OF YEAR AMOU NT 39,457 DESCRIPTION CREDIT CARDS BEG OF YEAR AMOUNT 157 END OF YEAR AMOUNT 171 DESCRIPTION PAYROLL TAX PAYABLE BEG OF YEAR AMOUNT 79 END OF YEAR AMOUNT 115 DESCRIPTION ACCRUED LIABILITIES BEG OF YEAR AMOUNT 310 END OF YEAR AMOUNT 82