

Return of Organization Exempt From Income Tax

2005

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)

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

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning Jul 1, 2005, and ending Jun 30, 2006

B Check if applicable.

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See specific instructions.

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

D Employer Identification Number: 54-0991287

E Telephone number: (804) 355-5717

F Accounting method: Cash [] Accrual [X] 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? Yes [] No [] (If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [] No []

G Web site: circlecenteradultday.org

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 1,086,993.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for (A) Securities and (B) Other. Total revenue is 1,029,768 and total expenses is 1,020,372.

JUN 26 2007

SCANNED JUN 30 2007

RECEIVED IN CORRESPONDENCE IRS - OSC - 532 MAY 31 2007

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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 \$ 0. non-cash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	22	0.	0.		
23 Specific assistance to individuals (att sch)	23	0.	0.		
24 Benefits paid to or for members (att sch)	24	0.	0.		
25 Compensation of officers, directors, etc	25	71,196.	35,598.	35,598.	0.
26 Other salaries and wages	26	537,025.	493,868.	43,157.	0.
27 Pension plan contributions	27	31,939.	29,233.	2,706.	0.
28 Other employee benefits	28	50,636.	41,902.	8,734.	0.
29 Payroll taxes	29	50,013.	41,678.	8,335.	0.
30 Professional fundraising fees	30	0.	0.	0.	0.
31 Accounting fees	31	0.	0.	0.	0.
32 Legal fees	32	0.	0.	0.	0.
33 Supplies	33	5,314.	1,329.	3,985.	0.
34 Telephone	34	11,718.	11,484.	234.	0.
35 Postage and shipping	35	3,789.	3,410.	379.	0.
36 Occupancy	36	92,562.	83,626.	8,936.	0.
37 Equipment rental and maintenance	37	0.	0.	0.	0.
38 Printing and publications	38	8,972.	4,486.	4,486.	0.
39 Travel	39	1,099.	550.	549.	0.
40 Conferences, conventions, and meetings	40	2,879.	2,879.	0.	0.
41 Interest	41	0.	0.	0.	0.
42 Depreciation, depletion, etc (attach schedule)	42	14,368.	10,776.	3,592.	0.
43 Other expenses not covered above (itemize):					
a <u>Community liason</u>	43a	5,151.	0.	0.	5,151.
b <u>Insurance</u>	43b	9,933.	8,940.	993.	0.
c <u>Janitorial supplies</u>	43c	6,626.	6,626.	0.	0.
d <u>Meals & snacks-participants</u>	43d	41,789.	41,789.	0.	0.
e <u>Membership dues</u>	43e	362.	290.	72.	0.
f <u>Memorials/furnishings</u>	43f	544.	544.	0.	0.
g <u>See Other Expenses Stmt</u>	43g	74,457.	14,700.	5,757.	54,000.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,020,372.	833,708.	127,513.	59,151.

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 \$ _____

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Part III Statement of Program Service Accomplishments

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.

What is the organization's primary exempt purpose? <u>Day care center for the elderly</u> 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)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
<u>a</u> <u>The center provides day care services for the elderly, averaging 55-65 participants daily. It provides on-going health support services and improves quality of life for frail & impaired adults.</u> ----- ----- ----- (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	833,708.
<u>b</u> ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
<u>c</u> ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
<u>d</u> ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
<u>e</u> Other program services (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
<u>f</u> Total of Program Service Expenses (should equal line 44, column (B), Program services)	833,708.

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.....	203,048.	45		
	46 Savings and temporary cash investments.....	49,512.	46	231,742.	
	47a Accounts receivable.....	47a 67,373.			
	b Less: allowance for doubtful accounts.....	47b	53,046.	47c 67,373.	
	48a Pledges receivable.....	48a			
	b Less: allowance for doubtful accounts.....	48b		48c	
	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.....		6,686.	53 11,816.	
	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 1,155,275.				
b Less: accumulated depreciation (attach schedule).....	57b 268,417.	917,699.	57c 886,858.		
58 Other assets (describe <input type="checkbox"/> See Line 58 Stmt).....		4,650.	58 3,680.		
59 Total assets (must equal line 74). Add lines 45 through 58.....		1,234,641.	59 1,201,469.		
LIABILITIES	60 Accounts payable and accrued expenses.....		34,866.	60 19,834.	
	61 Grants payable.....			61	
	62 Deferred revenue.....		9,159.	62	
	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).....		327,739.	64b 318,398.	
	65 Other liabilities (describe <input type="checkbox"/>).....			65	
66 Total liabilities. Add lines 60 through 65.....		371,764.	66 338,232.		
ORGANIZATIONS THAT FOLLOW SFAS 117, CHECK HERE <input checked="" type="checkbox"/> AND COMPLETE LINES 67 THROUGH 69 AND LINES 73 AND 74	67 Unrestricted.....		719,945.	67 708,449.	
	68 Temporarily restricted.....		142,932.	68 154,788.	
	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).....		862,877.	73 863,237.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.....		1,234,641.	74 1,201,469.		

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Form 990 (2005)

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

a	Total revenue, gains, and other support per audited financial statements	a	1,320,632.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	290,864.
	<u>See attached</u>		
	Add lines b1 through b4	b	290,864.
c	Subtract line b from line a	c	1,029,768.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	1,029,768.

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

a	Total expenses and losses per audited financial statements	a	1,320,272.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	299,900.
	<u>See attached</u>		
	Add lines b1 through b4	b	299,900.
c	Subtract line b from line a	c	1,020,372.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	1,020,372.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
Lory P. Osorio Richmond, Va.	Exec Director 40	66,999.	4,197.	0.
<u>See attached schedule of board of directors</u>	See attached Var	0.	0.	0.

Part VI Other Information (continued)	Yes	No
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?	82 a	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.)	82 b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	
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.		
c Dues, assessments, and similar amounts from members	85 c	
d Section 162(e) lobbying and political expenditures	85 d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	
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?	85 h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86 a	
b Gross receipts, included on line 12, for public use of club facilities	86 b	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87 a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	
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 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
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	89 b	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 ▶		
90 a List the states with which a copy of this return is filed ▶ <u>None</u>		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90 b	28
91 a 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>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	91 b	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91 c	
If 'Yes,' enter the name of the foreign country ▶		
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	

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Part VII Analysis of Income-Producing Activities (See the 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 Participant pmts					390,497.
b Transportation					4,890.
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		
96 Dividends & interest from securities			14		
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))					395,387.
105 Total (add line 104, columns (B), (D), and (E))					395,387.

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 the 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 the instructions) N/A

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the 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 Sign Here:
 Signature of officer: Lloyd S. Phillippe Date: 5/23/07
 Type or print name and title: LLOYD S. PHILLIPPE EXEC. DIRECTOR

Paid Preparer's Use Only

Preparer's signature: Edmond H. Smith Date: 02/10/07 Check if self employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Smith & Eggleston, P.C.
1770 North Parham Road Suite 102
Richmond VA 23229 EIN: Phone no: (804) 935-5695

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		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)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	867,199.	525,515.	727,622.	560,143.	2,680,479.
16 Membership fees received	336,981.	277,387.	223,309.	301,721.	1,139,398.
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					
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	697.	574.	1,060.	1,220.	3,551.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0.	0.	0.	0.	0.
23 Total of lines 15 through 22	1,204,877.	803,476.	951,991.	863,084.	3,823,428.
24 Line 23 minus line 17	1,204,877.	803,476.	951,991.	863,084.	3,823,428.
25 Enter 1% of line 23	12,049.	8,035.	9,520.	8,631.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	76,469.
	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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
	c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	3,823,428.
	d Add: Amounts from column (e) for lines: 18 3,551. 19 _____	26d	3,551.
	22 0. 26b _____	26e	3,819,877.
	e Public support (line 26c minus line 26d total)	26e	
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	99.91 %

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. (2004) _____ (2003) _____ (2002) _____ (2001) _____	
	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 11b, 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____	
	c Add: Amounts from column (e) for lines: 15 _____ 16 _____	27c
	17 _____ 20 _____ 21 _____	27d
	d Add: Line 27a total _____ and line 27b total	27e
	e Public support (line 27c total minus line 27d total)	27e
	f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table – 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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i 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

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

Name(s) shown on return

Circle Center Adult Day Services

Business or activity to which this form relates

Identifying number

54-0991287

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

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

Table with 5 rows for Section 179 election and 13 rows for listed property details. Includes columns for description, cost, and elected cost.

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) (See instructions)

Table with 3 rows for special depreciation allowance and other depreciation items.

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

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2005.

Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, residential rental property, and nonresidential real property.

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Includes rows for 12-year and 40-year class life.

Part IV Summary (see instructions)

Table with 3 rows for summary of depreciation amounts, including listed property and total amounts.

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 the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ... <input type="checkbox"/> Yes <input type="checkbox"/> No										24b If 'Yes,' is the evidence written? ... <input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25				
26 Property used more than 50% in a qualified business use:											
27 Property used 50% or less in a qualified business use:											
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.....							28				
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1.....								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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions):					
					43
43 Amortization of costs that began before your 2005 tax year					44
44 Total. Add amounts in column (f). See instructions for where to report					

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):				
Nursing supplies	959.	959.	0.	0.
Professional fees	7,530.	1,883.	5,647.	0.
Program supplies	2,788.	2,788.	0.	0.
Transportation-Program partici	8,140.	8,140.	0.	0.
Development consulting	54,000.	0.	0.	54,000.
Staff enrichment	492.	492.	0.	0.
Bank charges	548.	438.	110.	0.
Amortization	0.			
Total	74,457.	14,700.	5,757.	54,000.

Form 990, Page 8, 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.

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Unamortized lease option	800.	600.
Loan costs	3,850.	3,080.
Total	4,650.	3,680.

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Depreciation - book over tax	-9,036.
Total	<u>-9,036.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (B)

Description	Amount
Mortgage payable - future operating site	318,398.
Total	<u>318,398.</u>

Supporting Statement of:

Form 990 p 5/Part IV-A, Line a

Description	Amount
Total unrestricted	1,018,430.
Restricted:	
	4,199.
	84,539.
	33,000.
	178,973.
	1,191.
	300.
Total	<u>1,320,632.</u>

Supporting Statement of:

Form 990 p 5/Part IV-A, Line b(4)

Description	Amount
Fund transfers:	
	4,400.
	1,587.
	72,664.
	141.
	904.
	153,943.
Rental expenses	57,225.
Total	<u>290,864.</u>

Supporting Statement of:

Form 990 p 5/Part IV-B, Line a

Description	Amount
	1,086,633.
Restricted fund expenses	
	4,400.
	1,587.
	72,664.
	141.
	904.
	153,943.
Total	<u>1,320,272.</u>

Supporting Statement of:

Form 990 p 5/Part IV-B, Line b(4)

Description	Amount
Net assets released from restrictions	233,639.
Rental expenses	57,225.
Depreciation - book over tax	9,036.
Total	<u>299,900.</u>

Supporting Statement of:

Form 990 p 8/Line 93(E)-1

Description	Amount
Total per report	395,387.
Less: Transportation	-4,890.
Total	<u>390,497.</u>

CIRCLE CENTER ADULT DAY SERVICES

JUNE 30, 2006

OFFICERS

William J. Liepis
Rachel H. Sanborn
Scott Strickler
Judith Ann Carboni

President
Vice-President
Secretary
Treasurer

DIRECTORS

Charles W. Appich, III
Valerie Anne Brookeman
Jon Brougham
Judith Ann Carboni
Betty Cochran
Henry V. Harman
Richard N. Harris
Lee J. Hollett
Alan R. Hutson, Jr.

William J. Liepis
Scott W. Lucas
Richard C. McNeil
John S. Oehler
Rachel H. Sanborn
Cathy Saunders
Scott E. Strickler
Jodi Teitelman
Dawn vonBechmann

Lory L. Phillippo, Executive Director

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).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

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

• The books are in the care of ▶ the organization -----

Telephone No. ▶ (804) 355-5717 FAX No ▶ (804) 358-3866

- 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-months for a **Form 990-T corporation**) extension of time until Feb 15, 20 07, 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 05, and ending Jun 30, 20 06.

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 \$ _____ 0.

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 \$ _____ 0.

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 \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

RECEIVED IN CORRES
IRS - OSC -532
MAY 31 2007
O'DENNING