

**Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public Inspection**

For the **2008** calendar year, or tax year beginning **Jul 1**, **2008**, and ending **Jun 30**, **2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> Name of organization <b>Circle Center Adult Day Services</b> Number and street (or P.O. box if mail is not delivered to street addr) Room/suite <b>4900 West Marshall Street</b> City, town or country State ZIP code + 4 <b>Richmond VA 23230-3958</b>	<b>D</b> Employer Identification Number <b>54-0991287</b> <b>E</b> Telephone number <b>(804) 355-5717</b> <b>G</b> Gross receipts \$ <b>1,652,034.</b>
<b>F</b> Name and address of principal officer: <b>Lory L. Phillippo 4900 West Marshall St. Richmond VA 23230-3958</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <b>circlecenterads.org</b>		<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of Formation: <b>1976</b>		<b>M</b> State of legal domicile: <b>VA</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>The mission of Circle Center Adult Day Services is to provide high quality, cost effective daycare services for frail or functionally impaired older adults and their caregivers and to advance community care options for older adults.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>15</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>15</b>
	5 Total number of employees (Part V, line 2a) .....	<b>5</b>	<b>32</b>
	6 Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>50</b>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) .....	<b>7a</b>	<b>0.</b>
	b Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	8 Contributions and grants (Part VIII, line 1h) .....	<b>1,572,820.</b>	<b>1,224,486.</b>
	9 Program service revenue (Part VIII, line 2g) .....	<b>347,499.</b>	<b>283,897.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>16,219.</b>	<b>-250,090.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>-12,337.</b>	<b>28,441.</b>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>1,924,201.</b>	<b>1,286,734.</b>
<b>Expenses</b>			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>815,349.</b>	<b>803,870.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>56,694.</b>	<b>30,125.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>69,857.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	<b>253,430.</b>	<b>311,051.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>1,125,473.</b>	<b>1,145,046.</b>
	19 Revenue less expenses. Subtract line 18 from line 12 .....	<b>798,728.</b>	<b>141,688.</b>
<b>Net Assets or Fund Balances</b>		<b>Beginning of Year</b>	<b>End of Year</b>
	20 Total assets (Part X, line 16) .....	<b>3,147,510.</b>	<b>4,468,943.</b>
	21 Total liabilities (Part X, line 26) .....	<b>1,061,347.</b>	<b>2,231,324.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	<b>2,086,163.</b>	<b>2,237,619.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer _____ <b>Lory L. Phillippo</b> Type or print name and title.	Date <b>02/02/10</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <b>Edmond H. Smith</b> Date <b>02/02/10</b> Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Smith &amp; Eggleston, P.C.</b> <b>1770 North Parham Road Suite 102</b> <b>Richmond VA 23229-4658</b>	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ <b>(804) 935-5695</b>	

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

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	88,400.	32,284.	32,283.	23,833.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages	586,270.	528,391.	57,879.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,790.	15,766.	3,266.	758.
9 Other employee benefits	57,704.	45,563.	11,159.	982.
10 Payroll taxes	51,706.	42,670.	7,213.	1,823.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	14,925.	3,231.	9,694.	2,000.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17	30,125.			30,125.
f Investment management fees				
g Other	1,545.	387.	1,158.	0.
12 Advertising and promotion	4,531.	4,078.	453.	0.
13 Office expenses	48,080.	35,244.	9,716.	3,120.
14 Information technology				
15 Royalties				
16 Occupancy	110,208.	81,899.	26,932.	1,377.
17 Travel	5,099.	4,860.	239.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,116.	1,116.	0.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,033.	42,025.	14,008.	0.
23 Insurance	15,571.	14,014.	1,557.	0.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Special event</u>	5,839.	0.	0.	5,839.
b <u>Meals &amp; snacks-participants</u>	47,874.	47,874.	0.	0.
c <u>Membership dues</u>	230.	184.	46.	0.
d _____				
e _____				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,145,046.	899,586.	175,603.	69,857.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	97,315.	1	114,194.
	2	Savings and temporary cash investments	179,780.	2	320,149.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	53,315.	4	39,375.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,926.	9	
	10a	Land, buildings, and equipment: cost basis	4,169,845.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	176,160.		
			844,360.	10c	3,993,685.
	11	Investments — publicly-traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	1,965,814.	15	1,540.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,147,510.	16	4,468,943.	
LIABILITIES	17	Accounts payable and accrued expenses	22,030.	17	21,133.
	18	Grants payable		18	
	19	Deferred revenue	9,708.	19	9,708.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,029,609.	23	2,200,483.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,061,347.	26	2,231,324.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>				
	27	Unrestricted net assets	684,806.	27	2,190,232.
	28	Temporarily restricted net assets	1,401,357.	28	47,387.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances.</b>	2,086,163.	33	2,237,619.
	34	<b>Total liabilities and net assets/fund balances.</b>	3,147,510.	34	4,468,943.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If 'Yes,' did the organization undergo the required audit or audits?		

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

The mission of Circle Center Adult Day Services is to provide high quality, cost effective daycare services for frail or functionally impaired older adults and their See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 899,586. including grants of \$ 0.) (Revenue \$ 283,897.)

Center Adult Day Services provides licensed daycare for community-living, high risk, nursing home eligible older adults, and respite, education and support for their family caregivers. Center services are designed to support continued community living, maintain or improve functional abilities, develop coping skills and improve the quality of individual and family life. The agency measures its success by its ability to help already-nursing-home-eligible older adults continue to live at home, with Center and family support. For 7/08 through 6/09:

\*\* 98% (103/105) of those served met the criteria for nursing home care, but used adult daycare at Circle Center instead. They were able to live at See Form 990, Page 2, Part III, Line 4a (continued)

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 899,586. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If 'Yes,' complete Schedule G, Part I</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If 'Yes,' complete Schedule L, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i> .....		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i> .....		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i> .....		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i> .....	X	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> .....		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i> .....		X

BAA

Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1a</b>	0		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1b</b>	0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b>	32		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
<b>4a</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)?		X
<b>4a</b>			
<b>4b</b>	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>7b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7c</b>			
<b>7d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the organization make any distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from other members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12a</b>			
<b>12b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
<b>12b</b>			

**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
<i>For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
<b>1a</b>	Enter the number of voting members of the governing body .....	<b>1a</b> 15	
<b>b</b>	Enter the number of voting members that are independent .....	<b>1b</b> 15	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? .....	<b>2</b>	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....	<b>3</b>	X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....	<b>4</b>	X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....	<b>5</b>	X
<b>6</b>	Does the organization have members or stockholders? .....	<b>6</b>	X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	<b>7a</b>	X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	<b>7b</b>	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<b>8a</b>	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	X
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....	<b>9a</b>	X
<b>b</b>	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	<b>9b</b>	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	<b>10</b>	X
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O .....	<b>11</b>	X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If 'No,' go to line 13 .....	<b>12a</b>	X
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	X
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done .....	<b>12c</b>	X
<b>13</b>	Does the organization have a written whistleblower policy? .....	<b>13</b>	X
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	<b>14</b>	X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? .....	<b>15a</b>	X
<b>b</b>	Other officers of key employees of the organization? .....	<b>15b</b>	X
Describe the process in Schedule O. (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	X
<b>b</b>	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16b</b>	

**Section C. Disclosures**

- 17** List the states with which a copy of this Form 990 is required to be filed ► \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ► Lory L. Phillippo, CEO 4900 W. Marshall St. Richmond VA 23230-3958 (804) 355-5717

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Lauren Brady Coiner Director	1.00	X						0.	0.	0.
Cathy D. Saunders Director	1.00	X						0.	0.	0.
Marie F. Gerardo Director	1.00	X						0.	0.	0.
Blaine Garrett Director	1.00	X						0.	0.	0.
John W. Oehler Director	1.00	X						0.	0.	0.
Charles W. Appich, III Director	1.00	X						0.	0.	0.
Valerie Anne Brookeman Director	1.00	X						0.	0.	0.
Jon Brougham Director	1.00	X						0.	0.	0.
Henry V. Harman Director	1.00	X						0.	0.	0.
Richard J. Bighinatti Director	1.00	X						0.	0.	0.
Alan R. Hutson, Jr. Director	1.00	X						0.	0.	0.
Stephen Czenczek Chairman	6.00	X		X				0.	0.	0.
Jodi Teitelman Vice Chairman	3.00	X		X				0.	0.	0.
Dawn vonBechmann Secretary	2.00	X		X				0.	0.	0.
Michael D. Heard Treasurer	3.00	X		X				0.	0.	0.
Lory L. Phillippo Exec Director	40.00			X	X	X		88,400.	0.	2,836.



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b> 80,500.					
	<b>b</b> Membership dues .....	<b>1 b</b>					
	<b>c</b> Fundraising events .....	<b>1 c</b> 24,423.					
	<b>d</b> Related organizations .....	<b>1 d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1 e</b> 461,917.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 657,646.					
	<b>g</b> Noncash contribns included in lns 1a-1f: .....	<b>1 g</b> \$					
	<b>h Total.</b> Add lines 1a-1f .....	<b>1 h</b>	1,224,486.				
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> Participant payments .....	Business Code 900099	283,897.	283,897.	0.	0.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....	<b>2 g</b>	283,897.				
	<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		1,294.	0.	0.	1,294.
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross Rents .....		(i) Real	125,097.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	100,642.				
		<b>c</b> Rental income or (loss) .....	24,455.				
<b>d</b> Net rental income or (loss) .....			24,455.	0.	0.	24,455.	
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities					
		(ii) Other	0.				
		<b>b</b> Less: cost or other basis and sales expenses .....	251,384.				
		<b>c</b> Gain or (loss) .....	-251,384.				
<b>d</b> Net gain or (loss) .....			-251,384.	-251,384.	0.	0.	
<b>8 a</b> Gross income from fundraising events (not including \$ 24,423. of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>	17,260.				
		<b>b</b> Less: direct expenses .....	13,274.				
		<b>c</b> Net income or (loss) from fundraising events .....		3,986.	3,986.	0.	0.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>					
		<b>b</b> Less: direct expenses .....					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>11 a</b> Miscellaneous Revenue .....	Business Code						
	<b>a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	<b>11 e</b>						
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....	<b>12</b>		1,286,734.	36,499.	0.	25,749.	