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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

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

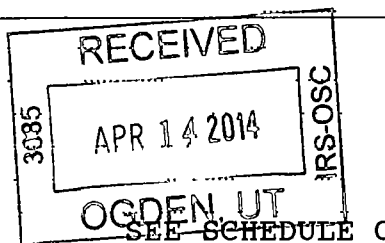
OMB No 1545-1150

2013Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning JUN 23, 2013 and ending DEC 31, 2013	
B Check if applicable: ☐ Address change ☐ Name change ☒ Initial return ☐ Terminated ☐ Amended return ☒ Application pending	C Name of organization VIRGINIA ASSOCIATION FOR COMMUNITY BASED PROVIDERS, INC. Number and street (or P O box, if mail is not delivered to street address) Room/suite 8314 BROWN'S LANE 201 City or town, state or province, country, and ZIP or foreign postal code MANASSAS, VA 20111 D Employer identification number 46-2739547 E Telephone number (540) 204-0521 F Group Exemption Number ▶ H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶ I Website: ▶ N/A J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527 K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 21,387.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, and similar amounts received	1	2,824.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	18,563.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c	Less direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	21,387.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	15,390.
	14	Occupancy, rent, utilities, and maintenance	14	300.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	2,658.
	17	Total expenses. Add lines 10 through 16	17	18,348.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,039.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	3,039.



LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Check if the organization used Schedule O to respond to any question in this Part II

X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	0 . 22	24,977 .
23	Land and buildings		23
24	Other assets (describe in Schedule O) SEE SCHEDULE O	0 . 24	2,519 .
25	Total assets	0 . 25	27,496 .
26	Total liabilities (describe in Schedule O) SEE SCHEDULE O	0 . 26	24,457 .
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 . 27	3,039 .

Check if the organization used Schedule O to respond to any question in this Part III ☒ X

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 IMPROVEMENT OF MENTAL HEALTH SERVICES

(Grants \$	) If this amount includes foreign grants, check here	▶ ☐	28a	15,284.
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29 _____

(Grants \$) If this amount includes foreign grants, check here ☐ 29a

30 _____

(Grants \$) If this amount includes foreign grants, check here ☐ 30a

31	Other program services (describe in Schedule O)		
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(Grants \$) If this amount includes foreign grants, check here ☐ 31a

32	Total program service expenses (add lines 28a through 31a)	32	15,284.
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Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

**VIRGINIA ASSOCIATION FOR COMMUNITY BASED
PROVIDERS, INC.**

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒ **X**

		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.	37a		
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38b		
39 Section 501(c)(7) organizations Enter	39a	N/A	
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A , section 4912 ▶ N/A ; section 4955 ▶ N/A			
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ N/A			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 List the states with which a copy of this return is filed ▶ NONE			
42a The organization's books are in care of ▶ THE CORPORATION Telephone no ▶ 540 204-0521 Located at ▶ 8314 BROWNS LANE, MANASSAS, VA ZIP + 4 ▶ 20111			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶	42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A	43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c Did the organization receive any payments for indoor tanning services during the year?	44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

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

Sign Here

Signature of officer

Date

Samuel C Gray
Samuel C Gray - Director

4/1/14

Paid Preparer Use Only

Print/Type preparer's name RICHARD M JONES, CPA	Preparer's signature <i>Richard M Jones, CPA</i>	Date 03/24/14	Check ☒ if self-employed	PTIN P00621721
Firm's name ▶ KENDALL, PREBOLA AND JONES, LLC			Firm's EIN ▶ 46-2108854	
Firm's address ▶ P.O. BOX 259 BEDFORD, PA 15522-0259			Phone no 814-623-1880	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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VIRGINIA ASSOCIATION FOR COMMUNITY BASED
PROVIDERS, INC.

Employer identification number
46-2739547

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

TELEPHONE	1,260.
PERMITS AND FEES	1,130.
MEETINGS	75.
OFFICE SUPPLIES	136.
BANK SERVICE CHARGES	44.
TRAVEL	13.
TOTAL TO FORM 990-EZ, LINE 16	2,658.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	0.	2,519.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	0.	5,894.
DEFERRED MEMBERSHIP DUES	0.	18,563.
TOTAL TO FORM 990-EZ, LINE 26	0.	24,457.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MISSION OF THE

VIRGINIA ASSOCIATION OF COMMUNITY BASED PROVIDERS IS TO PROVIDE

SUPPORT, RESOURCES AND INFORMATION IN AN EFFORT TO ENHANCE THE QUALITY

OF CARE PROVIDED BY COMMUNITY-BASED SERVICE PROVIDERS AND TO FOSTER A

UNIFIED VOICE FOR SERVICE PROVIDERS AND THE INDIVIDUALS AND FAMILIES

THEY SERVE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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THE CORE FOCUS IS ON COMMUNITY-BASED MENTAL AND BEHAVIORAL HEALTH
ISSUES AND THEIR RELATED INITIATIVES. IT IS NOT THE INTENTION OF THE
ASSOCIATION TO COMPETE FOR RESOURCES WITH RESIDENTIAL OR OTHER
COMMUNITY-BASED ORGANIZATIONS OR ASSOCIATIONS BUT TO PROVIDE A
STRATEGIC FOCUS WHICH IS BASED SOLELY ON IMPROVING COMMUNITY BEHAVIORAL
AND MENTAL HEALTH CARE.

VACBP ENDEAVORS TO ENSURE OUR COLLECTIVE VOICE IS HEARD AND OUR ABILITY
TO PROVIDE QUALITY SERVICES IN OUR COMMUNITIES REMAINS UNAFFECTED BY
NEGATIVE REGULATORY OR LEGISLATIVE CHANGES.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.