

Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A For the 2001 calendar year, or tax year period beginning JUL 1, 2001 and ending JUN 30, 2002

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization SARAH'S CIRCLE
Number and street (or P O box if mail is not delivered to street address) PO BOX 408061
City or town, state or country, and ZIP + 4 CHICAGO, IL 60640

D Employer identification number 36-3043662
E Telephone number (773) 728-1014
F Accounting method Cash [X] Accrual [ ] Other (specify)

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

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes [ ] No [X]
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? N/A Yes [ ] No [ ]
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]
I Enter 4-digit GEN

G Web site N/A

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

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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 451,226.

M Check [ ] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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 sale of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue (not including \$ reported on line 12); 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 OCT 18 '02

RECEIVED OCT 09 2002

Handwritten initials/signature

**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 \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	46,740.	28,044.	9,348.	9,348.
26	Other salaries and wages	287,492.	237,539.	16,623.	33,330.
27	Pension plan contributions	6,924.	4,154.	1,385.	1,385.
28	Other employee benefits	39,096.	31,933.	2,528.	4,635.
29	Payroll taxes	26,375.	21,038.	1,984.	3,353.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	3,188.	1,383.	468.	1,337.
34	Telephone	7,422.	6,008.	764.	650.
35	Postage and shipping	6,292.	1,693.	333.	4,266.
36	Occupancy	62,615.	54,631.	3,035.	4,949.
37	Equipment rental and maintenance	3,767.	3,391.	188.	188.
38	Printing and publications	13,595.	4,316.	154.	9,125.
39	Travel	870.	616.	64.	190.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	18,232.	16,408.	912.	912.
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 6	60,831.	42,075.	3,720.	15,036.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	583,439.	453,229.	41,506.	88,704.

Joint Costs Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  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? <b>SEE STATEMENT 7</b>		Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	SEE STATEMENT 8	
	(Grants and allocations \$ _____)	453,229.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	453,229.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	330.	45	25,316.
	46 Savings and temporary cash investments	201,376.	46	64,576.
	47 a Accounts receivable		47a	
	b Less allowance for doubtful accounts		47b	47c
	48 a Pledges receivable		48a	
	b Less allowance for doubtful accounts		48b	48c
	49 Grants receivable	20,921.	49	9,353.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable		51a	
	b Less allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use	492.	52	513.
	53 Prepaid expenses and deferred charges	2,093.	53	511.
	54 Investments - securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54,246.	54	39,968.
	55 a Investments - land, buildings, and equipment basis		55a	
b Less accumulated depreciation		55b	55c	
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment basis	242,299.	57a		
b Less accumulated depreciation STMT 10	89,003.	57b	57c	
58 Other assets (describe <input type="checkbox"/> SECURITY DEPOSIT )	171,527.	58	153,296.	
59 Total assets (add lines 45 through 58) (must equal line 74)	7,500.	59	7,500.	
60 Accounts payable and accrued expenses	458,485.	60	301,033.	
61 Grants payable	25,456.	61	22,541.	
62 Deferred revenue		62		
63 Loans from officers, directors, trustees, and key employees		63		
64 a Tax-exempt bond liabilities		64a		
b Mortgages and other notes payable		64b		
65 Other liabilities (describe <input type="checkbox"/> )		65		
66 Total liabilities (add lines 60 through 65)	25,456.	66	22,541.	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67 Unrestricted	401,345.	67	259,204.	
68 Temporarily restricted	31,684.	68	19,288.	
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, column (B) must equal line 21)	433,029.	73	278,492.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	458,485.	74	301,033.	

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements	a	432,100.
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) STMT 11 \$ 1,551.		
	Add amounts on lines (1) through (4)	b	1,551.
c	Line a minus line b	c	430,549.
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	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	430,549.

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

a	Total expenses and losses per audited financial statements	a	586,637.
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) STMT 12 \$ 3,198.		
	Add amounts on lines (1) through (4)	b	3,198.
c	Line a minus line b	c	583,439.
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	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	583,439.

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

(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 & deferred compensation	(E) Expense account and other allowances
GAIL RUSSELL PO BOX 408061 CHICAGO, IL 60640	EXEC DIRECTOR 40	46,740.	10,369.	0.
TIFFANNI SANDERS PO BOX 408061 CHICAGO, IL 60640	TREASURER 2	0.	0.	0.
CYNTHIA WILLIAMS PO BOX 408061 CHICAGO, IL 60640	SECRETARY 2	0.	0.	0.
DIANE DUNNE PO BOX 408061 CHICAGO, IL 60640	DIRECTOR 2	0.	0.	0.
MARLENE C. FRANKE PO BOX 408061 CHICAGO, IL 60640	DIRECTOR 2	0.	0.	0.
JENNIFER ROCHE PO BOX 408061 CHICAGO, IL 60640	DIRECTOR 2	0.	0.	0.
BARBARA A. KRAEGER HAILEY PO BOX 408061 CHICAGO, IL 60640	DIRECTOR 2	0.	0.	0.
JENNIFER L. RAKSTAD PO BOX 408061 CHICAGO, IL 60640	DIRECTOR 2	0.	0.	0.
ANATASIA WEHERENBERG PO BOX 408061 CHICAGO, IL 60640	DIRECTOR 2	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? If "Yes," attach schedule  Yes  No Form 990 (2001)

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>ILLINOIS</u>	90a	
b	Number of employees employed in the pay period that includes March 12, 2001	90b	12
91	The books are in care of <u>CYNTHIA BIRKETT</u> Telephone no <u>(773) 728-1014</u>		
	Located at <u>4750 N. SHERIDAN RD., CHICAGO, IL</u> ZIP + 4 <u>60640</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,931.	
96 Dividends and interest from securities			14	2,837.	
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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-1,379.	
101 Net income or (loss) from special events			01	8,243.	
102 Gross profit or (loss) from sales of inventory					615.
103 Other revenue					
a MISCELLANEOUS					34.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		12,632.	649.
105 Total (add line 104, columns (B), (D), and (E))					13,281.

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 Specific Instructions on page 32)

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)
102	INVENTORIES ARE SOLD TO HELP WITH THE ORGANIZATION'S EXEMPT ACTIVITIES
103A	MISCELLANEOUS REVENUES RECEIVED IN EXCHANGE FOR PROVIDING SERVICES RELATED TO THE ORGANIZATIONS EXEMPT PURPOSE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

- (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

Note: If you are a preparer, you must sign and print your name and title on this line. I have prepared this return, and to the best of my knowledge and belief, it is true, correct, and complete. Information of which preparer has any knowledge.

*Barbara K. Harley* → **Barbara K Harley, Board President**



**Part III Statements About Activities** (See page 2 of the instructions)

**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 **▶** \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

	Yes	No
1		X

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

**2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

**a** Sale, exchange, or leasing of property?

2a		X
----	--	---

**b** Lending of money or other extension of credit?

2b		X
----	--	---

**c** Furnishing of goods, services, or facilities?

2c		X
----	--	---

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990

2d	X	
----	---	--

**e** Transfer of any part of its income or assets?

2e		X
----	--	---

**3** Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

3		X
---	--	---

**4** Do you have a section 403(b) annuity plan for your employees?

4		X
---	--	---

**Note** 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

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the 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)

**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 page 5 of the 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 page 6 of the 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	412,462.	393,999.	355,239.	536,055.	1,697,755.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	38,478.	33,043.	11,758.	21,210.	104,489.
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	11,577.	7,765.	4,271.	2,700.	26,313.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization a 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		3,991.	SEE STATEMENT 13	10.	4,001.
23 Total of lines 15 through 22	462,517.	438,798.	371,268.	559,975.	1,832,558.
24 Line 23 minus line 17	424,039.	405,755.	359,510.	538,765.	1,728,069.
25 Enter 1% of line 23	4,625.	4,388.	3,713.	5,600.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 34,561.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					26b 89,695.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 1,728,069.
d Add Amounts from column (e) for lines	18 26,313.	19	22 4,001.	26b 89,695.	26d 120,009.
e Public support (line 26c minus line 26d total)					26e 1,608,060.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 93.0553%
27 Organizations described on line 12.	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year				N/A
	(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) Do not file this list with your return 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					N/A
	(2000)	(1999)	(1998)	(1997)	
c Add Amounts from column (e) for lines	15	16	17	20	21
d Add Line 27a total and line 27b total					27c N/A
e Public support (line 27c total minus line 27d total)					27d N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27e N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f N/A
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g N/A %
					27h N/A %

28 Unusual Grants. For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		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 )		
_____			
_____			
34 a	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 page 9 of the instructions)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
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 - 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	
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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

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 e 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 e through h)

Yes	No	Amount
		0.

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



**Schedule B**  
(Form 990, 990-EZ, or  
990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

**2001**

Name of organization

SARAH'S CIRCLE

Employer identification number

36-3043662

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule—see instructions.)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (if this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

**SARAH'S CIRCLE**

**36-3043662**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 98,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 9,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
5		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
6	LOUISVILLE, KY 40202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

**SARAH'S CIRCLE**

**36-3043662**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
8		\$ 12,222.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
9		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
10		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LEASEHOLD IMPROVEMENTS	VARIABLES	VARIESL	15.00	16	215,719.			215,719.	50,337.		14,382.
2	PROPERTY AND EQUIPMENT	VARIABLES	VARIESL	5.00	16	26,580.			26,580.	20,435.		3,849.
	* TOTAL 990 PAGE 2 DEPR					242,299.		0.	242,299.	70,772.	0.	18,231.

(D) - Asset disposed

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**FORM 990**                      **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES**                      **STATEMENT**      **1**


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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
AMERICAN US GOVERNMENT SECURITIES	8,050.	7,899.	0.	151.
AMERICAN WASHINGTON MUTUAL INVESTORS	8,050.	9,580.	0.	-1,530.
TO FORM 990, PART I, LINE 8	<u>16,100.</u>	<u>17,479.</u>	<u>0.</u>	<u>-1,379.</u>

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**FORM 990**                                      **SPECIAL EVENTS AND ACTIVITIES**                                      **STATEMENT**      **2**


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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
WINTER WALK	10,766.		10,766.	2,523.	8,243.
TO FM 990, PART I, LINE 9	<u>10,766.</u>		<u>10,766.</u>	<u>2,523.</u>	<u>8,243.</u>

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS . . . . .	1,290	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		1,290
4. COST OF GOODS SOLD (LINE 13) . . . . .	675	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		615

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .	675	
11. ADD LINES 6 THROUGH 10 . . . . .		675
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		675

FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	4
DESCRIPTION		AMOUNT	
COST OF GOODS SOLD - OTHER COSTS		675.	
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B		675.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON SECURITIES		-1,647.	
TOTAL TO FORM 990, PART I, LINE 20		-1,647.	

FORM 990	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
FOOD AND SUPPLIES	13,057.	12,323.		734.	
PROFESSIONAL FEES	11,633.	2,812.	2,768.	6,053.	
CLIENT SUPPORT	7,729.	7,729.			
INSURANCE	7,245.	6,341.	352.	552.	
STAFF DEVELOPMENT	5,231.	4,272.	290.	669.	
ADVERTISING	855.	855.			
MISCELLANEOUS	1,845.	1,577.	132.	136.	
OFFICE EXPENSE	3,176.	2,822.	146.	208.	
BANK FEES	32.		32.		
REGISTRATION OF BUSINESS	6,684.			6,684.	
TUITION REIMBURSEMENT	3,344.	3,344.			
TOTAL TO FM 990, LN 43	60,831.	42,075.	3,720.	15,036.	

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FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7  
PART III

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EXPLANATION

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TO PROVIDE A DROP-IN CENTER FOR HOMELESS, TRANSIENT, AND LOW-INCOME WOMEN.  
ALSO, TO PROVIDE MEALS AND SOCIAL SERVICES.

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FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

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DESCRIPTION OF PROGRAM SERVICE ONE

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DROP-IN CENTER OFFERING A WELCOMING, SUPPORTIVE, NON-INTRUSIVE SAFE REFUGE FOR WOMEN WHO ARE HOMELESS, TRANSIENT AND OF LOW INCOME. SERVICES INCLUDE: CASE MANAGEMENT AND ADVOCACY, SOCIAL ACTIVITIES, COUNSELING REFERRALS, ON-SITE SERVICES FROM OUTSIDE PROVIDERS, SUPPORT GROUPS, FOUR HOT MEALS PER WEEK, SNACKS, SHOWERS AND BATHROOM FACILITIES, PERSONAL HYGIENE ITEMS, LAUNDRY, CLOTHING, MAILING ADDRESS, TELEPHONE, LOCKERS AND COMPUTER LAB. IN FY-01 391 INDIVIDUAL WOMEN WERE SERVED.

	GRANTS	EXPENSES
	<u>                    </u>	<u>                    </u>
TO FORM 990, PART III, LINE A		453,229.
	<u>                    </u>	<u>                    </u>

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FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
MUTUAL FUNDS			39,968.		39,968.
TO 990, LN 54 COL B			39,968.		39,968.
	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

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**FORM 990                    DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT                    STATEMENT 10**


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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	215,719.	64,719.	151,000.
PROPERTY AND EQUIPMENT	26,580.	24,284.	2,296.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>242,299.</b>	<b>89,003.</b>	<b>153,296.</b>

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**FORM 990                    OTHER REVENUE NOT INCLUDED ON FORM 990                    STATEMENT 11**


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DESCRIPTION	AMOUNT
FUNDRAISING EXPENSES	2,523.
COST OF GOODS SOLD	675.
UNREALIZED LOSS ON INVESTMENTS	-1,647.
<b>TOTAL TO FORM 990, PART IV-A</b>	<b>1,551.</b>

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**FORM 990                    OTHER EXPENSES NOT INCLUDED ON FORM 990                    STATEMENT 12**


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DESCRIPTION	AMOUNT
FUNDRAISING EXPENSES	2,523.
COST OF GOODS SOLD	675.
<b>TOTAL TO FORM 990, PART IV-B</b>	<b>3,198.</b>

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**SCHEDULE A                    OTHER INCOME                    STATEMENT 13**


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DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
MISCELLANEOUS	0.	3,991.	0.	10.
<b>TOTAL TO SCHEDULE A, LINE 22</b>	<b>0.</b>	<b>3,991.</b>	<b>0.</b>	<b>10.</b>