IRS e-file Signature Authorization for an Exempt Organization

		•			
For calendar year 2016, or fiscal year beginning	JUL 1	, 2016, and ending	JUN	30	, 20 17

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Name of exempt organization Employer identification number 54-1942276 COMMUNITIES IN SCHOOLS OF VA Name and title of officer MARK EMBLIDGE EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) | Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 1b ____ 1, 549, 368. **1a** Form 990 check here ► X 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) ______ 2b _____ 3a Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) ______ **3b** _____ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here **b Balance Due** (Form 8868, line 3c) **5b** 5a Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | Lauthorize FRANK BARCALOW CPA PLLC ERO firm name as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature **Certification and Authentication ERO's EFIN/PIN.** Enter your six-digit electronic filing identification 54915755997 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

Department of the Treasury

A For the 2016 calendar year, or tax year beginning

Internal Revenue Service

JUL 1, 2016

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

OMB No. 1545-0047 6

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

and ending JUN 30,

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

B (Check if applicable	C Name of organization		D Employer identific	cation number	
	Address					
F	Name change	Doing business as		54-1	942276	
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telephone number		
F	Final return/	413 STUART CIRCLE 303			237-8906	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,549,368.	
	Amende			H(a) Is this a group re		
	Applica	•		for subordinates		
	pending	SAME AS C ABOVE		H(b) Are all subordinates in		
$\overline{1}$	Гах-ехе	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □	527	1	list. (see instructions)	
		WWW.CISOFVA.ORG		H(c) Group exemption		
K	orm of o	organization: X Corporation Trust Association Other L	. Year		State of legal domicile: VA	
Pa		Summary		<u>. </u>		
О О	1 E	Briefly describe the organization's mission or most significant activities: $\overline{ t THE}$ $\overline{ t MIS}$	SIO	N IS TO SUR	ROUND	
Governance	2	STUDENTS WITH A COMMUNITY OF SUPORT $\overline{ ext{EMPOWER}}$	ING	THEM TO ST	AY IN	
š	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposed o	f more	than 25% of its net as		
ŏ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	11	
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			11	
Activities &		otal number of individuals employed in calendar year 2016 (Part V, line 2a)			0	
Ϊ		otal number of volunteers (estimate if necessary)			0	
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.	
	۱d	Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
			<u> </u>	Prior Year	Current Year	
ne		Contributions and grants (Part VIII, line 1h)		997,899.	1,545,702.	
Revenue	1	Program service revenue (Part VIII, line 2g)		0.	0.	
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,322.	3,334.	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,000,221.	1,549,368.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,000,221.	1,349,300.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		334,005.	893,516.	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0,5,510.	
oen	loa F	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ■ 53,971 •		•	0.	
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	691,732.	532,375.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,025,737.	1,425,891.	
		Revenue less expenses. Subtract line 18 from line 12		-25,516.	123,477.	
or		10Voltade 1000 0Xperiodos. Gabarade inte 10 mont into 12		ginning of Current Year	End of Year	
Net Assets Fund Balanc	20 1	otal assets (Part X, line 16)	1	1,207,372.	1,314,831.	
Ass d Ba	21 7	otal liabilities (Part X, line 26)		67,402.	51,385.	
Set	22 1	Net assets or fund balances. Subtract line 21 from line 20		1,139,970.	1,263,446.	
	art II	Signature Block	•			
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and	statem	ents, and to the best of my	/ knowledge and belief, it is	
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer	has any knowledge.		
Sig	n	Signature of officer		Date		
Her	e	MARK EMBLIDGE, EXECUTIVE DIRECTOR				
		Type or print name and title	- 1	Note I	T DTIN	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Paid	-	SHARON HART SHARON HART	1	1/10/17 if self-employe	P00446817	
		Firm's name FRANK BARCALOW CPA PLL		Firm's EIN ▶	45-5310918	
use	Only	Firm's address 108 WESTCHESTER		D. 75	7 220 6626	
		WILIAMSBURG, VA 23188		Phone no. 75	7-220-6626	
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No	

Page **2**

Pa	Check if Schoolule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
٠	CIS MISSION IS TO SURROUND STUDENTS WITH A COMMUNITY OF SUPPORT
	EMPOWERING THEM TO STAY IN SCHOOL AND ACHIEVE IN LIFE
	and other than 10 bill in beneal the neutral in bill
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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 \$1, 238, 093 • including grants of \$) (Revenue \$)
	COORDINATE STATEWIDE COMMUNITIES IN SCHOOLS' PROGRAMS BY PROVIDING
	TRAINING AND TECHNICAL ASSISTANCE AND REPLICATE CIS PROGRAMS
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$
	/ (Line of the control of the contro
4	Other programmes and income (December in Calcadida O.)
4 0	Other program services (Describe in Schedule O.)
<u>4</u> e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,238,093.

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)?		x	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	_		
Ū	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	_		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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			
	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	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			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's separate of consolidated limit classification of 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		х
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?	-		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
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		Х
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	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,"			v
	complete Schedule G, Part III	19	000	X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			۱
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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 Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, 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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	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			
-	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,"			
	complete Schedule L, Part II	26		Х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	1
	Note. All Form 990 filers are required to complete Schedule O	38	X	

| Part 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									
				Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	10	-							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re									
_	(gambling) winnings to prize winners?	I	1c							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0								
	filed for the calendar year ending with or within the year covered by this return		1							
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b							
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		За		Х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	······	3b		22					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		30							
-t a	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		х					
h	If "Yes," enter the name of the foreign country:	accounty?	-1 a							
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
-	any contributions that were not tax deductible as charitable contributions?		6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut									
	were not tax deductible?	_	6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required								
	to file Form 8282?		7с		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e 7f							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
_			8							
9	Sponsoring organizations maintaining donor advised funds.									
a			9a 9b							
40 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		96							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
a		10b	-							
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100								
ii a	Gross income from members or shareholders	11a								
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	. 14								
b	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	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	13b								
С	Enter the amount of reserves on hand	13c								
14a			14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b							
			Form	990	(2016					

632005 11-11-16

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										
	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 1										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b		X							
	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 arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	ıvailab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	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	l finan	cial								
	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 books and records:										
	THE ORGANIZATION - 804-237-8906										
	413 STUART CIRCLE, NO. 303, RICHMOND, VA 23220										

632006 11-11-16

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 (D), (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.

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

(A) Name and Title	(B) Average hours per week	officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) 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) DR. DANIEL DOMENECH	2.00	,,		37				0	0	0	
CHAIR	2.00	Х		Х				0.	0.	0.	
(2) BILL MILLIKEN	2.00	x		х				0.	0.	0.	
VICE CHAIR (3) DAVID FERNANDEZ	2.00	^		Λ				0.	0.	0 .	
TREASURER	2.00	X		х				0.	0.	0 .	
(4) YVONNE BRANDON	2.00	25		22				0.	0.	- 0 0	
SECRETARY	2,00	x		х				0.	0.	0.	
(5) MICHAEL LIGON	2.00							0.0			
BOARD MEMBER		х						0.	0.	0 .	
(6) STEPHEN OTERO	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(7) ROBERT BLUE	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(8) WILLIAM HAZEL, JR.	2.00										
BOARD MEMBER		Х						0.	0.	0 .	
(9) STACEY MENDLER	2.00										
BOARD MEMBER		Х						0.	0.	0 .	
(10) MARCUS NEWSOME	2.00								_		
BOARD MEMBER		Х						0.	0.	0 .	
(11) LINDA SHIFFLETTE	2.00	١								•	
BOARD MEMBER	20.00	Х						0.	0.	0 .	
(12) MARK EMBLIDGE	20.00	,,							07 000	24 461	
EXECUTIVE DIRECTOR		Х						0.	87,990.	24,461.	
		-									
	I					_	_	I		F 000 (004)	

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	(C) (D) (E)						(F)		
	Name and title	Average hours per week (list any	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		Estima amoun othe	t of r	
		hours for related organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS				
		below line)	Individua	Institution	Officer	Key employee	Highest c employee	Former			$\frac{1}{1}$	organiza	tions	
											+			
											+			
											\dashv			
											\dashv			
											+			
											+			
			_								+			
											+			
	Sub-total							>	0.	87,99		24,4		
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.	87,99	0.	24,4	0. 461.	
2	Total number of individuals (including but n													
	compensation from the organization											Yes	No	
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	such individual									[3	Х	
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J f	for such individual			4	Х	
5 —	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•	•		ed organization or indiv	idual for services		5	Х	
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mnensated in	den:	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	nensa	tion from		
	the organization. Report compensation for	=												
	(A) Name and business address								(B) Description of s	ervices	(C) Compensation			
	Total number of independent contractors (i	including but n	not li	mite	ed to	tho	se li	stec	d above) who received m	nore than				
_	\$100,000 of compensation from the organi					9	0					orm 990	(2016)	

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ıa	1 L V II			or note to any li	ne in this Part VIII			
		Check if Schedule O cont	анто а теоропое	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e 1 , ts, and 1/e 1f 1	244,400. 301,302. Business Code	1,545,702.			
Program Service Revenue	g	All other program service reve		>				
Other Revenue	3 4 5	Investment income (including other similar amounts)	k-exempt bond p	proceeds	3,334.			3,334.
	С	Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising		>				
	b	including \$ contributions reported on line Part IV, line 18 Less: direct expenses	1c). See a					
	с 9 а	Net income or (loss) from functions income from gaming action Part IV, line 19 Less: direct expenses	Iraising events tivities. See a					
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ing activities returns a	•				
				Business Code 900099	332.	332.		
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.			332. 1,549,368.	332.	0.	3,334.

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). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 87,990. 26,397. 26,397. 35,196. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 654,770. 629,255. 25,515. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 96,287. 64,602. 23,044. 8,641. Other employee benefits 9 54,469. 36,545. 13,036. 4,888. Payroll taxes 10 Fees for services (non-employees): a Management Legal 34,588. 5,744. 28,844. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,700. 11,282. 7,569. 1,013. Office expenses 13 Information technology 14 Royalties 15 1,999. 22,274. 14,944. 5,331. 16 Occupancy 21,542. 21,542. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,559. 2,559. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 2,175. 1,459. 521. <u> 195.</u> Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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 O.) 414,334. 414,334. REPLICATION EXPENSES 15,702. **MISCELLANEOUS** 23,621 5,880 2,039. С d All other expenses 53,971. 1,425,891. 1,238,093. 133,827. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2016)

if following SOP 98-2 (ASC 958-720)

Check here

Pa	rt X	Balance Sheet						
		Check if Schedule O contains a response or no	te to ar	y line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			1,870.	1	961,176.	
	2	Savings and temporary cash investments			1,084,629.	2	250,466. 100,000.	
	3		ledges and grants receivable, net					
	4	Accounts receivable, net			16,742.	4	1,995.	
	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	า 4958(c)(3)(B), and contributing				
		employers and sponsoring organizations of sec						
ß		employees' beneficiary organizations (see instr)		·		6		
Assets	7	Notes and loans receivable, net				7		
¥	8	Inventories for sale or use				8		
	9	Prepaid expenses and deferred charges			684.	9	684.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	15,455.				
	b	Less: accumulated depreciation		14,945.	3,447.	10c	510.	
	11	Investments - publicly traded securities		-	-	11		
	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		15				
	16	Total assets. Add lines 1 through 15 (must equ			1,207,372.	16	1,314,831.	
	17	Accounts payable and accrued expenses		1	12,402.	17	16,385.	
	18	Grants payable			18			
	19	Deferred revenue			55,000.	19	35,000.	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21		
S	22	Loans and other payables to current and forme						
≝		key employees, highest compensated employee						
Liabilities		Complete Part II of Schedule L				22		
=	23	Secured mortgages and notes payable to unrela				23		
	24	Unsecured notes and loans payable to unrelate				24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines	s 17-24	. Complete Part X of				
		Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			67,402.	26	51,385.	
		Organizations that follow SFAS 117 (ASC 958	3), ched	k here X and				
es		complete lines 27 through 29, and lines 33 ar						
ũ	27	Unrestricted net assets			1,039,970.	27	1,163,446.	
Fund Balances	28	Temporarily restricted net assets			100,000.	28	100,000.	
βE	29	Permanently restricted net assets		<u></u>		29		
표		Organizations that do not follow SFAS 117 (A	SC 95	3), check here ▶Ш				
		and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds			30			
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31		
Net Assets or	32	Retained earnings, endowment, accumulated in	come,	or other funds		32		
Z	33	Total net assets or fund balances			1,139,970.	33	1,263,446.	
	34	Total liabilities and net assets/fund balances .			1,207,372.	34	1,314,831.	

1 Accounting method used to prepare the Form 990:	Pa	Tt XI Reconciliation of Net Assets							
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2, line 33, column (A)) Revenue less expenses. Subtract line 2, line 33, column (A)) Revenue less expenses. Subtract line 2, line 33, column (A)) Revenue less expenses of fund balances at equal Part X, line 33, column (A)) Revenue less expenses of fund balances (explain in Schedule O) Revent changes in net assets or fund balances (explain in Schedule O) Revent changes in net assets or fund balances (explain in Schedule O) Revent changes in net assets or fund balances (explain in Schedule O) Revent changes in net assets or fund balances (explain in Schedule O) Revent changes in net assets or fund balances (explain in Schedule O) Reven		Check if Schedule O contains a response or note to any line in this Part XI					X		
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2, line 33, column (A)) Revenue less expenses. Subtract line 2, line 33, column (A)) Revenue less expenses. Subtract line 2, line 33, column (A)) Revenue less expenses of fund balances at equal Part X, line 33, column (A)) Revenue less expenses of fund balances (explain in Schedule O) Revent changes in net assets or fund balances (explain in Schedule O) Revent changes in net assets or fund balances (explain in Schedule O) Revent changes in net assets or fund balances (explain in Schedule O) Revent changes in net assets or fund balances (explain in Schedule O) Revent changes in net assets or fund balances (explain in Schedule O) Reven									
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Prior period adjustments Net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	1	Total revenue (must equal Part VIII, column (A), line 12)	1						
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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. 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: X Separate basis Consolidated basis Consolidated basis Poth consolidated and separate basis	2	Total expenses (must equal Part IX, column (A), line 25)	2						
Separate basis Consolidated basis or local statements and use of or consolidated basis or both: Separate basis Consolidated Consolidated Consolidated Consolidated C	3								
6 Donated services and use of facilities 7 Investment expenses 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
Investment expenses	5	Net unrealized gains (losses) on investments	5						
Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1, 263 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	6	Donated services and use of facilities	6						
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 1, 263 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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 3 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	7	Investment expenses	7						
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 1	8	Prior period adjustments	8						
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	9	Other changes in net assets or fund balances (explain in Schedule O)	9				-1.		
Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
Check if Schedule O contains a response or note to any line in this Part XII 1									
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 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	Pai	rt XII Financial Statements and Reporting							
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII							
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						Yes	No		
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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,									
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Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		separate basis, consolidated basis, or both:							
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consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	b	Were the organization's financial statements audited by an independent accountant?			2b	X			
X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basi	s,					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		consolidated basis, or both:							
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review, or compilation of its financial statements and selection of an independent accountant?	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	it,					
		review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.									
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
Act and OMB Circular A-133?	A L. LOMB O'. L. A 1000								
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired au	udit					
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

COMMUNITIES IN SCHOOLS OF VA

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-1942276

Name of the organization

Part I The organ		Reason for Public Charity Status (All organizations must complete this part.) See instructions.
		ization 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).
4		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:
5		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.)
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7		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.)
9		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	X	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.
а		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.
b		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
		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.
С		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.

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 above (see instructions)) Total

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 COMMUNITIES IN SCHOOLS OF VA 54-19422 Part II 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.)

Calendar year (or fiscal year beginning in)	Sec	tion A. Public Support						
membarship fees received. (10 not include any "unusual grants.") 2 Tax revenues leviced for the organization is benefit and either past to or expended on its behalf core expended and on the expended on its expended on its of that exceeds 2% of the amount shown on line 11, column (1) 6 Public support. Support line is from time 4. Section B. Total Support core expended on its expended in the expended on its expended in the expended in t	Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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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.)

Se	ction A. Public Support	,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	919,967.	1078975.	1327339.	997,899.	1545702.	5869882.
2	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						
5	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	919,967.	1078975.	1327339.	997,899.	1545702.	5869882.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						5869882.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	919,967.	1078975.	1327339.	997,899.	1545702.	5869882.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	648.	1,541.	2,003.	2,322.	3,334.	9,848.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	648.	1,541.	2,003.	2,322.	3,334.	9,848.
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)					332.	332.
13	Total support. (Add lines 9, 10c, 11, and 12.)	920,615.	1080516.	1329342.	1000221.	1549368.	5880062.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	99.83 %
	Public support percentage from 2015					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				_
17	Investment income percentage for 20	16 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.17 %
						%	
	9a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box a						▶ X
k	33 1/3% support tests - 2015. If the						and
	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation If the organization			•		ū	

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 (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		
4a		
та		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
	(donumod)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
			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).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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) 2016

Par	t V T	ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Di	stributions			Current Year
1	Amounts	paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts	paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizat	tions, in excess of income from activity			
3	Administ	rative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts	paid to acquire exempt-use assets			
5	Qualified	set-aside amounts (prior IRS approval required)			
6	Other dis	tributions (describe in Part VI). See instructions			
7	Total an	nual distributions. Add lines 1 through 6			
8	Distributi	ons to attentive supported organizations to which the	ne organization is responsive	9	
	(provide	details in Part VI). See instructions			
9	Distributa	able amount for 2016 from Section C, line 6			
10	Line 8 an	nount divided by Line 9 amount			
			(i)	(ii)	(iii)
.	F D:	- Authorities Allega Atlanta (and instrumentions)	Excess Distributions	Underdistributions	Distributable
secti	on E - Di	stribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributa	able amount for 2016 from Section C, line 6			
2	Underdis	tributions, if any, for years prior to 2016 (reason-			
	able caus	se required- explain in Part VI). See instructions			
3		istributions carryover, if any, to 2016:			
а					
b					
С	From 20	13			
d	From 20	14			
е	From 20	15			
f	Total of I	ines 3a through e			
		o underdistributions of prior years			
h	Applied t	o 2016 distributable amount			
i	Carryove	r from 2011 not applied (see instructions)			
j	Remaind	er. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributi	ons for 2016 from Section D,			
	line 7:	\$			
а	Applied t	o underdistributions of prior years			
b	Applied t	o 2016 distributable amount			
С	Remaind	er. Subtract lines 4a and 4b from 4			
5	Remainir	ng underdistributions for years prior to 2016, if			
	any. Sub	tract lines 3g and 4a from line 2. For result greater			
	than zero	o, explain in Part VI. See instructions			
6	Remainir	ng underdistributions for 2016. Subtract lines 3h			
	and 4b fr	om line 1. For result greater than zero, explain in			
	Part VI. S	See instructions			
7	Excess	distributions carryover to 2017. Add lines 3j			
	and 4c				
8	Breakdo	wn of line 7:			
а					
b	Excess fi	rom 2013			
С	Excess fi	rom 2014			
d	Excess fi	rom 2015			
_	Eycess fi	rom 2016			

Schedule A (Form 990 or 990-EZ) 2016

Scriedule A	(FOIII 990 01 990-EZ) 2016 COIMIONITIED IN SCHOOLS OF VII 34 1342270 Fage 6
Part VI	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 B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

COMMUNITIES IN SCHOOLS OF VA

54-1942276

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{\bigsim}{\bigsim} \frac{\bigsim}				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), ut it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

COMMUNITIES IN SCHOOLS OF VA

54-1942276

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NORDSON 11475 LAKEFIELD DRIVE DULUTH , GA 30097	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STATE OF VIRGINIA 1111 E. BROAD STREET RICHMOND, VA 23219	\$ <u>1,244,400</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CAMERON FOUNDATION 228 S. SYCAMORE STREET PETERSBURG, VA 23803	\$ 90,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	UNIVERSEAL LEAF 9201 FOREST AVENUE RICHMOND, VA 23235	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ALTRIA P.O. BOX 85088 RICHMOND, VA 23285	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

COMMUNITIES IN SCHOOLS OF VA

54-1942276

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
3453 10-18-		Schodule P (Form	990, 990-EZ, or 990-PF) (2			

Employer identification number

Name of organization

OMMUN	ITIES IN SCHOOLS OF VA	iributions to organizations described	54-1942276
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or	I in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations r less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
		l (e) Transfer of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	it
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	Relationship of transferor to transferee	
-			
-			

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COMMUNITIES IN SCHOOLS OF VA

Employer identification number 54-1942276

Schedule D (Form 990) 2016

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					
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	Number of conservation easements included in (c) acquired					
	listed in the National Register					
3	Number of conservation easements modified, transferred, re					
	year▶					
4	Number of states where property subject to conservation easement 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 it holds?					
6						
	>					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation 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	t 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		▶ \$			

632051 08-29-16

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

Pa	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, d	or Othe	er Simila	r Asse	ts(conti	nued)	- <u>J</u> -
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at are a si	ignificant u	se of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizati	on's exe	mpt purpos	se in Pai	t 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	he orga	nization's co	ollection?			\square	Yes] No
Pa	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered '	"Yes" on	Form 990,	Part IV,	line 9, o	r	
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary 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										
е	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	planatio	on has been	provided on	Part XIII]
Pa	rt V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Part	t IV, line 1	10.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance			•							
b	Contributions										
С	Net investment earnings, gains, and losses										
d	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)) held as:						
– a	Board designated or quasi-endowment	one your one building	%	9, 00.0	4), 11014 40.						
b	Permanent endowment	%	_′°								
	Temporarily restricted endowment										
Ŭ											
3a	The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization										
ou	by:	solon of the organiza	2011 011	at are ricia e	ara aariii iiote	700 101 11	no organiza	20011		Yes	No
	(i) unrelated organizations								3a(i)	100	110
	(ii) related organizations										
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	red on S	chedule R2					3b		
4	Describe in Part XIII the intended uses of the								30		
<u> </u>	t VI Land, Buildings, and Equipm		WITIETIL	iuiius.							
	Complete if the organization answered) Part I\	/ line 11a 9	See Form 990) Part X	line 10				
	Description of property	(a) Cost or o			or other		ccumulated	4	(d) Boo	k valu	
	Description of property	basis (investn		` '	(other)		oreciation	1	(u) 500	n value	5
10	Land	<u> </u>		54013	(54.101)	uo,					
ia b	Land										
C	Buildings Leasehold improvements							_			
d				1	5,455.		14,94	5.		5	10.
	Equipment Other				,			+			
	I. Add lines 1a through 1e. (Column (d) must ed		X colur	nn (R) line 1	10c)					5	10.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, lin (b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or er	ad of year market value
(1) Financial derivatives	(b) DOOK Value	(c) Wethod of Valuation. Cost of el	10-01-year market value
(2) Closely-held equity interests		+	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		_	
(H) Total (Col. (h) must aqual Form 000 Part V and (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year 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 lin	e 11d. See Form 990. Part X. line 15	
	Description	0 11d. 000 1 0111 000, 1 dit X, iiilo 10.	(b) Book value
(1)	·		.,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		>
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11e or 11f. See Form 990. Part X. line 2	95
1. (a) Description of liability	1	(b) Book value	
(1) Federal income taxes		` '	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 05)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line		to the evacuination of figure 111 states	that raparts the
2. Liability for uncertain tax positions. In Part XIII, provide	une text of the foothote	to the organization's financial statements	ь шастеропсыпе

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

Schedule D (Form 990) 2016

	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		1 5 10 0 60
1	Total revenue, gains, and other support per audited financial statements		1	1,549,368.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			0
	Add lines 2a through 2d			1 540 360
3	Subtract line 2e from line 1		3	1,549,368.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		0
_	Add lines 4a and 4b			1 540 360
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	?.)	5	1,549,368.
Par	t XII Reconciliation of Expenses per Audited Financial S	-	enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, I		1.1	1 425 002
1	Total expenses and losses per audited financial statements		1	1,425,892.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
_	Donated services and use of facilities			
b	Prior year adjustments			
С.	Other losses		1.	
	Other (Describe in Part XIII.)			1
	Add lines 2a through 2d			1,425,891.
3	Subtract line 2e from line 1		3	1,445,091
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4.1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)		4-	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,425,891
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Fart 1, line		3 1	I, 423, 031
	t XIII Supplemental Information	10.)		
	t XIII Supplemental Information.			Y line 2: Part VI
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Provi		4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,
Providines:	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a complete this part to provi	4; Part IV, lines 1b and 2b		X, line 2; Part XI,

Schedule D (Form 990) 2016

SCHEDULE 0

(Form 990 or 990-EZ)

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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITIES IN SCHOOLS OF VA

Employer identification number 54-1942276

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SCHOOL AND ACHIEVE IN LIFE
FORM 990, PART VI, SECTION B, LINE 11B:
BOARD PROVIDED COPY OF RETURN
FORM 990, PART VI, SECTION B, LINE 12C:
UPDATED ANNUALLY
FORM 990, PART VI, SECTION B, LINE 15A:
NOTED INFORMATION FROM OTHER SIMILAR ORGANIZATIONS
FORM 990, PART VI, SECTION C, LINE 18:
AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING -1.

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

Schedule O (Form 990 or 990-EZ) (2016)