

Return of Organization Exempt from Income Tax

2002

Open to Public Inspection

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

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 2002 calendar year, or tax year beginning July 1, 2002, and ending June 30, 2003

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

C Name of organization: Circle Center Adult Day Services. Number street (or P O box if mail is not delivered to street addr): 3900 West Broad Street. Room/suite: Bldg 20. City, town or country: Richmond. State: VA. ZIP code + 4: 23230-3958

D Employer Identification Number: 54-0991287. E Telephone number: (804) 355-5717. F Accounting method: Cash, Accrual (checked), 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? No (checked). H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No. I Enter 4-digit GEN. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site:

J Organization type (check only one): 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: 951,991.

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 of other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 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.

363 MAR 12 2004

RECEIVED

REC'D MAR 12 2004

913-15

**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 (att sch) (cash \$ <u>0.</u> non-cash \$ _____)	0.	0.		
23	Specific assistance to individuals (att sch)	0.	0.		
24	Benefits paid to or for members (att sch)	0.	0.		
25	Compensation of officers, directors, etc	60,121.	30,061.	30,060.	0.
26	Other salaries and wages	463,548.	440,622.	22,926.	0.
27	Pension plan contributions	27,261.	24,612.	2,649.	0.
28	Other employee benefits	35,723.	27,374.	8,349.	0.
29	Payroll taxes	39,856.	35,617.	4,239.	0.
30	Professional fundraising fees	0.	0.	0.	0.
31	Accounting fees	0.	0.	0.	0.
32	Legal fees	0.	0.	0.	0.
33	Supplies	2,520.	1,512.	1,008.	0.
34	Telephone	9,036.	8,132.	904.	0.
35	Postage and shipping	2,522.	2,018.	504.	0.
36	Occupancy	78,716.	71,285.	7,431.	0.
37	Equipment rental and maintenance	0.	0.	0.	0.
38	Printing and publications	0.	0.	0.	0.
39	Travel	512.	512.	0.	0.
40	Conferences, conventions, and meetings	1,870.	1,683.	187.	0.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	15,095.	11,321.	3,774.	0.
43	Other expenses not covered above (itemize):				
a	<u>Insurance</u>	8,416.	7,574.	842.	0.
b	<u>Transportation-Program participants</u>	6,178.	6,178.	0.	0.
c	<u>Meals &amp; snacks-participants</u>	46,408.	41,767.	4,641.	0.
d	<u>Printing</u>	5,063.	2,532.	2,531.	0.
e	<u>See Other Expenses Stmt</u>	44,484.	14,467.	5,050.	24,967.
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	847,329.	727,267.	95,095.	24,967.

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? <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>See attached statement</u> ----- ----- (Grants and allocations \$ 0.)	727,267.
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)	727,267.

**Part IV Balance Sheets** (See Instructions)

**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
ASSETS	45 Cash – non-interest-bearing .....	72,650.	45	166,590.
	46 Savings and temporary cash investments .....	47,636.	46	78,525.
	47a Accounts receivable .....	47a 28,211.		
	b Less: allowance for doubtful accounts .....	47b	37,249.	47c 28,211.
	48a Pledges receivable .....	48a		48c
	b Less: allowance for doubtful accounts .....	48b		
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) .....		50	
	51a Other notes & loans receivable (attach sch) .....	51a		
	b Less: allowance for doubtful accounts .....	51b		51c
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	3,403.	53	7,680.
	54 Investments – securities (attach schedule) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments – land, buildings, & equipment: basis .....	55a		
	b Less: accumulated depreciation (attach schedule) .....	55b		55c
	56 Investments – other (attach schedule) .....		56	
	57a Land, buildings, and equipment: basis .....	57a 549,048.		
	b Less: accumulated depreciation (attach schedule) .....	57b 174,934.	399,776.	57c 374,114.
	58 Other assets (describe <input type="checkbox"/> See Line 58 Stmt .....		1,400.	58 1,200.
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....		562,114.	59 656,320.	
LIABILITIES	60 Accounts payable and accrued expenses .....	14,977.	60	19,735.
	61 Grants payable .....		61	
	62 Deferred revenue .....	8,228.	62	6,179.
	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	
	65 Other liabilities (describe <input type="checkbox"/> .....		65	
	66 <b>Total liabilities</b> (add lines 60 through 65) .....		23,205.	66 25,914.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted .....	421,929.	67	477,456.
	68 Temporarily restricted .....	116,980.	68	152,950.
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....		538,909.	73 630,406.
	74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....		562,114.	74 656,320.

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	
<b>a</b> Total revenue, gains, and other support per audited financial statements	▶ <b>a</b>	1,172,926.	
<b>b</b> Amounts included on line a but not on line 12, Form 990:			
<b>(1)</b> Net unrealized gains on investments \$			
<b>(2)</b> Donated services and use of facilities \$			
<b>(3)</b> Recoveries of prior year grants \$			
<b>(4)</b> Other (specify): Fund transfers \$ 220,935.			
Add amounts on lines (1) through (4)	▶ <b>b</b>	220,935.	
<b>c</b> Line a minus line b	▶ <b>c</b>	951,991.	
<b>d</b> Amounts included on line 12, Form 990 but not on line a:			
<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$			
<b>(2)</b> Other (specify):			
\$			
Add amounts on lines (1) and (2)	▶ <b>d</b>		
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)	▶ <b>e</b>	951,991.	
			<b>a</b> Total expenses and losses per audited financial statements
			▶ <b>a</b> 1,079,108.
			<b>b</b> Amounts included on line a but not on line 17, Form 990:
			<b>(1)</b> Donated services and use of facilities \$
			<b>(2)</b> Prior year adjustments reported on line 20, Form 990 \$
			<b>(3)</b> Losses reported on line 20, Form 990 \$
			<b>(4)</b> Other (specify): See attached \$ 231,779.
			Add amounts on lines (1) through (4)
	▶ <b>b</b>	231,779.	
	▶ <b>c</b>	847,329.	
			<b>d</b> Amounts included on line 17, Form 990 but not on line a:
			<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$
			<b>(2)</b> Other (specify):
			\$
			Add amounts on lines (1) and (2)
	▶ <b>d</b>		
	▶ <b>e</b>	847,329.	

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 Phillippo Osorio Richmond, Va.	Exec Director 40	60,121.	3,006.	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 VI Other Information** (See instructions.)

		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
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement . . . . .		X
80a	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			
81a	Enter direct or indirect political expenditures. See line 81 instructions. <b>81a</b> _____ 0.		
81b	b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
82a	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? . . . . .		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) . . . . . <b>82b</b> _____			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			
85a	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members? . . . . .		
85b	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.			
85c	c Dues, assessments, and similar amounts from members . . . . .		
85d	d Section 162(e) lobbying and political expenditures . . . . .		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .		
86a	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12 . . . . .		
86b	b Gross receipts, included on line 12, for public use of club facilities . . . . .		
87a	<b>501(c)(12) organizations.</b> Enter. a Gross income from members or shareholders . . . . .		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		
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 . . . . .		X
89a	<b>501(c)(3) organizations.</b> Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ 0. ; section 4912 ▶ _____ 0. ; section 4955 ▶ _____ 0.		
89b	b <b>501(c)(3) and 501(c)(4) organizations.</b> 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 . . . . .		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 . . . . . ▶ _____			
90a	List the states with which a copy of this return is filed ▶ <u>None</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) . . . . .		28
91	The books are in care of ▶ <u>the organization</u> Telephone number ▶ <u>(804) 355-5717</u> Located at ▶ <u>3900 W. Broad St., Bldg. 20, Richmond VA</u> ZIP + 4 ▶ <u>23230-3958</u>		
92	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>92</u>		

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

Note: 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 Participants	624100				219,085.
b Transportation					4,224.
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	1,060.	
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					
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))				1,060.	223,309.
105 Total (add line 104, columns (B), (D), and (E))					224,369.

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)

(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

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please *Hector Alonso*

*3/3/04*  
Date

*Board of Directors*

Date \_\_\_\_\_ Check if \_\_\_\_\_ Preparer's SSN or PTIN (see General Instruction W)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under**  
**Section 501(c)(3)**

OMB No 1545 0047

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),**  
**501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**

**2002**

Department of the Treasury  
Internal Revenue Service

**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

**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 and 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 (See instructions)

	Yes	No
<p>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 . . . ▶ \$ _____</p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .</p> <p>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.</p>		X
<p>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 )</p>		
<p>a Sale, exchange, or leasing of property? . . . . .</p>	2a	X
<p>b Lending of money or other extension of credit? . . . . .</p>	2b	X
<p>c Furnishing of goods, services, or facilities? . . . . .</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .</p>	2d	X
<p>e Transfer of any part of its income or assets? . . . . .</p>	2e	X
<p>3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) . . . . .</p>	3	X
<p>4 Do you have a section 403(b) annuity plan for your employees? . . . . .</p>	4	X
<p><b>Note:</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</p>		

**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.)
- 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.)
- 11 a  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 )
- 11 b  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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	560,143.	568,162.	482,872.	357,020.	1,968,197.
<b>16</b> Membership fees received . . . . .	301,721.	277,623.	197,307.	197,906.	974,557.
<b>17</b> 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 . . . . .					
<b>18</b> 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 . . . . .	1,220.	1,315.	1,002.	1,085.	4,622.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> 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 . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	0.	0.	8,125.	6,380.	14,505.
<b>23</b> Total of lines 15 through 22 . . . . .	863,084.	847,100.	689,306.	562,391.	2,961,881.
<b>24</b> Line 23 minus line 17 . . . . .	863,084.	847,100.	689,306.	562,391.	2,961,881.
<b>25</b> Enter 1% of line 23 . . . . .	8,631.	8,471.	6,893.	5,624.	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24 . . . . .	<b>26a</b>	59,238.
	<b>b</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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .	<b>26b</b>	
	<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e) . . . . .	<b>26c</b>	2,961,881.
	<b>d</b> Add: Amounts from column (e) for lines: 18 <u>4,622.</u> 19 <u>          </u> 22 <u>14,505.</u> 26b <u>          </u> . . . . .	<b>26d</b>	19,127.
	<b>e</b> Public support (line 26c minus line 26d total) . . . . .	<b>26e</b>	2,942,754.
	<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .	<b>26f</b>	99.35 %

<b>27 Organizations described on line 12:</b>	<b>a</b> 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. (2001) _____ (2000) _____ (1999) _____ (1998) _____		
	<b>b</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: (2001) _____ (2000) _____ (1999) _____ (1998) _____		
	<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . .	<b>27c</b>	
	<b>d</b> Add. Line 27a total . . . . . and line 27b total . . . . .	<b>27d</b>	
	<b>e</b> Public support (line 27c total minus line 27d total) . . . . .	<b>27e</b>	
	<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . .	<b>27f</b>	
	<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .	<b>27g</b>	%
	<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table –		
	<b>If the amount on line 40 is –</b>		
	<b>The lobbying nontaxable amount is –</b>		
	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	<b>41</b>	
	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 . . . . .		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	
<b>Caution:</b> 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.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots non-taxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See instructions.)  
 (For reporting only by organizations that did not complete Part VI-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:	Yes	No	Amount
<b>a</b> Volunteers . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>c</b> Media advertisements . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>d</b> Mailings to members, legislators, or the public . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>e</b> Publications, or published or broadcast statements . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>i</b> Total lobbying expenditures (add lines c through h.) . . . . .			

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



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

2002

Name of organization

Circle Center Adult Day Services

Employer identification number

54-0991287

Organization type (check one).

Filers of:

Form 990 or 990-EZ

Section:

- 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 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)

**BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2002)

**Supporting Statement of:**

Form 990 p 1/Line 1a

\*

Description	Amount
-------------	--------

**Supporting Statement of:**

\*Form 990 p 1/Line 1b

Description	Amount
-------------	--------

**Supporting Statement of:**

\*Form 990 p 1/Line 1c

Description	Amount
-------------	--------

**Supporting Statement of:**

Form 990 p 1/Line 20

Description	Amount
Depreciation - book over tax	-10,844.
Depreciation - book over tax - prior year	-2,321.

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

**2002**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.  
▶ Attach to your tax return.

67

Name(s) shown on return  
**Circle Center Adult Day Services**

Identifying number  
**54-0991287**

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Tangible Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See instructions for a higher limit for certain businesses	1	\$24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	14,812.
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B – Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		283.	7 yrs	HY	DDB	283.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C – Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	15,095.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles)

Table with columns (a) through (i) for depreciation and other information. Includes rows 24a, 25, 26, 27, 28, and 29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) through (f) for vehicle information. Includes rows 30 through 36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table with columns Yes/No for employer questions. Includes rows 37 through 41.

Part VI Amortization

Table with columns (a) through (f) for amortization. Includes rows 42, 43, and 44.

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Program supplies	7,452.	7,452.	0.	0.
Professional fees	6,181.	1,545.	4,636.	0.
Janitorial supplies	3,950.	3,911.	39.	0.
Nursing supplies	1,211.	1,211.	0.	0.
Membership dues	382.	38.	344.	0.
Memorials/furnishings	188.	188.	0.	0.
Miscellaneous	153.	122.	31.	0.
Community liaison	3,678.	0.	0.	3,678.
Amortization	0.			
Development consulting	21,289.	0.	0.	21,289.
<b>Total</b>	<u>44,484.</u>	<u>14,467.</u>	<u>5,050.</u>	<u>24,967.</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	1,400.	1,200.
<b>Total</b>	<u>1,400.</u>	<u>1,200.</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.

Continued

**Supporting Statement of:**

Form 990 p 1/Line 20

Description	Amount
Total	<u>-13,165.</u>

**Supporting Statement of:**

Form 990 p 2/Line 36 column (B)

Description	Amount
Rent	50,421.
Electricity	8,345.
Gas	7,132.
Miscellaneous occupancy	5,387.
Total	<u>71,285.</u>

**Supporting Statement of:**

Form 990 p 2/Line 36 column (C)

Description	Amount
Rent	5,602.
Electricity	927.
Gas	792.
Miscellaneous occupancy	110.
Total	<u>7,431.</u>

**Supporting Statement of:**

Form 990 p 4/Part IV-A, Line a

Description	Amount
Total unrestricted revenues & support	913,700.
Revenues in restricted funds	259,226.
Total	<u>1,172,926.</u>

**Supporting Statement of:**

Form 990 p 4/Part IV-B, Line a

Description	Amount
Total expenses	858,173.
Restricted fund expenditures	220,935.
Total	<u>1,079,108.</u>

**Supporting Statement of:**

Form 990 p 4/Part IV-B, Line b(4)

Description	Amount
Net assets released from restrictions	220,935.
Book over tax depreciation	10,844.
Total	<u>231,779.</u>

**Supporting Statement of:**

Form 990 p 6/Line 93(E)-1

Description	Amount
Private pay	219,370.
Medicaid co-pay	21,083.
Bath	-1,124.
Restricted adj	-20,244.
Total	<u>219,085.</u>

Additional Information For Tax Return

Circle Center Adult Day Services

54-0991287

---

Form 990 p 2: Accomplishments-a

---

Circle Center provides licensed adult daycare for 55-60 older adults/day, 95% of them nursing home eligible. In 2002-03, adult daycare and the respite, support and education provided to their family caregivers helped the 106 served live at home 23,040 days longer at a projected savings to their families and taxpayers of \$2,184,847.



**ROSTER  
BOARD OF DIRECTORS**

1. **ALONSO, HECTOR**, (President) 2340 Stuts Lane, Richmond, Va. 23236 (H) 276-3084 (W) 274-7876; Fax 274-2891 [hector.alonso@pmusa.com](mailto:hector.alonso@pmusa.com)
2. **BARRIE, Jr, JOHN G.**, 2331 Castleford Terrace, Midlothian, Va. 23113 (H) and fax: 794-6860, [sibarrie@comcast.net](mailto:sibarrie@comcast.net)
3. **CARBONI, JUDITH ANN**, (Treasurer) 13541 Trilithon Road, Midlothian, VA 23113 (H) 378-1823, [jac354@comcast.net](mailto:jac354@comcast.net)
4. **CLEGG, MICHELLE**, 1580 Kingsland Road, Richmond, VA 23231, (H) 795-9581; (W) ; fax: 559-6222; cell: 647-1124 [MLClegg@comcast.net](mailto:MLClegg@comcast.net)
5. **COCHRAN, BETTY**, 7720 Varann Rd., Richmond, Va. 23231 (H) 795-1025 (W) 795-5394; Fax 795-5395; pager: 997-3721
6. **HARRIS, RICHARD N., Esq.** 3414 Walker's Ferry Rd., Midlothian, Va. 23112, (H) 744-8647
7. **HUTSON, ALAN R.**, (Vice-President) 1634 Monument Avenue, #3, Richmond, VA 23220 (H) 928-9847 (W) 788-4717; email (H) [alan@hutson.com](mailto:alan@hutson.com)
8. **LIEPIS, WILLIAM J.**, 1608 Pope Ave., Richmond, Va. 23227 (H & W) 553-0766; [liepis@erols.com](mailto:liepis@erols.com)
9. **MCGREGOR, CATHERINE M.**, 11917 Blandfield Street, Richmond, Va. 23233 (H) 364-4078; [mccgathy@CS.com](mailto:mccgathy@CS.com)
10. **SANBORN, RACHEL H.**, 9811 River Rd., Richmond, Va. 23233, (H) and fax: 740-3133 [rphsanborn@juno.com](mailto:rphsanborn@juno.com)
11. **SCYPHERS, MICHAEL P.**, 12429 Brightwater Lane, Richmond, VA 23233; (H) 741-5391; (W) 967-2940, X6275; fax: 418-6691; pager: 888-941-9754; [Michael\\_Scypfers@circuitcity.com](mailto:Michael_Scypfers@circuitcity.com)
12. **STRICKLER, SCOTT**, (Secretary) c/o Robins Insurance Company, PO Box 71300, Richmond VA 23255 (H) 741-2570; (W) 747-1281; fax 270-4780; [sstrickler@robinsinsurance.com](mailto:sstrickler@robinsinsurance.com)
13. **TILLER, CLIFTON O.**, 1912 Barrabee Lane, Richmond, Va. 23229 (H) 270-3720 (W) 342-9811, X 112; Fax 342-1955; [ctiller@nbjarch.com](mailto:ctiller@nbjarch.com)

• 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  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>Circle Center Adult Day Services</b>	Employer identification number <b>54-0991287</b>
	Number, street, and room or suite number. If a P.O. box, see instructions <b>3900 West Broad Street, Bldg 20</b>	For IRS Use Only
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions <b>Richmond VA 23230-3958</b>	

**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 17 20 04.

5 For calendar year \_\_\_\_\_, or other tax year beginning Jul 1, 20 02 and ending Jun 30, 20 03.

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 regarding restricted gifts. 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. \$ \_\_\_\_\_

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. \$ \_\_\_\_\_

**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 02/10/04

**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. \_\_\_\_\_

EXTENSION APPROVED  
FEB 23 2004  
LINDA WEISKOPF, FIELD DIRECTOR  
SUBMISSION PROCESSING, OGDEN

By \_\_\_\_\_ Date \_\_\_\_\_

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

Type or print	Name <b>Edmond H. Smith, Smith &amp; Eggleston, P.C.</b>
	Number and street (include suite, room, or apartment number) or a P.O. box number <b>1770 North Parham Road, Suite 102</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Richmond VA 23229-4607</b>

# 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	Employer identification number
	Circle Center Adult Day Services	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	state ZIP code
	Richmond	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 17, 20 04, 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 02, and ending Jun 30, 20 03.

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 Robert M. Aspinall, III, CPA Title CPA Date 11/14/03

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12-2000)