

Return of Organization Exempt from Income Tax

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, or tax year period beginning Jul 1, 2000, and ending Jun 30, 20 01

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C Name of organization: Circle Center Adult Day Services. D Employer Identification Number: 54-0991287. E Telephone number: (804) 355-5717. F Check if application pending.

G Organization type (check only one) [X] 501(c) 3 (insert no.) [] 527 or [] 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

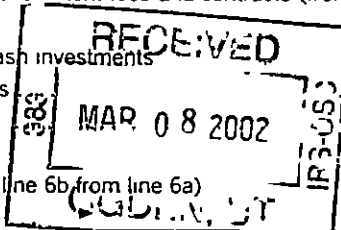
J Accounting method [] Cash [X] Accrual [] Other (specify)

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to section 527 orgs. H (a) Is this a group return for affiliates? [] Yes [X] No. H (b) If "yes" enter number of affiliates. H (c) Are all affiliates included? [] Yes [X] No. H (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [] No. I Enter 4 digit group exemption no. (GEN). L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9a Gross revenue (not including contributions reported on line 1a); 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED APR 01 2002

Handwritten numbers: 613 and 17

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non cash \$ _____)	22				
23 Specific assistance to individuals (attach sch)	23				
24 Benefits paid to or for members (attach sch)	24				
25 Compensation of officers, directors, etc	25	60,947	30,473	30,473	0
26 Other salaries and wages	26	487,031	442,617	44,414	0
27 Pension plan contributions	27	26,033	22,289	3,744	0
28 Other employee benefits	28	26,507	20,961	5,546	0
29 Payroll taxes	29	42,046	36,055	5,991	0
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	1,952	1,562	390	0
34 Telephone	34	6,309	4,732	1,577	0
35 Postage and shipping	35	1,650	1,320	330	0
36 Occupancy	36	66,129	58,451	7,678	0
37 Equipment rental and maintenance	37	3,225	2,903	322	0
38 Printing and publications	38	2,093	2,093	0	0
39 Travel	39	612	61	551	0
40 Conferences, conventions, and meetings	40	2,477	2,477	0	0
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	15,500	11,625	3,875	0
43 Other expenses (itemize)					
a Insurance	43a	6,196	4,647	1,549	0
b Transportation-Program participants	43b	4,608	4,608	0	0
c Meals and snacks	43c	10,497	9,447	1,050	0
d Development consulting	43d	17,470	0	17,470	0
e See Other Expenses Stmt	43e	20,847	11,369	9,478	0
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44	802,129	667,690	134,438	0

Reporting of Joint Costs - Did you report in column (B) (program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶ <u>Day care center for the elderly</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a <u>The center provides day care services for the elderly, averaging 55-65 participants daily. It provides on-going health support services and improves quality of life for frail & impaired adults</u> (Grants and allocations \$ _____)	667,690
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	667,690

Part IV Balance Sheets (See instructions)

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end of year amounts only		Beginning of year		End of year	
ASSETS	45	Cash – non interest bearing	50,997	45	132,463
	46	Savings and temporary cash investments	30,719	46	31,103
	47a	Accounts receivable	31,718		
		b Less allowance for doubtful accounts		47c	31,718
	47b		49,898		
	48a	Pledges receivable		48c	
		b Less allowance for doubtful accounts		48c	
	48b			49	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes & loans receivable (attach schedule)		51c	
		b Less allowance for doubtful accounts		51c	
	51b			52	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	2,146	53	1,570
	54	Investments – securities (attach schedule)		54	
		<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55a	Investments – land, buildings, & equipment basis			
		b Less accumulated depreciation (attach schedule)		55c	
55b			56		
56	Investments – other (attach schedule)		56		
57a	Land, buildings, and equipment basis	471,155			
	b Less accumulated depreciation (attach schedule)		57c	338,958	
57b		132,197	354,258		
58	Other assets (describe ▶ See Line 58 Stmt)	1,800	58	1,600	
59	Total assets (add lines 45 through 58) (must equal line 74)	489,818	59	537,412	
LIABILITIES	60	Accounts payable and accrued expenses	13,081	60	17,303
	61	Grants payable		61	
	62	Deferred revenue	12,741	62	11,141
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
		b Mortgages and other notes payable (attach schedule)		64b	
	64b			65	
	65	Other liabilities (describe ▶)		65	
66	Total liabilities (add lines 60 through 65)	25,822	66	28,444	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	424,948	67	415,195
	68	Temporarily restricted	39,048	68	93,773
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	463,996	73	508,968
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)	489,818	74	537,412

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	893,496
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) Fund transfers \$ 46,396		
	Add amounts on lines (1) through (4)	b	46,396
c	Line a minus line b	c	847,100
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	847,100

a	Total expenses and losses per audited financial statements	a	848,524
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) Fund transfers \$ 46,396		
	Add amounts on lines (1) through (4)	b	46,396
c	Line a minus line b	c	802,128
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	802,128

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Lory P Osorio Richmond, Va	Exec Director 40	60,947	3,047	0
See attached schedule of board of directors	See attached Var	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes,' attach schedule - see instructions

Part VII Analysis of Income-Producing Activities (See instructions)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Participant pmts	624100				274,799
b Transport - private pay	624100				2,824
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	1,315	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,315	277,623
105 Total (add line 104, columns (B), (D), and (E))					278,938

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	The center provides day care and nutrition services for the elderly. Participants pay daily fees based on what they can afford (as determined by a social worker).
See Relationship of Activities to the Accomplishment of Exempt Purposes Statement	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

I have prepared this return based on all information of which preparer has any knowledge (See instructions)

12/28/02
Date

XHECTOR ALONSO, TREASURER
Type or Print Name and Title

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information — (See separate instructions)

▶ **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization Circle Center Adult Day Services	Employer Identification Number 54-0991287
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions List each one If there are none, enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶		None		

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions List each one (whether individuals or firms) If there are none, enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services ▶		None

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI B and attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets? If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? 3		X
4a Do you have a section 403(b) annuity plan for your employees? 4a		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.)		

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting*
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	482,872	357,020	340,883	333,322	1,514,097
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	197,307	197,906	220,262	203,911	819,386
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,002	1,085	922	1,579	4,588
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	8,125	6,380	4,811	3,906	23,222
23 Total of lines 15 through 22	689,306	562,391	566,878	542,718	2,361,293
24 Line 23 minus line 17	491,999	364,485	346,616	338,807	1,541,907
25 Enter 1% of line 23	6,893	5,624	5,669	5,427	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 30,838
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.				26b
	c Total support for Section 509(a)(1) test. Enter line 24, column (e).				26c 1,541,907
	d Add amounts from column (e) for lines 18 4,588 19 _____ and 22 23,222 26b _____				26d 27,810
	e Public support (line 26c minus line 26d total)				26e 1,514,097
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 98.20%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each 'disqualified person.' Enter the sum of such amounts for each year.				
	(1999) _____ (1998) _____ (1997) _____ (1996) _____				
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.				
	(1999) _____ (1998) _____ (1997) _____ (1996) _____				
	c Add amounts from column (e) for lines 15 _____ 16 _____ and 17 _____ 20 _____ 21 _____				
	d Add line 27a total _____ and line 27b total _____				
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) 27f _____				
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

Part V Private School Questionnaire (See instructions)
 (To be completed Only by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check here **a** if the organization belongs to an affiliated group
 Check here **b** if you checked 'a' above and 'limited control' provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term 'expenditures' means amounts paid or incurred)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table –														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is –</td> <td style="width: 50%;">The lobbying nontaxable amount is –</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is –	The lobbying nontaxable amount is –	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is –	The lobbying nontaxable amount is –														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44													
Caution If there is an amount on either line 43 or line 44, you must file Form 4720															

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Supporting Statement of.

Form 990 p 1/Line 1a

Description	Amount
Annual appeal	16,821
Contributions - other	29,792
Memorial fund	1,850
Bathing fund	1,000
Breakfast fund	1,010
Meals fund	14,206
	55,000
Total	<u>119,679</u>

Supporting Statement of.

Form 990 p 1/Line 1b

Description	Amount
	54,642
Scholarship funds	20,773
	936
	4,369
Special event income	9,214
Total	<u>89,934</u>

Supporting Statement of:

Form 990 p 1/Line 1c

Description	Amount
	276,168
	59,851
	22,530
Total	<u>358,549</u>

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses (itemize)				
Program supplies	3,065	2,759	306	0
Professional fees	4,405	0	4,405	0
Janitorial supplies	3,251	1,626	1,625	0
Nursing supplies	1,945	1,945	0	0
Membership dues	498	374	124	0
Furnishings/equipment	3,292	2,469	823	0
Community liason	4,391	2,196	2,195	0
Total	<u>20,847</u>	<u>11,369</u>	<u>9,478</u>	<u>0</u>

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets	Beginning of Year	End of Year
Unamortized lease option	1,800	
Total	<u>1,800</u>	

Form 990, Page 6, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93b	The center provides transportation to qualifying participants. Some participants, based on economic need, pay for these transportation services. This line includes transportation costs paid by participants.



ROSTER
BOARD OF DIRECTORS

1. ALEXANDER, MD, ALISON, 3906 Francistown Rd., Richmond, Va. 23294 (H) 346-8337 (W) 329-8510; Fax 329-2160
2. ALONSO, HECTOR, (Treasurer); 2340 Stuts Lane, Richmond, Va. 23236 (H) 276-3084 (W) 274-7876; Fax 274-7753; halonso@home.com
3. BAILEY, MARY ANN, 4700 Candlelight Place, Glen Allen, VA 23060 (H) 273-1850, (W) 354-4280; Fax 354-4301; m Bailey@trigon.com
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6. COCHRAN, BETTY (Vice-President), 7720 Varann Rd., Richmond, Va. 23231 (H) 795-1025 (W) 795-5394; Fax 795-5395; cochran2@mindspring.com pager: 997-3721
7. COLLINS, PATRICIA, Esq. c/o McCandlish & Kaine, 1111 E. Main St., P.O. Box 796, Richmond, VA 23219, (H) 355-5968, (W) 775-7204, fax 775-3816; pcollins@virtualmk.com
8. GIVENS, ALICE G., Esq. (Secretary); 11 N. Boulevard, Richmond, Va. 23220 (H) 355-4413 (W) 935-1246; Fax 418-6696
9. HARRIS, RICHARD N., Esq. 3414 Walker's Ferry Rd., Midlothian, Va. 23112 (H) 744-8647
10. LIEPIS, WILLIAM J., 1608 Pope Ave., Richmond, Va. 23227 (H & W) 553-0766; liepis@erols.com
11. MCGREGOR, CATHERINE M., 11917 Blandfield Street, Richmond, Va. 23233 (H) 364-4078; mccgathy@CS.com
12. MEIJER, CAROLYN P., 8650 Choctaw Road, Richmond, Va. 23235 (H) 320-9549; (W) 359-2463; Fax 278-6298 meijer@grace-covenant.org Send mailings to her at Grace Covenant Church, 1627 Monument Ave., 23220
13. MOORE, HARRY G., JR. 5500 Dillwyn Road, Richmond, Va 23226 (H) 282-2959; (W) 794-2873, X 137; fax 379-0961; email hmoore@wfofr.com cell 301-3861
14. PARKER JR., AMBROSE D., 503-B North Hamilton St., Richmond, Va. 23221 (H) 353-3717
15. ROWSEY, NANCY J. 5383 Summer Plains Ave , Mechanicsville, VA 23116 (H) 730-0914; (W) 559-6363 njr58@earthlink.net
16. SANBORN, RACHEL H., 9811 River Rd., Richmond, Va. 23233, (H) and fax: 740-3133 cell: 402-0216
17. SCYPHERS, MICHAEL P., 12429 Brightwater Lane, Richmond, VA 23233; (H) 741-5391; (W) 967-2940, X6275; fax: 418-6691; pager: 941-9754; Michael_Scypfers@circuitscity.com

18. STRICKLER, SCOTT E., c/o Robins Insurance Co, P. O. Box 71300, Richmond 23255-1300 (H) 741-2570 (W) 747-1281, Fax 270-4780; sstrickler@robinsinsurance.com
19. TILLER, CLIFTON O., 5018 Sulky Drive #108, Richmond, Va. 23228 (H) 515-0473 (W) 290-7957; Fax 290-7928, ctiller@dewberry.com

Executive Director: LORY PHILLIPPO OSORIO
 4107 Boscobel Avenue
 Richmond, Virginia 23225
 (H) 233-0927 (W) 355-5717 (Fax) 358-3866

REPRESENTATION

Cathedral of the Sacred Heart		Ambrose Parker Patricia Collins
First English Lutheran		Betty Cochran Richard Harris
Grace Covenant Presbyterian		
St. James's Episcopal		William J. Liepis Harry G. Moore, Jr.
St. John's United Church of Christ		Catherine M. McGregor
Stuart Circle Parish		Carol Meijer
Participant families		
At-large	Alison Alexander Hector Alonso Mary Ann Bailey John Barrie Paterson Brown	Alice Givens Nancy Rowsey Rachel Sanborn Mike Scyphers Scott Strickland Cliff Tiller

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or Print	Name of Exempt Organization <u>Circle Center Adult Day Services</u>	Employer Identification Number <u>54-0991287</u>
	Number Street and Room or Suite Number If a P O Box, See Instructions <u>3900 West Broad Street Bldg 20</u>	For IRS Use Only
File by the extended due date for filing the return See instructions	City Town or Post Office State and ZIP Code For a Foreign Address See Instructions <u>Richmond VA 23230-3958</u>	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990 EZ	<input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041 A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990 BL	<input type="checkbox"/> Form 990 PF	<input type="checkbox"/> Form 990 T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

Stop. Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a group return, enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until May 15, 2002

5 For calendar year _____, or other tax year beginning Jul 1, 2000 and ending Jun 30, 2001

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension Additional information is needed from the treasurer Upon receipt of this information, a complete and accurate return will be filed

8a If this application is for Form 990-BL, 990-PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c Balance due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief, it is true correct and complete and that I am authorized to prepare this form

Signature Edmond H. Smith Title CPA Date 02/15/02

Notice to Applicant – To be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10 day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or Print	Name <u>Smith & Eggleston, P C</u>
	Number and Street (include suite, room, or apartment number) or a P O Box Number <u>8003 Franklin Farms Dr, Suite 100</u>
	City or Town, Province or State, and Country (including postal or ZIP code) <u>Richmond VA 23229-5107</u>

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return**

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization Circle Center Adult Day Services	Employer Identification Number 54-0991287
	Number Street and Room or Suite Number If a P.O. Box see instructions 3900 West Broad Street Bldg 20	
	City Town or Post Office For a foreign address see instructions Richmond	
	State	ZIP Code VA 23230-3958

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a group return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3 month (6-month, for 990-T corporation) extension of time until Feb 15, 20 02, to file the exempt organization return for the organization named above The extension is for the organization's return for
 - ▶ calendar year 20 ____ or
 - ▶ tax year beginning Jul 1, 20 00, and ending Jun 30, 20 01
- 2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____
- b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____
- c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

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 and that I am authorized to prepare this form

Signature ▶ Edmond H. Smith Title ▶ CPA Date ▶ 11/12/01

BAA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12 2000)