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Form 990

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization  
CIRCLE INC  
  
Doing business as  
SENECA ACADEMY  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
15601 GERMANTOWN ROAD  
  
City or town, state or province, country, and ZIP or foreign postal code  
DARNESTOWN, MD 20874

F Name and address of principal officer:  
JENNIFER SERENYI  
15601 GERMANTOWN ROAD  
DARNESTOWN, MD 20874

D Employer identification number  
  
52-1316913  
  
E Telephone number  
  
(301) 869-3728  
  
G Gross receipts \$ 1,443,280

H(a) Is this a group return for subordinates? ☐ Yes ☒ No  
H(b) Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶

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

J Website: ▶ WWW.SENECAACADEMY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1984

M State of legal domicile: MD

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
TO PROVIDE A NURTURING ENVIRONMENT THAT MEETS THE INTELLECTUAL, SOCIAL, EMOTIONAL, AND PHYSICAL NEEDS OF OUR STUDENTS THROUGH ENGAGING, CHALLENGING INQUIRY-BASED EDUCATION.

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) . . . . . 11

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 57

6 Total number of volunteers (estimate if necessary) . . . . . 75

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

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

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

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

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year Current Year

83,032 121,929

1,360,814 1,319,228

2,777 2,123

-2,976 0

1,443,647 1,443,280

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) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,799

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12 . . . . .

1,031,450 925,625

550,569 524,563

1,582,019 1,450,188

-138,372 -6,908

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .

Beginning of Current Year End of Year

4,662,381 4,310,708

4,180,195 3,835,430

482,186 475,278

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

\*\*\*\*\*  
Signature of officer  
JENNIFER SERENYI CHAIR  
Type or print name and title

2020-12-03  
Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00847883

Firm's name ▶ ANDERSON DAVIS & ASSOCIATES CPA PA

Firm's EIN ▶

Firm's address ▶ 1406 B SOUTH CRAIN HWY STE 204  
GLEN BURNIE, MD 21061

Phone no. (410) 766-2645

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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