

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
THE CIRCUIT

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 30295

City or town, state or province, country, and ZIP or foreign postal code
CINCINNATI, OH 45230

D Employer identification number
31-1511754

E Telephone number
(859) 240-3710

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not 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) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 196,387

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1 107,332
	2	Program service revenue including government fees and contracts	2 19,289
	3	Membership dues and assessments	3 69,766
	4	Investment income	4
	5a	Gross amount from sale of assets other than inventory	5a
	5b	Less cost or other basis and sales expenses	5b
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	6b	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
6c	Less direct expenses from gaming and fundraising events	6c	
6d	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	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	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	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12 85,747
	13	Professional fees and other payments to independent contractors	13 6,921
	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15 2,221
	16	Other expenses (describe in Schedule O)	16 88,349
17	Total expenses. Add lines 10 through 16 ▶	17 183,238	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 13,149
	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 54,012
	20	Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21 67,161

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	73,053	22 96,792
23 Land and buildings		23
24 Other assets (describe in Schedule O)	23,950	24 10,475
25 Total assets	97,003	25 107,267
26 Total liabilities (describe in Schedule O).	42,991	26 40,106
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,012	27 67,161

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 THE CIRCUIT IS THE NON-PROFIT INFORMATION TECHNOLOGY ASSOCIATION FOR THE GREATER CINCINNATI REGION WE ASPIRE TO BE THE CONNECTING POINT FOR ALL THINGS INFORMATION TECHNOLOGY IN THE GREATER CINCINNATI COMMUNITY, PROVIDING MEMBERS WITH INDUSTRY EDUCATION AND THE OPPORTUNITY TO CONNECT AND COLLABORATE

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
 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
AJAY SHARMA	0 80	0	0	0
TRUSTEE				
ALAN HARTMAN	0 80	0	0	0
TRUSTEE				
BRANDON SHONDEL	0 80	0	0	0
TRUSTEE				
DAN O'KEEFFE	0 80	0	0	0
TRUSTEE				
DENNIS REINERSMAN	0 80	0	0	0
TRUSTEE				
GAURAV MANTRO	0 80	0	0	0
TRUSTEE				
GLENN WARDEN	0 80	0	0	0
TRUSTEE				
JASON SKIDMORE	0 80	0	0	0
TRUSTEE				
JESSICA ALLEN	0 80	0	0	0
TRUSTEE				
JOHN HUTCHINSON	0 80	0	0	0
TRUSTEE				
KENDRA RAMIREZ	0 80	0	0	0
TRUSTEE				
PAUL CASHEN	0 80	0	0	0
TRUSTEE				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of MARY PAULIN Telephone no (859) 240-3710 Located at PO BOX 30295 CINCINNATI, OH ZIP + 4 45230

Table with columns for question number, description, and Yes/No columns. Rows include 42b and 42c.

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

Table with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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.

***** Signature of officer	2020-01-22 Date
BRIAN BERNING PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KATHLEEN MITTS CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01085771
	Firm's name ▶ MCM CPAS & ADVISORS LLP	Firm's EIN ▶ 27-1235638			
	Firm's address ▶ 201 EAST FIFTH STREET SUITE 2100 CINCINNATI, OH 45202	Phone no (513) 579-1717			

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

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.)	
<p>28 THE CIRCUIT IS A TRADE ASSOCIATION HELPING TO ENHANCE THE DEVELOPMENT OF TECHNOLOGY RELATED COMPANIES AND INSTITUTIONS (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

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.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
THE CIRCUIT

Employer identification number

31-1511754

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION SUPPLIES AMOUNT 170 DESCRIPTION TRAVEL AMOUNT 4,431 DESCRIPTION PROGR AM EXPENSES AMOUNT 77,616 DESCRIPTION BANK SERVICE CHARGES AMOUNT 4,595 DESCRIPTION PAYROLL SERVICE FEES AMOUNT 1,307 DESCRIPTION EDUCATION AND TRAINING COORDINATION AMOUNT 230 TOTAL TO FORM 990-EZ, LINE 16 88,349

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 23,950 END OF YEAR AMOUNT 10,475

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 DESCRIPTION SUPPORT AND REVENUE FOR FUTURE PERIODS BEG OF YEAR AMOUNT 42,197 END OF YEAR AMOUNT 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