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OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1 . 2018 and ending JUN 30 .

<u> </u>	ו טו נוונ	e 20 to calendar year, or tax year beginning 000 1, 2010 and el	nung 0	ON 50, 2015					
В	Check if applicabl	© Name of organization Virginia Center for Inclusive		D Employer identifi	cation number				
	Addre chang	Ss Communities							
	Name chang	Doing business as		20-3188273					
	Initial return		Room/suite	E Telephone numbe	r				
	Final return	5511 Ctaples Will Doad	02		515-7950				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,744,363.				
	Amen	ded Diahmand 177 22228		H(a) Is this a group re	eturn				
	Application	F Name and address of principal officer:Jonathan Zur		for subordinates					
	pendir	same as C above		H(b) Are all subordinates included? Yes No					
ī	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. (see instructions)				
		te:▶ www.inclusiveva.org		H(c) Group exemptio					
K	Form of	organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: VA				
	art I	Summary		•					
_	1	Briefly describe the organization's mission or most significant activities: VCIC	works	with schoo	ls,				
ž		businesses, and communities to achieve su	ccess	through in	clusion.				
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.				
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	26				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			26				
Se Se		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			14				
ξ		Total number of volunteers (estimate if necessary)			0				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
٩		Net unrelated business taxable income from Form 990-T, line 38			0.				
				Prior Year	Current Year				
ø	8	Contributions and grants (Part VIII, line 1h)		1,205,107.	1,037,841.				
Revenue		Program service revenue (Part VIII, line 2g)		471,114.	607,150.				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,663.	21,314.				
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-31,462.	-31,132.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,655,422.	1,635,173.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		555,135.	757,475.				
us.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		39,500.	0.				
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 159,70	9.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		369,302.	410,710.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		963,937.	1,168,185.				
	19	Revenue less expenses. Subtract line 18 from line 12		691,485.	466,988.				
Net Assets or			Ве	ginning of Current Year	End of Year				
Sets	20	Total assets (Part X, line 16)		1,595,735.	2,128,657.				
t As	21	Total liabilities (Part X, line 26)		68,383.	122,905.				
캺	22	Net assets or fund balances. Subtract line 21 from line 20		1,527,352.	2,005,752.				
	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is				
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.					
		Signature of officer		 Date					
Sig		, ,		Date					
He	re	Jonathan Zur, President and CEO Type or print name and title							
_		ļ , , , , , , , , , , , , , , , , , , ,	11	Date Check	PTIN				
Pai	ч	Print/Type preparer's name Steve Biegler Preparer's signature	II.	1/18/19 Check Lifuself-employ					
	u parer	Firm's name Kositzka, Wicks and Company			54-1342298				
	e Only	Firm's address 5911 West Broad Street		Firm's EIN	74 1747710				
USC	Only	Richmond, VA 23230		Phone no. (8	04) 855-1200				
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		I Holle Ho. (O	X Yes No				
ivia	,				100 110				

ıa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: VCIC works with schools, businesses, and communities to achieve
	success through inclusion.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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 If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 888,243. including grants of \$) (Revenue \$ 607,150.) These workshops, retreats, and trainings were offered to middle school
	students, high school students, college students, educators, nonprofit and business leaders, and community members across Virginia.
	and business readers, and community members across virginia.
	Programs helped students to promote respect and reduce incidences of
	bullying and harassment. Educators received training to reduce academic
	achievement gaps based on race and socio-economic status. Community and
	business leaders explored dynamics of diversity and how to achieve
	success through inclusion.
4b	(Code:) (Expenses \$
10	
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 888,243.
	Form 990 (2018

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)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-25	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			_V
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8		8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		- 25
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-10		
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) Communities

Part IV | Checklist of Required Schedules (continued)

	The state of the s		T.,	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Ь—	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	22		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		 ^
2.0	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	├─	<u> </u>
zoa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	 	
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٠,,
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	├─	 ^
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			J
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	<u> </u>	X
34		34		X
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	₩	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	<u> </u>
30	Note. All Form 990 filers are required to complete Schedule O	38	x	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	, ,,,,		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23	4		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 14d b If a least one is reported on inne 2a, did the organization file all required federal employment tax returns? b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to 4e th (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No! to line 3b, provide an explanation or other authority over, a francial account; or other financial account; or other fin					Yes	No				
b If a least one is reported on line 2a, did the organization file all required footeral employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, *has it field a Form 990-T for this year? If *No* to the 3b, provide an explanation in Schedule O 3b A At any time during the calendary 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); or the financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization and the organization that it was or is a party to a prohibited tax wheter transaction? 5c If Yes* to line 5a or 5b, did the organization the Form 8896-T2. 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 If Yes*, if did the organization motify the donor of the value of the goods or services provided? 7 organizations that may receive deductible contribution and party for goods and services provided to the payof? 7 organizations that may receive deductible contribution and party for goods and services provided to the payof? 8 organization received a payment in excess of \$75 made party as a contribution and party for goods and services provided to the feature of the feature of the organization received a contri	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year; 4a 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; sourced in or other financial account)? 4a 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; sourced in or other financial account)? 4a X 5b If "Yes," inter the name of the foreign country; by 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization in party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductibles as charitable contributions? 5b If "Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," indication that may receive deductible contributions under section 170(c). 9 b If the organization receive a payment in excess of \$5 made party is a contribution and party for goods and services provided to the payor? 7a X 7b If Yes," indicate the number of Forms 8282? filed during the year 1b If Yes," indicate the number of Forms 8282? filed during the year 1b Did the organization receive a payment in excess of \$5 made party as a contribution of automation and the payment and		filed for the calendar year ending with or within the year covered by this return	2a 14							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1 Yes, * has it filed a Form 990 Tor the year of "Not * for is 3,0 your owice an explanation in Schedule O 4c 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 accounts (FBAR). 5c If 1 Yes* 1 time from 1 fining requirements for FinicEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax whether transaction at any time during the tax year? 5c Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5d If Yes* 1 time is acro 55, did the organization the Form 886F1. 5d If Yes* 1 time is acro 55, did the organization the Form 886F1. 5d If Yes* 1 time is acro 55, did the organization the organization the was charitable contributions? 6d If Yes* 2 time is across 3 time is a charitable contributions or gifts were not tax deductible? 6d If Yes* 2 time the organization include with every solication an exposes statement that such contributions or gifts were not tax deductible? 6d If Yes* 2 time the organization to include with every solication an exposes statement that such contributions or gifts were not tax deductible? 6d If Yes* 2 time the organization include with every solication an exposes statement that such contributions or gifts were not tax deductible? 6d If Yes* 2 time the organization include with every solication are species statement that such contributions or gifts were not tax deductible? 6d If Yes* 2 time the organization sell and the organization and party for goods and services provided to the payor? 7d Organizations that may receive deductible contributions under section 170(c). 8d If Yes* 3 time the organization sell on the value of the goods or services provided? 7d If Yes* 3 time the organization	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X					
b If "Yes," has it filled a Form 990-T to this year? If "No" to line 3b, provide an explanation in Schedule O 4a 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 accounts? b If "Yes," enter the name of the foreign country; Seven instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b ID day at yeastbe party notify the organization that it was or is a party to a prohibited stax shelter transaction? 6a Does the organization and party to a prohibited tax shelter transaction any contributions that were not tax deductible as charitable contributions? 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization netwed a payment in excess of ST made party as a contribution and party for goods and services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8b If IT "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible or the payment of the payment of the payment in excess of ST made party as a contribution and party for goods and services provided to the payor? 7a X If I Did the organization netwer and payment in excess of ST made party as a contribution of unpaymentation receive and payment or the value of the goods or services provided? 7b If I was a service of the payment of		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
4a A 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)? 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form \$886177. 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c Did only taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Different organization that it was one to the value of the organization that it was one to tax deductible as charitable contributions? 6c Different organization that it was receive deductible contributions under section 170(c). 6c Different organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c Different organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c Different organization received a contribution of organization freeling that year as personal benefit contract? 7c X 7d Different organization received a contribution of organization freeling that year as personal benefit contract? 7e Did the organization received a contribution of consecution property, did the organization file Form 8289 as required? 8 Did the sponsoring organization maked a distribution with the organization file Form 8289 as required? 8 Did the sponsoring organization maked a distribution of qualified intellectual property, did the organization file Form 1049 corganizat	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b if "Yes," enter the name of the foreign country, ▶ b if "Yes," enter the name of the foreign country, ▶ See instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes" to line Sa or Sb, did the organization file Form 8886-17? 6a Does the organization have annual gross recopists that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 Did the organization receive apprentin recess of \$57 made party as a contribution and party for goods and services provided to the payor? 7 Tes," did the organization notify the donor of the value of the goods or services provided? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Tes," did the organization feel and a contribution of party the year. 9 Did the organization received an contribution of cars, boats, sirplanes, or other vehicles, did the organization file Form 8899 as required?, if I the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-0? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions from the sources against initial than the section 501(c)(27) qualified nonprofit health insurance issue				3b						
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a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10	I	1							
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.	а	The state of the s								
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X										
	16		t income?	16		Х				

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other								
	officer, director, trustee, or key employee?		L	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?		L	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	L	4		X				
5										
6	Did the organization have members or stockholders?		L	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or								
	more members of the governing body?		L	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or								
	persons other than the governing body?		L	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:								
а	The governing body?		L	8a	X					
b	Each committee with authority to act on behalf of the governing body?		L	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)								
			_		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		L	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes? $$		L	10b	Х					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	L	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe								
	in Schedule O how this was done		L	12c	X					
13	Did the organization have a written whistleblower policy?		L	13	X					
14	Did the organization have a written document retention and destruction policy?		L	14	X					
15	Did the process for determining compensation of the following persons include a review and approve	al by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•								
	The organization's CEO, Executive Director, or top management official			15a	Х					
b	Other officers or key employees of the organization		L	15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange									
	taxable entity during the year?		L	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic									
_	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►VA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	nd 990-T (Section 501(c)(3)s	only)	availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain in Schedule O)									
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and fin										
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records 🕨 _								
	The Organization - 804-515-7950 5511 Staples Mill Road, No. 202, Richmond, VA 232	20								
	DULL BLADIES MILL KOAU, NO. ZUZ. KICHMOHO VA 73/	440								

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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) of 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.

ot Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)			(0)			(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Hadeel M. Abouhasira	1.00	٠,,							0	0
Director	1 00	Х						0.	0.	0.
(2) Dr. Grant L. Azdell	1.00								0	0
Director	1 00	Х						0.	0.	0.
(3) Dr. John S. Capps Director	1.00	Х						0.	0.	0.
(4) Dr. M. Imad Damaj	1.00									
Director		х						0.	0.	0.
(5) Miriam R. Davidow	1.00							-		
Director		х						0.	0.	0.
(6) ReNee S. Dunman	1.00									
Director		Х						0.	0.	0.
(7) Martin A. Einhorn	1.00									
Director		Х						0.	0.	0.
(8) Mekbib L. Gemeda	1.00									
Director		Х						0.	0.	0.
(9) Lisa M. Hicks-Thomas	1.00									
Director		Х						0.	0.	0.
(10) Dr. Ashby C. Kilgore	1.00									
Director		Х						0.	0.	0.
(11) Quan T. Schneider	1.00							_	_	_
Director		Х						0.	0.	0.
(12) Dr. Baljit S. Sidhu	1.00									
Director	1 00	Х						0.	0.	0.
(13) Aaron D. Smith	1.00	,,							0	0
Director	1 00	Х						0.	0.	0.
(14) T. K. Somanath	1.00	٠,,							0	0
Director	1 00	Х						0.	0.	0.
(15) The Hon. James R. Spencer	1.00	X						0.	0.	0.
Director (16) Charlie C Royd Ir	1.00	^				-		0.	0.	0.
(16) Charlie C Boyd, Jr Director	1.00	Х						0.	0.	0.
(17) Melissa Early	1.00	┢						0.	0.	0.
Director	1.00	Х						0.	0.	0.
832007 12-31-18				_					0.	Form 990 (2018)

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Form **990** (2018)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) A Verage Pours per week Pours per wee	Form 990 (2018) Communit	les								20-318	82	73	Page 8
Name and title													
Name and title											\top	(F	=)
Nounce	Name and title Average								` '	` '		-	-
week Gist ary hours for related Organizations Organ		hours per								•			
Nour for related organizations Nour for related organizations Nour for related organizations Nour form the organizations Nour form the organizations Nour form the organizations Nour form the organization		week								•			
1.00 X		(list any	ctor						the	organizations		compe	nsation
1.00 X		l	r dire				peq		organization	(W-2/1099-MISC)		from	the
1.00 X		l	tee o	ustee			ensat		(W-2/1099-MISC)			organi	zation
1.00 X		~	Itrus	nal tr		oyee	dwo					and re	elated
1.00 X		l	vidua	itutio	ser	empl	hest o	ner				organiz	zations
Director		l '	Indi	Inst	0ŧį	Key	High	Б			\bot		
1.00 X	(18) Jodi K Gillette	1.00											
Dispector	Director		Х						0.	0	•		0.
1.00	(19) Kathryn M Pumphery	1.00											
Director	Director		Х						0.	0	٠.		0.
1.00 X	(20) Joycelyn Spight Roache	1.00									T		
Director X	Director		Х						0.	0	٠.		0.
Director X	(21) Alexis N Swann	1.00									十		
(22) Chavis W Harris			x						0.	0	ا۔ ا		0.
Chair (23) J Benjamin English 1.00 X X X 0.0.0.0.0. (24) Slizabeth M Panilaitis 1.00 X X X 0.0.0.0.0. (25) Dr. Chris S Zambas 1.00 Treasurer X X X 0.0.0.0.0.0. (26) Jonathan C Zur Fresident € CEO X X X 114,178.0.18,144. 1b Sub-total 1c Total from continuation sheets to Part VII, Section A 1 Total (add lines to and te) 1 Total (add lines to and te) 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization and related organizations greater than \$150,000 of trees, complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization from the compensation from the organization from the organization from the compensation from the organization and related organizations greater than \$150,000 of trees, complete Schedule J for such individual 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organi		1.00									┿		
Vice Chair X		1.00	v		v					0	ا،		٥
Vice Chair (24) Blizabeth M Panilaitis 1.00 X X X 0.0.0.0.0. (25) Dr. Chris S Zambas 1.00 Treasurer X X X 0.0.0.0.0.0. (26) Jonathan C Zur President & CBO 1 114,178.0.0.18,144. 1b Sub-total 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Press The ryes, "complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organization? If "Yes," complete Schedule J for such individual 1 Complete this table for your five highest compensated organization is that year. (A) Name and business address NONE 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization and related organization? If "Yes," complete Schedule J for such individual 3 Did the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization? If "Yes," complete Schedule J for such individual 3 X 5 Did any person listed on line 1a receive or accrue compensation from yunrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of the calendar year ending with or within the organization's tax year. (A) (B) Compensation Compensation Compensation from the organization Promises Description of services Compensation Compensation from the organization Promises Compensation from the or		1 00	^		Λ				0.	0	+		<u> </u>
Secretary		1.00			- I					0	.		0
Secretary		1 00	^		_				J	U	+		<u> </u>
Treasurer		1.00								0			^
Treasurer 260		1 00	X		X				0.	U	•		0.
26) Jonathan C Zur 50.00 X 114,178.	(25) Dr. Chris S Zambas	1.00								_			_
President & CEO X 114,178.	Treasurer		X		X				0.	0	•		0.
the Sub-total continuation sheets to Part VII, Section A	(26) Jonathan C Zur	50.00											
1b Sub-total c Total from continuation sheets to Part VII, Section A	President & CEO				X				114,178.				
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1	1b Sub-total							▶	114,178.	0	$\overline{\cdot}$	18	,144.
d Total (add lines 1b and 1c)									0.	0	7.		0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1								•	114,178.	0		18	,144.
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Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is tax year.							,		•	, ,			1
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0												Y	es No
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Bescription of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\int 0\$ Total number of organization from the organization \$\int 0\$ Organization	3 Did the organization list any former officer	director or tru	ıcta	o ka	w er	nnlc	WAA	or	highest compensated e	mnlovee on			
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Bescription of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Total number of compensation from the organization of compensation of compensation from the organization of compensation compensation from the organization of compe												2	x
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶												-	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization person. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization person.	·	•							•	•			Y
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2 Total number of compensation from the organization 0											· -	4	- 1
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	* *	· · · · · · · · · · · · · · · · · · ·				-			-			_	v
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.		plete Schedul	e J f	or s	uch ,	pers	son .					5	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation \(\rightarrow\)													
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		•	-							· · · · · · · · · · · · · · · · · · ·	nsa	tion fror	n
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation From the organization 0	the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	<u>ithi</u>	n the organization's tax	year.			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0					_						_		
\$100,000 of compensation from the organization 0	Name and business	address	N	INC	<u> </u>				Description of s	ervices	<u>Co</u>	mpensa	ation
\$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization 0													
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\$100,000 of compensation from the organization 0								\exists					
\$100,000 of compensation from the organization 0													
\$100,000 of compensation from the organization 0	2 Total number of independent contractors (i	ncluding but n	ot li	mita	d to	tho	ا می	etor	d ahove) who received a	ore than			
\$100,000 of component in the organization p	·		OL III	iiiite	u iO		_	مرحز	a above, who received if	IOIE IIIAII			
	φτου,σου οι compensation from the organi.	Lation F										orm QQ	0 (2012)

20-3188273 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 358,324. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 679,517. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 1,037,841 h Total. Add lines 1a-1f .. Business Code 611710 607,150. 607,150. 2 a Program services Program Service Revenue f All other program service revenue 607,150. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 21,314. 21,314. other similar amounts) Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 358,324. of contributions reported on line 1c). See 78,058. Part IV, line 18 a Other b Less: direct expenses b 109,190. -31,132. -31,132 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold _____ b **c** Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b d All other revenue

,635,173.

Total revenue. See instructions

e Total. Add lines 11a-11d

607,150.

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	this Part IX(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	143,145.	104,782.	18,609.	19,754
6	Compensation not included above, to disqualified	143,143.	104,702	10,003.	10,104
O	persons (as defined under section 4958(f)(1)) and				
	paragna described in acction 4059(a)(2)(B)				
7		473,612.	346,684.	61,570.	65,358
7 8	Other salaries and wages Pension plan accruals and contributions (include	1/5/014	540,0040	01,570	05,550
o	section 401(k) and 403(b) employer contributions)	42,451.	31,074.	5,519.	5,858
9	Other employee benefits	53,793.	39,638.	6,682.	7,473
9 10	Payroll taxes	44,474.	32,555.	5,782.	6,137
11	Fees for services (non-employees):	,	32,3331	377021	0,20.
'' a					
b					
C	[40,620.	16,248.	2,397.	21,975
	Lobbying				
e	D (' ' ' ' ' ' ' ' ' ' ' O D ' ' ' ' ' ' '				
f	Investment management fees				
g					
3	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	23,910.	21,280.	932.	1,698
13	Office expenses	25,122.	20,664.	1,933.	2,525
14	Information technology				
15	Royalties				
16	Occupancy	30,139.	22,062.	3,918.	4,159
17	Travel	45,746.	31,107.	2,745.	11,894
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,275.	4,593.	816.	866
23	Insurance	26,244.	19,210.	3,412.	3,622
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	60 500	60 700		
а	Facility rental	62,789.	62,789.		
b	Facilitator fees	49,710.	49,710.		
С	Other program expenses	47,576.	47,576.	4 050	C 417
d	Office & technology mis	38,273.	27,798.	4,058.	6,417
	All other expenses	14,306.	10,473.	1,860.	1,973
25	Total functional expenses. Add lines 1 through 24e	1,168,185.	888,243.	120,233.	159,709
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2019

Form 990 (2018)
Part X Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any l	ine in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	692,836.	1	884,540		
2	Savings and temporary cash investments			2		
3	Pledges and grants receivable, net		275,647.	3	294,645	
4	Accounts receivable, net			73,096.	4	93,744
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compens					
	Part II of Schedule L				5	
6	Loans and other receivables from other disqual					
	section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sec		-			
	employees' beneficiary organizations (see instr)				6	
Assets 4	Notes and loans receivable, net		_		7	
₹ 8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other	I I				
	basis. Complete Part VI of Schedule D	10a	44,769.			
b			22,518.	15,534.	10c	22,251
11	Investments - publicly traded securities			538,122.	11	22,251 818,470
12	Investments - other securities. See Part IV, line		12			
13	Investments - program-related. See Part IV, line	_		13		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	500.	15	15,007		
16	Total assets. Add lines 1 through 15 (must equ		1,595,735.	16	2,128,657	
17	Accounts payable and accrued expenses			46,008.	17	65,805
18	Grants payable		18			
19	Deferred revenue			22,375.	19	57,100
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
စ္က 22	Loans and other payables to current and forme	r officers,	directors, trustees,			
Ĭ	key employees, highest compensated employe	es, and di	squalified persons.			
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrel				23	
24	Unsecured notes and loans payable to unrelate	d third pa	rties		24	
25	Other liabilities (including federal income tax, pa	yables to	related third			
	parties, and other liabilities not included on lines	s 17-24). C	Complete Part X of			
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			68,383.	26	122,905
	Organizations that follow SFAS 117 (ASC 958		here ▶ X and			
Sec	complete lines 27 through 29, and lines 33 ar			1 000 510		1 564 500
E 27	Unrestricted net assets			1,092,712.	27	1,564,708
ਲ 28 ਹ	Temporarily restricted net assets			434,640.	28	441,044
g 29					29	
로	Organizations that do not follow SFAS 117 (A	SC 958),	check here ▶ ☐			
jo	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
ຊິ 31	Paid-in or capital surplus, or land, building, or ed				31	
27 28 29 20 27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated in			1 505 252	32	0 005 550
33	Total net assets or fund balances			1,527,352.	33	2,005,752
34	Total liabilities and net assets/fund balances .			1,595,735.	34	2,128,657

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,63	5,1	73.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,16					
3	Revenue less expenses. Subtract line 2 from line 1	3			88.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,52					
5	Net unrealized gains (losses) on investments	5	1	9,0	<u>41.</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7	_	7,6	29.			
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B)) 10 2							
Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b					
			Form	990	(2018)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Virginia Center for Inclusive Employer identification number Name of the organization Communities 20-3188273 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 exempt 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). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	211,616.	310,176.	336,880.	1,205,107.	1,037,841.	3,101,620.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	211,616.	310,176.	336,880.	1,205,107.	1,037,841.	3,101,620.			
	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						279,627.			
6	Public support. Subtract line 5 from line 4.						2,821,993.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	211,616.	310,176.	336,880.	1,205,107.	1,037,841.	3,101,620.			
	Gross income from interest,	-	-	-						
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	20,308.	13,387.	17,052.	10,663.	21,314.	82,724.			
9	Net income from unrelated business	-	-	-	-	-	-			
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						3,184,344.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,761,704.			
13	·	•	,	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
	organization, check this box and stor	here								
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2018 (line 6, column (f) di	ivided by line 11, c	column (f))		14	88.62 %			
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	89.20 %			
16a	33 1/3% support test - 2018. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X			
b	33 1/3% support test - 2017. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			>			
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		>			
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the									
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization	>			
18	Private foundation. If the organization						s ▶			
	_					dule A (Form 990				

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	siow, piease com	piete i art ii.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,		,,
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1075						
	Add lines 10a and 10b						
	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
							> L_
	tion C. Computation of Publi						
15	Public support percentage for 2018 (li	ne 8, column (f),	divided by line 13,	column (f))		15	9
	Public support percentage from 2017					16	9
	tion D. Computation of Inves						
	Investment income percentage for 20					17	Ç
	Investment income percentage from 2					18	Ç
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more thar	33 1/3%, and line	17 is not
	more than 33 $1/3\%$, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organi	zation	▶∟
b	33 1/3% support tests - 2017. If the	organization did i	not check a box or	n line 14 or line 19	a, and line 16 is r	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	anization qualifies a	as a publicly sup	oorted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
n 9	90 or 99	90-EZ	2018

Pa	rt IV Supporting Organizations (continued)			ago o
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	INO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
000	tion B. Type I supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	INO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
	and or type it dupper unity or guilleutions		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
	71 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	Ĺ	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zd		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
a				
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti		Distributions		,	Current Year
1	Amount	ts paid to supported organizations to accomplish exe	mpt purposes		
2	Amount	ts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organiz				
3	Adminis	strative expenses paid to accomplish exempt purpose	S		
4	Amount	ts paid to acquire exempt-use assets			
5	Qualifie	d set-aside amounts (prior IRS approval required)			
6	Other d	istributions (describe in Part VI). See instructions.			
7	Total a	nnual distributions. Add lines 1 through 6.			
8	Distribu	tions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide	e details in Part VI). See instructions.			
9	Distribu	table amount for 2018 from Section C, line 6			
10	Line 8 a	mount divided by line 9 amount			
Secti	ion E - D	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distribu	table amount for 2018 from Section C, line 6			
2	Underd	istributions, if any, for years prior to 2018 (reason-			
	able ca	use required- explain in Part VI). See instructions.			
3	Excess	distributions carryover, if any, to 2018			
а	From 20	013			
b	From 20	014			
С	From 20	015			
d	From 20	016			
е	From 20	017			
f	Total of	f lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2018 distributable amount			
i	Carryov	ver from 2013 not applied (see instructions)			
j	Remain	der. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	tions for 2018 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2018 distributable amount			
С		der. Subtract lines 4a and 4b from 4.			
5		ing underdistributions for years prior to 2018, if			
		btract lines 3g and 4a from line 2. For result greater			
		ro, explain in Part VI. See instructions.			
6		ing underdistributions for 2018. Subtract lines 3h			
		from line 1. For result greater than zero, explain in			
		See instructions.			
7		distributions carryover to 2019. Add lines 3j			
	and 4c.				
8		own of line 7:			
		from 2014			
		from 2015			
		from 2016			
		from 2017			
_	-VCDCC	from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Virginia Center for Inclusive

Schedule A (Form 990 or 990 EZ) 2018 Communities 20-3188273 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Virginia Center for Inclusive Communities

Employer identification number 20-3188273

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part X		▶ \$

832051 10-29-18

Schedule D (Form 990) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simila	r Asse	ts(contii	nued)	
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following tha	at are a si	gnificant us	se of its	collectio	n items	
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research e Other										
С	c Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's c	ollection?			[Yes		No
Par	t IV Escrow and Custodial Arrang								line 9, o		
	reported an amount on Form 990, Part	X, line 21.		_							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						_ 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No.
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided on	Part XIII					
Par							0.				
	·	(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three yea	ars back	(e) Four	years bad	ck
1a	Beginning of year balance	` ,	` ,								
	Contributions										_
С	Net investment earnings, gains, and losses							-			_
	Grants or scholarships										_
	Other expenditures for facilities										_
	and programs										
f	Administrative expenses										_
g	End of year balance										_
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1	a. column (a	a)) held as:	· ·			•		
а	Board designated or quasi-endowment	,	%	3,	,,						
b	Permanent endowment	%									
	Temporarily restricted endowment ▶	%									
_	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the possess		ation tha	at are held a	and administe	ered for th	ne organiza	tion			
	by:	renent et une et game					. o o . g a <u>.</u> a			Yes N	lo
	(i) unrelated organizations								3a(i)	100 11	_
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on S	Schedule R?					3b		_
4	Describe in Part XIII the intended uses of the										_
Par	t VI Land, Buildings, and Equipme										_
	Complete if the organization answered). Part I	/. line 11a. S	See Form 990	D. Part X.	line 10.				
	Description of property	(a) Cost or o			or other		cumulated		(d) Boo	k value	_
	,	basis (investr			(other)		reciation		(,		
	Land	,			•						_
b	Buildings							\neg			_
	Leasehold improvements							+			_
d	Equipment			4	4,769.		22,51	8.	2	2,251	
	Other				-		•	+		-	_
	. Add lines 1a through 1e. (Column (d) must eq		X, colur	nn (B), line	10c.)			▶	2	2,251	

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Communities			20-	-3188273 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Tetal (Col. (h) must squal Form 000 Part V sol. (P) line 12.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
	on Form OOO Dort IV	line 11e Coe Form 000	Dort V. line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		aluation: Cost or end	-of-vear market value
., .	(b) Book value	(6) Method of v	uldation. Cool of cha	or your market value
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		•		
Complete if the organization answered "Yes"	on Form 990, Part IV	line 11d. See Form 990,	Part X, line 15.	
(a) [Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	: 15.)		>	
Complete if the organization answered "Yes"	on Form 990, Part IV	line 11e or 11f. See Forr	n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Communities			20-	3188273 Page 4
Part XI Reconciliation of Revenue per Audited Financia	al Statements V	Vith Revenue per F	Returr	١.
Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.			
1 Total revenue, gains, and other support per audited financial stateme	nts		1	1,693,551
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		_		
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities	2b	26,800.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	20,166.	<u>.</u>	
e Add lines 2a through 2d			2e	66,006
3 Subtract line 2e from line 1			3	1,627,545
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
a Investment expenses not included on Form 990, Part VIII, line 7b		7,628.	<u> </u>	
b Other (Describe in Part XIII.)	4b			5 600
c Add lines 4a and 4b			4c	7,628
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			5	1,635,173
Part XII Reconciliation of Expenses per Audited Finance		With Expenses per	r Retu	ırn.
Complete if the organization answered "Yes" on Form 990, Pa				1 015 151
Total expenses and losses per audited financial statements			1	1,215,151
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ı	1 26 000		
a Donated services and use of facilities		26,800.	4	
b Prior year adjustments			_	
c Other losses		20 166	_	
d Other (Describe in Part XIII.)	·		-	16 066
e Add lines 2a through 2d			2e	46,966. 1,168,185.
3 Subtract line 2e from line 1			3	1,100,100
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4	1		
a Investment expenses not included on Form 990, Part VIII, line 7b		+	-	
b Other (Describe in Part XIII.)			-	0.
c Add lines 4a and 4b			4c	1,168,185
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I Part XIII Supplemental Information.	, iirie 16.)		5	1,100,103
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	la and 4: Part IV line	s 1h and 2h: Dart V line	1. Dart	V line 2: Part VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			4, Fait	A, IIIIe Z, Fait Ai,
illies 20 and 4b, and Fart All, lines 20 and 4b. Also complete this part to pro	ovide arry additional	illomation.		
Part X, Line 2:				
The following was disclosed related to	o uncertair	n tax position	ns :	in the
		-		
financial statements. VCIC is exempt	from federa	al income tax	ces a	as a
nonprofit organization described in Se	ection 501	(c)(3) of the	e In	ternal
				_
Revenue Code and is classified as an o	organizatio	on other than	ı a j	private
5 1 . 1 -1 5		~ I		
foundation. Therefore, no provision or	r liability	for income	tax	es has been
included.				
Part XI, Line 2d - Other Adjustments:				
Other Gradial Breat Breat				20 166
Other Special Event Expenses				20,166.

Part XII, Line 2d - Other Adjustments:

Schedule D (Form 990) 2018

Part XII	Suppleme	ntal Inforr	mation (continued)			<u> </u>
Other	special	event	expenses			20,166.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Virgini Communi	a Center for Inclu	siv	е			Employer ide 20-3188	ntification number		
	Complete if the organization answer	red "Y	'es" oı	n Form 990, Part IV,	line 1				
required to complete this par	t.								
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or 	e Solicitat f Solicitat g Special or oral agreement with any individual	ion of ion of fundra	non-g gover aising ding o	overnment grants nment grants events fficers, directors, trus	stees				
key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments of the compensated at least \$5,000 by the	viduals or entities (fundraisers) pursu					L Yes undraiser is to b			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or contro		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No						
Total			•						
List all states in which the organization or licensing.			outions	s or has been notified	d it is	exempt from re	egistration		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2018

criedule	G (FUIII 990 OF 990-EZ) 20 16	COmmuni				3100273	raye z
Part II	Fundraising Events.	Complete if the	ne organization answered	l "Yes" on Form 990, Par	rt IV, line 18, or reported	more than \$15,0	000
	of fundraising event contril	butions and g	ross income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than	\$5,000.
			(a) Event #1	(b) Event #2	(c) Other events		

		of fundraising event contributions and gro	oss income on Form 990		<u> </u>	ots greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
					None	(add col. (a) through		
			Dinner			col. (c))		
<u>e</u>			(event type)	(event type)	(total number)	55 (5 ₁)		
Revenue								
3ev	1	Gross receipts	436,382.			436,382.		
_			252 224			252 224		
	2	Less: Contributions	358,324.			358,324.		
			70 050			70 050		
	3	Gross income (line 1 minus line 2)	78,058.			78,058.		
		Ocal astron						
	4	Cash prizes						
	5	Noncash prizos						
SS	3	Noncash prizes						
ens(6	Rent/facility costs						
Direct Expenses		Tions rability cools						
ct E	7	Food and beverages	89,026.			89,026.		
Dire		3	-					
	8	Entertainment						
	9	Other direct expenses	20,166.			20,166.		
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	109,192.		
		Net income summary. Subtract line 10 from li				-31,134.		
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a.		a Dulltoh - foretent		l		
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue				bingo, progressive binge		coi. (a) throught coi. (c)		
Re	4	Gross revenue						
	•	GIOSS TEVERIDE						
(O	2	Cash prizes						
nse								
Direct Expenses	3	Noncash prizes						
ΉĒ								
)irec	4	Rent/facility costs						
	5	Other direct expenses						
	_		Yes %	Yes%	Yes%			
	6	Volunteer labor	∟∟ No	∟ No	└── No			
7 Direct expense summary. Add lines 2 through 5 in column (d)								
	7	bliect expense summary. Add lines 2 through	15 III Column (a)					
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•			
		The garming most our mary. Subtract into T	Trom into 1, column (a)					
9	Ent	ter the state(s) in which the organization condu	ıcts gaming activities:					
a Is the organization licensed to conduct gaming activities in each of these states?						Yes No		
b	If "	No," explain:						
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No		
b	If "	If "Yes," explain:						

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Virginia Center for Inclusive Communities

Sch	nedule G (Form 990 or 990-EZ) 2018 Communities 20-	-3188	273	Page 3					
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No					
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	••							
	to administer charitable gaming?		Yes	☐ No					
13	Indicate the percentage of gaming activity conducted in:	••							
	a The organization's facility	13a		%					
	b An outside facility			%					
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	··· •							
	Name								
	Address								
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No					
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount								
	of gaming revenue retained by the third party >\$								
(c If "Yes," enter name and address of the third party:								
	Name								
	Address								
16	Gaming manager information:								
	Name ▶								
	Gaming manager compensation > \$								
	Description of services provided								
	☐ Director/officer ☐ Employee ☐ Independent contractor								
47	Mandatan, distributiona								
	Mandatory distributions:								
ć	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	☐ No					
	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		163	140					
٠	organization's own exempt activities during the tax year > \$								
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III lir	nes 9	9b 10b					
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	are m, m	.00 0,	05, 105,					
	102, 104, 10, and 112, and approach 11, and provide any additional months and months and additional months additional months and additional months and additional months and additional months additional months and additional months additional months and additional months additional months additional months and additional months additional months and additional months additional months additional months additional months additional months additional months add								

Virginia Center for Inclusive

Schedule G	(Form 990 or 990-EZ)	Communities		20-3188273	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
	•••	,			

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Virginia Center for Inclusive Communities

Employer identification number 20-3188273

Form 990, Part VI, Section B, line 11b:
The 990 is provided to the Board for review prior to filing.
Form 990, Part VI, Section B, Line 12c:
The Organization reviews Board and staff conflict of interest disclosures
annually to monitor and enforce compliance with policy.
Form 990, Part VI, Section B, Line 15a:
The president and CEO's compensation is reviewed by the Board on an annual
basis.
Form 990, Part VI, Section C, Line 19:
The organization's documents are available to the public upon request.
Form 990, Part XII, Line 2C:
The independent auditor is selected by the board; the oversight or
selection process was not changed during the year.