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Department of the Treasury Internal Revenue Service

2013

# 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 and its instructions is at www.irs.gov/form990.

A + Open to Public

Α	For th	ı <u>ç 2013 calen</u>			ning Jul			and ending				. 2014		
В	Check	f applicable	C Name of orga	nization Pro	ject Dis	covery	of Virgi	nia, Ir	ıc.	D Emplo	yer Ideni	tification Num	ber	
	Ac	ldress change	Doing Busine	ess As						54-	1369	308		
	[]Na	ime change	Number and	street (or P O bo	x if mail is not delive	ered to street add	iress)	Room/s	uite	E Teleph				
	In	tial return	1200 Ele	ctric Ro	ad					(54	0) 3	89-9900	)	
	$\vdash$	rminated			country, and ZIP or	r foreign postal c	ode				<u> </u>			
	HA	nended return	Salem				VA	24153-	1410	G Gross	eceipts	\$1,060,	312	
	$\vdash$	plication pending	F Name and ac	idress of principal	officer					group return			Yes	XNo
	LJ'*	paradian panding	1		lectric Rd	l Calom	177	24153-1410	H(b) Are all	subordinates attach a list.	ıncluded	1?	Yes	No
_	Tav.	exempt status	X 501(c)(3)	501(c) (		sert no )	4947(a)(1) or	527	If 'No,'	attach a list.	(see instr	ructions)	_	
÷					) (1/13	ien no j	[4747(a)(1) UI			exemption nu		•		
<del>ا</del>		bsite: ► N/		11	I	Other -	Ti.,		···	<del></del> :		<del></del>		
K			X Corporation	Trust	Association	Other	L \	ear of formation	າ 198	5   IMI	State of I	egal domicile	VA_	
Pa	art I	Summar Spothy describ		stron'a missis	n or most signi	ficant activiti								
		-	-		n or most signi			increa		cess t	o_ar	<u>a prep</u>	are_	
9					<u>school</u> st	udents	ior suc	cess in				- <b>-</b>		
퉏		post-sec	ondary e	gucation	<del>-</del>	<b>-</b>	<b></b>	- <b></b>		<del>-</del>		<b></b>		
ē	١,	Check this bo			discontinued							<b></b>		
Governance	3				ing body (Part						ssets.   <b>3</b>	1		16
∘ಶ	4				of the governin						4			16
ies	5				calendar year 2						5		<u>-</u>	4
Activities &	6				ecessary)						6			12
Ā	7a	Total unrelate	d business rev	enue from Pa	art VIII, column	(C), line 12					7a		24,	
	b	Net unrelated	business taxa	ble income fr	om Form 990-	T, line 34 .					7b		10,8	
	$\vdash$			<del></del>					P	rior Year		Curre	nt Yea	
•	8	Contributions	and grants (Pa	art VIII, line 1	h)	. <b></b> .				984,9	908.	1,0	015,0	002.
ž	9	Program serv	ice revenue (P	art VIII, line 2	?g)	<b></b> .							<u></u>	
Revenue	10	Investment in	come (Part VII	I, column (A),	lines 3, 4, and	d 7d)				2	278.			96.
ď	11	Other revenue	e (Part VIII, co	lumn (A), line	s 5, 6d, 8c, 9c,	10c, and 11	e)			29,1	108.		24,	721.
	12	Total revenue	- add lines 8	through 11 (i	must equal Pai	rt VIII, colum	n (A), line 12	2)	1	,014,2		1,(	39,8	
	13	Grants and si	mılar amounts	paid (Part IX	, column (A), lı	nes 1-3)				824,4	168.	-	765,8	305.
	14	Benefits paid	to or for memb	ers (Part IX,	column (A), lın	e 4) · D. 🗀	CENT	,						
	15	Salaries, othe	r compensatio	n, employee	benefits (Part l	X, column (A	), lines 5-10	)		275,	797.		255,9	<del></del>
Expenses	16a	Professional f	undraising fee	s (Part IX. co	lumn (A), line	1e)		<b>l</b>						
en en	<u> </u>				mn (D), line 25	l⇔i NIII\	/ <b>2 5</b> 20	14, 953.	42,4"		· •		10 3	
ជ័						(' '   —		1,955.	-5 , ,	- 194				
Expenses					s 11a-11d, 11		TAFT CL	30 100	<u> </u>	173,8			124,2	
					qual Part IX, co			ا ۱۰۰۰۰ ان		,274,1			146,0	
<del>- x 1</del>		Revenue less	expenses. Su	otract line 18	from line 12		• • • • • •			-259 <b>,</b> 8			106,1	
are of	1		<b>.</b>	•					Beginnir	g of Curre			of Yea	
Asset	20	,	Part X, line 16	•			• • • • • •	• • • • • •		705,4			15,1	
det,	21		s (Part X, line 2	•			• • • • • •		<u> </u>	330,3	67.	2	246,2	<u> 282.</u>
žā	22	Net assets or	fund balances	. Subtract line	e 21 from line 2	20		<u></u>		375,0	35.	2	268,8	350.
Pa	art II	Signatur	e Block											
Und	er penalt	es of perjury, I dec	lare that I have exa	mined this return	, including accompa information of which	nying schedules	and statements,	and to the best	of my knowl	edge and be	lief, it is t	rue, correct, ar	ıd	
com	piete De	caaration of prepar	er (objer trian office	er) is based on all	information of which	preparer nas ar	ny knowledge							
		1	me		in	<del></del>				19/1	3//	<i>Y</i>		
Sig	gn	- Signatu	re of officer						Da	ie /				
He	re		ald Jones						Treas	urer				
			print name and title	e 				,		<u>_</u>				
		Print/Type p	reparer's name		Preparer's signat	ture		Date		Check	ıf	PTIN		
Pa	id	James	W. Kelly		Dans V	Will. U	<u> </u>	10/14/	14	self-employ	ed	P00045	759	
Pr	epare		Robi	nson Far	mer Cox A	ssociat	e PLLC							
	e On			ее Нwy	II					Fırm's EIN	54	<u>-189611</u>	.3	
			Vero				/A 2448	2-2505		Phone no	(54)		-	
<u>a</u>	y the II	RS discuss thi			nown above? (s						• • •	· X Yes		No
-					the separate i			TEE	A0101 11/0	B/13			n 990 (	
								/					(	/

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4 e Total program service expenses	1,146,004.	
(Expenses \$		enue \$ )
4 d Other program services. (Describe in	Schedule O)	
4 c (Code) (Expenses \$	including grants of \$	) (Revenue \$ )
· · · · · · · · · · · · · · · · · · ·		
4 b (Code ) (Expenses \$	including grants of \$	) (Revenue \$
		<del>-</del>
with information to be	lp plan children's futures	<b></b>
students to higher edu	to minority and low income cation and provide parents	
		05.)(Revenue \$ 0.)
Section 501(c)(3) and 501(c)(4) organ others, the total expenses, and reven	nizations and section 4947(a)(1) trusts are required to report thue, if any, for each program service reported	e amount of grants and allocations to
4 Describe the organization's program	service accomplishments for each of its three largest program s	services, as measured by expenses.
If 'Yes,' describe these changes on S		racivices Tes X No
If 'Yes,' describe these new services  3 Did the organization cease conducting	on Schedule O. g, or make significant changes in how it conducts, any program	services? Yes X No
	Orbertal O	Yes X No
	gnificant program services during the year which were not liste	
post-secondary educati	h school students for success inon.	
To increase access to		
Briefly describe the organization's mis		
	a response or note to any line in this Part III	
	Service Accomplishments	,
	very of Virginia, Inc.	54-1369308 Page 2

Form 990 (2013) Project Discovery of Virginia, Inc. Page 3 54-1369308 Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . . 2 Х 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 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . 5 Х 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, Х 6 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 . . . . . . . . . Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 Х 9 Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total 11 b Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х 110 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Χ 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D. Part X. . . . 11 e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If Yes,' complete Schedule D, Part X. Х 11 f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII . . . . . Х 12a 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 . . . . . . . . . . Χ 12 b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . . . . . . . 13 Χ Χ 14a 14b Х 15 Х Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18

Х

Х

19

20

20 b

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes, 

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . .

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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
24	a 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		х
١	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		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	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 so, 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		х
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):			
í	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_ X
ı	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
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 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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		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		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	olf 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		Х
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		х
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		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	

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Form 990 (2013)

Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		. [
•		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		1
b Enter, the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	-	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a	<del></del>		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	4	ь — х	
· · · · · · · · · · · · · · · · · · ·	21	b ^	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u>-</u> -	<del></del>	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		+	↓
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	31	b X	<u> </u>
4 a At any time dunng 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)?	4:	a	x
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	51	<b>b</b>	<del>  x</del>
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		-	+
	-	-	+
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 8	a .	Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	61	<b>,</b>	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		- a	x
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 t	ס	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70	;	х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 €	9	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		<del> </del>	<del>                                     </del>
as required?	7g	9	<u> </u>
Form 1098-C?	71	1	<u> </u>
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time duning the year?	the		
9 Sponsoring organizations maintaining donor advised funds.	<u> </u>	+	_
a Did the organization make any taxable distributions under section 4966?	9 a	-	
b Did the organization make a distribution to a donor, donor advisor, or related person?			<del> </del>
10 Section 501(c)(7) organizations. Enter:	· · · ·   - • ·	⁴	├
			-
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders		1	`
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	. +		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	ı	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	٢		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		'	
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.		1	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		'	; ,
c Enter the amount of reserves on hand		,	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		+	
The provided all explanation in General Control of the provided an explanation in General Control of the contro	· · ·   140	<b>'</b> I	1

Sec	tion A. Governing Body and Management			
			Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year	,		
	b Enter the number of voting members included in line 1a, above, who are independent [1b] 16  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			<u> </u>
3	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 a	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?	7 a		х
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
•	stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
	The governing body?	8 a	X	
t	Each committee with authority to act on behalf of the governing body?	8 b	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 Reven	ue C	ode.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 a		X
t	olf '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?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
t	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	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	X	
15				
a	The organization's CEO, Executive Director, or top management official	15a	$\tilde{\mathbf{x}}$	
	Other officers of key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		-	
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	46.0		
		16a		X
	of 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ► Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.			
	Own website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements availabely the public during the tax year	le to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n:		
	· · · · · · · · · · · · · · · · · · ·	 10) 3	89-9	9900
BAA		Form		

Form 1990 (2013) Project Discovery of Virginia, Inc.	54-1369308 Page <b>7</b>
Part VII Compensation of Officers, Directors, Trustees, Key Employees, High	hest Compensated Employees, and
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

- 1 a 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and Title	(B) Average hours per	one bo	ox, uni cer an	not c	heck ersor	more th n is both ir/trustee	an	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
_(1) Barry W. Simmons, Sr. President	3.00	Х		Х				0.	0.	0.	
(2) Vicki Alvord Vice-President	3.00	X		X				0.	0.	0.	
(3) Ronald J. Jones Treasurer	3.00	X		х				0.	0.	0.	
	3.00	x		X		_		0.	0.	0.	
(5) Vivian Stith-Williams Ex-Officio	3.00	Х		x				0.	0.	0.	
(6) Robert Bloxom Board	3.00	Х				-		0.	0.	0.	
	3.00	Х						0.	0.	0.	
(8) Suzanne S. Kratzok Board	_3.00	Х						0.	0.	0.	
(9) Carolyn B. Lewis Board	3.00	Х						0.	0.	0.	
(10) Rick Watson Board	3.00	х						0.	0.	0.	
(11) Sherman M. Saunders Board	_3.00	Х			_			0.	0.	0.	
(12) Michael O'Grady Board	3.00	x						0.	0.		
(13) David Anderson Board	_3.00	X						0.		0.	
(14) Robert D. Ayers, Jr. Board	3.00	x				1		0.	0.	0.	
Doutd	<u> </u>	_ ^ _	ш					0.	0.	0.	

Form 990 (2013) Project Discovery of Vir	ginia	, I	nc	<u>.                                    </u>				d Ulaboot Con	54-136930	8 Page 8
Part VII Section A. Officers, Directors, Trus	(B)	<u> </u>	EIT		oye C)	es,	<u>an</u>	a Hignest Con	pensated Emp	loyees (continued)
- (A) Name and title	Average hours per week	box	, unle icer ar	Pos heck ss pe	ition more irson i	than o	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from related organizations	(F) Estimated amount of other compensation
•	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) Eric Hairston Board	3.00	х						0.	0.	0.
(16) Gloria Bynum Board	3.00	Х						0.	0.	0.
(17) Jeffrey North  Executive Director	40.00	х			х			84,638.	0.	0.
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	Α						<b>&gt;</b>	84,638.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	84,638.	0.	0.
2 Total number of individuals (including but not limited t from the organization ►	o those	listed	abo	ove)	who	rece	eive	d more than \$100,0	000 of reportable coi	yes No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such indi										. 3 X
4 For any individual listed on line 1a, is the sum of repo the organization and related organizations greater that such individual	ın \$150,0	0002	If 'Y	'es' (	com	plete	Scl	hedule J for		4 X
5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' cor	npensati	on fr	om a	any i	unre	lated	org	ganization or individ		1984 1987 102.
Section B. Independent Contractors  1 Complete this table for your five highest compensated compensation from the organization. Report compens	indepe	nden	t cor	ntrac	ctors	that	rec	eived more than \$1	00,000 of	
(A) Name and business addres	•	trie	care	nua	yea	ar eri	arrig	(B) Description o		(C) Compensation
										,
2 Total number of independent contractors (including but	ıt not li~	uted	to th	020	listo	nd ah	01/0	) who received may	e than	REMEDIAL SAME PORTAL
\$100,000 of compensation from the organization	ac not lift	wen.	(U (I)	<del>.</del>	nste	u ab		, who received mor	G than	

		Check if Schedule O	contains a	respor	nse or note to any li	ine in this Part VIII .			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
GRANTS MOUNTS	1 a	Federated campaigns		1 a 1 b	161,311.	-			,
ONS, GIFTS SIMILAR A	6	Related organizations . Government grants (contributions)	 ons)	1 d	828,367.				
NTRIBUTIC ND OTHER	f	All other contributions, gifts, gr similar amounts not included a Noncash contributions include	d in lines 1a	· · -	25,324.	]			
<u>೪</u> ₹	ŀ	Total. Add lines 1a-1f .			<u> </u>	1,015,002.			
₩					Business Code				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	2 a								
띘	c	I				-	· ·		
3	e						· · · · · · · · · · · · · · · · · · ·		
8	f	All other program service	e revenue	: -: -					<del></del>
Š		Total. Add lines 2a-2f							
<u>a</u>	3	Investment income (incluother similar amounts) . Income from investment	iding dividi	ends, ı	nterest and	96.	0.	0.	96.
					•				
	5	Royalties	(ı) Re		(ii) Personal				<del></del>
					<del>                                     </del>	-			
		Gross rents		<u>214.</u>		_			•
		Less: rental expenses	20,	493.		]			
		Rental income or (loss)		721.					
	d	Net rental income or (los	s)		<del>.</del> <b>&gt;</b>	24,721.	0.	24,721.	0.
	7 a	Gross amount from sales of assets other than inventory .	(ı) Secur	ties	(II) Other				
		Less cost or other basis and sales expenses Gain or (loss)	_						
		Net gain or (loss)			<u></u>	·	<del></del>		
ENUE		Gross income from fundr	aising eve	nts					
OTHER REVENU	ь	of contributions reported  See Part IV, line 18  Less: direct expenses .		a					
5		Net income or (loss) from							
		Gross income from gamin See Part IV, line 19		•					
		Less: direct expenses -  Net income or (loss) from			s				
		Gross sales of inventory, and allowances			<u> </u>				
		Less cost of goods sold			<u> </u>				
		Net income or (loss) from		rvento	<del></del>				
1	4:	Miscellaneous Revenu	e		Business Code				
	11 a			. <b>_</b> _					
	b	' <b></b>							
-	C								
		All other revenue			· <u></u> · · ·				
	е	Total. Add lines 11a-11d			<del></del>				
	12	Total revenue. See instr	uctions .			1,039,819.	0.	24,721.	96.
				_				411/44.	<u> </u>

### Part IX Statement of Functional Expenses

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	765,805.	765,805.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	84,638.	79,382.	4,833.	423.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages	127,142.	119,246.	7,260.	636.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	21,440.	20,109.		·-
9	Other employee benefits	6,525.	6,119.	1,224.	107.
10	Payroll taxes	16,233.	15,225.	373. 927.	33. 81.
11	Fees for services (non-employees):	10,233.	13,223.	927.	81.
	Management				
	Legal	99.	93.	6.	0.
	Accounting	8,015.	7,517.	458.	40.
	Lobbying	5,013.	7,517.		40.
•	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees			· · · · · · · · · · · · · · · · · · ·	
	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,767.	41,987.	2,556.	224.
13	Advertising and promotion	6.106	5 000		
14	<del>_</del>	6,186.	5,802.	353.	31.
15	Information technology	10,271.	9,634.	586.	51.
16	Occupancy				<del></del>
17	Travel	16,317.	15 202		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	16,317.	15,303.	932.	82.
19	Conferences, conventions, and meetings				
20	Interest	3,874.	0.	3,874.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,214.	3,659.	510.	45.
23	Insurance	3,533.	3,226.	282.	25.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			J.	
	Other	390.	366.	22.	2.
	Utilities	5,930.	5,370.	515.	45.
C	Property_expenses	6,974	6,170.	739.	65.
	Scholarship expense	1,000	1,000	0	0.
	All other expenses	12,651.	11,866.	722.	63.
25	Total functional expenses Add lines 1 through 24e	1,146,004.	1,117,879.	26,172.	1,953.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following  SOP 98-2 (ASC 958-720)				
BAA		TEFA0110 11/0			Form 990 (2013)

Form 990 (2013) Project Discovery of Virginia, Inc. 54-1369308 Page 11 **Balance Sheet** Part X (B) End of year Beginning of year 1 165,328 241<u>,</u>102. Savings and temporary cash investments . . . . . . 2 3 Accounts receivable, net . . . . 4 262,598 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . 6 ASSETS 7 8

i	10 a	Land, buildings, and equipment cost or other basis.  Complete Part VI of Schedule D			-
	b	Less accumulated depreciation	277,476.	10 c	274,030.
	11	Investments – publicly traded securities		11	274,030.
	12	Investments – other securities. See Part IV, line 11		12	<del></del>
	13	Investments – program-related. See Part IV, line 11		13	<del></del>
	14	Intangible assets	0.	14	<del></del>
	15	Other assets See Part IV, line 11	<u>.</u>	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	705,402.	16	515,132.
	17	Accounts payable and accrued expenses	172,662.	17	105,326.
	18	Grants payable	1,21002.	18	100,320.
	19	Deferred revenue	2,000.	19	
L	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
B	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
Ť		Complete Part II of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties	155,705.	24	140,956.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	330,367.	26	246,282.
E		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	~	4, -	
A S S E	27	Unrestricted net assets	375,035.	27	268,850.
Ĕ	28	Temporarily restricted net assets	373,033.	28	200,030.
Š	29	Permanently restricted net assets		29	<del> </del>
O R F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.		23	

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30

31

32

33

34

9

Prepaid expenses and deferred charges . . . . .

Capital stock or trust principal, or current funds . . . . . .

Total net assets or fund balances. . . . . . . . . . . . . . . . . .

Total liabilities and net assets/fund balances . . . . . . . . .

Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . .

Retained earnings, endowment, accumulated income, or other funds . . .

515,132 Form 990 (2013)

268,850.

9

30

31

32

33

375,035

705,402

Forn	n <b>990</b> (2013) Project Discovery of Virginia, Inc. 54-	1369308		Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	. <u>.</u> .		$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,0	39,8	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	46,0	04.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	06,1	85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		75 <b>,</b> 0	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			-	
	column (B))	10	2	68,8	<u>50.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	1			- ;
	If the exponential above due to the district from a procure of the district College.			·	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				-
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?	<b></b> .	2 a		X
	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:		-	r	
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b	х	
•					
	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 audi	ıt			
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	a 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?		3 a		<u>X</u>
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. <b></b> . '	3 b		

Form 990 (2013)

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TEEA0112 07/08/13

#### ·SCHEDULE A (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.

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

		ct Discovery o								<u> 36930</u>			
Par	<u>: I</u>	Reason for Pub	lic Charity Status	(All organizations	must c	omplet	e this p	oart.) S	See inst	ruction	IS.		
The o	rga	nization is not a private	foundation because it	is: (For lines 1 through	11, chec	k only or	ne box.)						
1		A church, convention	of churches or associa	ation of churches describ	ed in se	ction 17	0(Ь)(1)(/	۹)(i).					
2	Г	A school described in	section 170(b)(1)(A)(	ii). (Attach Schedule E.)									
3		ł		organization described in		170(b)	(1)(A)(iii	١.					
4	-	1		conjunction with a hosp				•	1)(A)(iii)	Enter th	ne hosnital's		
•	<u> </u>	name, city, and state:		i oonjanoaon mar a noop	110, 0000		55511511	(2)(	• /(~)(•••)	Lincia	ic noophara		
5			ated for the benefit of a	college or university ow	ned or o	perated	by a gov	emmen	tal unit d	escribed	In section	<del>-</del>	- <del>-</del> -
6				ernmental unit described	ın sectio	on 170(t	)(1)(A)(	v).					
7	X	An organization that n		stantial part of its suppo					m the ge	eneral pu	ıblıc describ	ed	
8		A community trust des	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II.)								
9		from activities related investment income an	to its exempt functions	nore than 33-1/3% of its s — subject to certain exc axable income (less sec aplete Part III)	ceptions.	and (2)	no more	than 33	3-1/3% of	fits supr	ort from are	iss	
10		An organization organ	nized and operated exc	dusively to test for public	safety.	See <b>sec</b>	tion 509	(a)(4).					
11		' more publicly support	ed organızations descr	clusively for the benefit of tibed in section 509(a)(1) n and complete lines 116	or secti	on 509(a	functions a)(2). Se	of, or o	arry out on 509(a)	the purp (3). Che	oses of one ck the box (	or	
		a Type I b	Type II c	Type III - Function	ally integ	rated		ı ∏ :	Type III -	- Non-fu	nctionally in	ntegrat	ed
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).												
f													
g		Since August 17, 200	6, has the organization	accepted any gift or co	ntributio	n from a	ny of the	followir	ng persor	ıs?			
		(i) A person who d	rectly or indirectly con-	trols, either alone or toge	ther with	nerenn	e deecri	ned in (i	i) and (iii			Yes	No
		below, the gove	rning body of the supp	orted organization?					·		. 11 g (i)		<u> </u>
		(ii) A family member	er of a person describe	d ın (ı) above?							. 11 g (ii)		
		(iii) A 35% controlle	d entity of a person de	scribed in (i) or (ii) above	?						· 11 g (iii)		<del> </del>
h				supported organization(s							119(111)	<u></u>	<u> </u>
	(II) Name of supported organization (III) EIN  (III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))  (IV) Is the organization in column (I) of your support?  (V) Did you notify the organization in column (I) of your support?  (VI) Is the organization in column (I) of your support?  (VI) Is the organization in column (I) organization in column (I) organization in column (I) organized in the US?							etary					
					Yes	No	Yes	No	Yes	No			
											-		
(A)					ŀ								
(B)													
-							<u> </u>						
(C)													
<del></del> -		· · · · · · · · · · · · · · · · · · ·			<b>†</b>	<b> </b>	<b> </b>		<b> </b>				
(D)					ļ								
/E\									]				
<u>(E)</u>					<b></b>	ļ		<u> </u>	<b> </b>				
Total		·····				í i	• [ ]						

# 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.)

Sec	tion A. Public Support						
Cale beg	endar, year (or fiscal year Inning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	1,302,482.	1,428,268.	1,413,495.	984,908.	1,015,002.	6,144,155.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		, , , , , , , , , , , , , , , , , , , ,			2,010,002.	0,111,133.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,302,482.	1,428,268.	1,413,495.	984,908.	1,015,002.	6,144,155.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,	•				
6	Public support. Subtract line 5 from line 4					_	6,144,155.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,302,482.	1,428,268.	1,413,495.	984,908.	1,015,002.	6,144,155.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,520.	1,306.	572.	278.	96.	4,772.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						.,,.,.,
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			· · · · · · · · · · · · · · · · · · ·			6,148,927.
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	top here		hırd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🗍
	tion C. Computation of Pu						
	Public support percentage for 2013						99.92 <b>%</b>
15	Public support percentage from 20	012 Schedule A, Pa	art II, line 14		• • • • • • • • •	15	99.86%
16a 33-1/3% support test − 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
t	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	st, check this box ar	nd stop here. Exp	lain in Part IV how	
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-organization meets the 'facts-and-organization meets the 'facts-and-organization meets the 'facts-and-organization meets	eets the 'facts-and- circumstances' test	cırcumstances' tes t. The organization	t, check this box ar qualifies as a publi	nd <b>stop here.</b> Exp icly supported org	laın ın Part IV how anization	the ▶
18	Private foundation. If the organization	ation did not check	a box on line 13,	16a, 16b, 17a, or 17			<u></u>
BAA					Sah	edule A (Form 000	000 57\ 0040

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
	ndar year (or fiscal yr beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513.							<del>-</del>
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	Total. Add lines 1 through 5							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
•	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)	24 2.72 5.72 -41	_ ′ .	,				
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) 🕨 👚	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
10 a	Amounts from line 6							
11	Add lines 10a and 10b  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 IV.)							
13	Total Support. (Add Ins 9,10c, 11 and 12)						$\neg \uparrow$	
14	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	on 501(c)(3)	) 	
	tion C. Computation of Pu							
	Public support percentage for 201		-				15	યુ
	Public support percentage from 20					<u></u>	16	9
Sec	tion D. Computation of Inv							
17	, ,				-		17	8
18	Investment income percentage fro					· L	18	િ
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	his box and stop h	e <b>re.</b> The organizat	ion qualifies as a p	oublicly supported o	organization		•
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%,	check this box and	stop here. The or	ganization qualifies	s as a publicly supp	oorted organ	ızation	` <b>≻</b>
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, check	this box and see in	nstructions.		▶ 🗍

A (Form 990 or 990		Project	Discover	y of Vi	ginia,	Inc.	54-1369308	Page 4
(See instructi	ons).	on. Provid 2. Also col	le the expla mplete this p	nations recoart for any	quired by y addition	Part II, line al information	10; Part II, line 17a on.	
 	<b>-</b>			<b></b> -				<del>-</del>
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 	- <b>- </b>							

### SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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

Department of the Treasury Internal Revenue Service Name of the organization

n990. Open to Public Inspection

Pro	oject Discovery of Virginia, In	nc.		54-1369308
Par	t   Organizations Maintaining Donor	Advised Funds or Oth	ner Similar Fun	
	Complete if the organization answe	red 'Yes' to Form 990, F	Part IV, line 6.	
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	anization's exclusive legal conf	trol?	Yes No
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of the impermissible private benefit?	he donor or donor advisor, or t	for any other purpos	e conferrina
Par	Conservation Easements. Complete if the organization answe	red 'Yes' to Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that a	pply).	
	Preservation of land for public use (e.g., recre	ation or education)	Preservation of	an historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space		_	
2		eld a qualified conservation co	ontribution in the fori	m of a conservation easement on the
	last day of the tax year			Held at the End of the Tax Year
	Total number of conservation easements			
	Total number of conservation easements			
	: Number of conservation easements on a certified			
		•	•	20
C	Number of conservation easements included in (c) structure listed in the National Register	) acquired after 8/1//06, and n	iot on a historic	.   2 d
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguishe	d, or terminated by t	the organization during the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy regard	ling the periodic monitoring, in	spection, handling o	
6	and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, in			
7	Amount of expenses incurred in monitoring, inspect	cting, and enforcing conservat	ion easements dunr	ng the year
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requir	rements of section 1	70(h)(4)(B)(ı) ····· No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	conservation easements in its e organization's financial state	revenue and expen ments that describes	nse statement, and balance sheet, and sthe organization's accounting for
Par	Organizations Maintaining Collec Complete if the organization answe	tions of Art, Historical red 'Yes' to Form 990, P	Treasures, or 0 art IV, line 8.	Other Similar Assets.
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets helen Part XIII, the text of the footnote to its financial s	d for public exhibition, educati	on, or research in fu	tement and balance sheet works of rtherance of public service, provide,
t	If the organization elected, as permitted under SF/ historical treasures, or other similar assets held for following amounts relating to these items:	AS 116 (ASC 958), to report in r public exhibition, education, of	n its revenue statemi or research in furthe	ent and balance sheet works of art, rance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line	:1		▶\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hi amounts required to be reported under SFAS 116	storical treasures, or other sin (ASC 958) relating to these ite	nilar assets for financems:	cial gain, provide the following
	Revenues included in Form 990, Part VIII, line 1			·
b	Assets included in Form 990, Part X			<b>&gt;</b> \$

	ect Disco	very of	Virgini	а,	Inc.	54-136	9308		Page 2
Part III Organizations Mainta	aining Colle	ctions of	Art, Histo	rica	Treasures, c	or Other Similar Ass	ets (c	continu	ied)
3 Using the organization's acquisition items (check all that apply):	on, accession, a	nd other rec	ords, check a	ny of	the following that	are a significant use of it	s collec	tion	
a Public exhibition		•	d Loan o	r exch	nange programs				
b Scholarly research		•	e Other						
c Preservation for future genera									
4 Provide a description of the organ Part XIII.									
5 During the year, did the organizat to be sold to raise funds rather that	ion solicit or reci	eive donation	ns of art, hist	orical	treasures, or other	er sımilar assets	Yes	. г	No
Part IV Escrow and Custodia line 9, or reported an a	al Arrangem	ents. Con	nplete if th	e or				_	
1 a Is the organization an agent, trust	ee, custodian, o	or other intern	mediary for c	ontrib	utions or other as	sets not included			
on Form 990, Part X?					• • • • • • •		Yes	; <u> </u>	No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIII and c	complete the	following tab	le:		<del></del>			
						<del>-</del>	Amoun	<u>t</u>	
c Beginning balance									
d Additions during the year						<del></del>			
e Distributions during the year						<del></del>			
f Ending balance									
2 a Did the organization include an ar								<u> </u>	No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIII. Ched	ck here if the	explantion h	as be	en provided in Pa	art XIII		· · · L	╛
Part V Endowment Funds. (	Complete if th	i-	ation once		d 'Waa' ta Faa	- 000 D-+ N/ II 4			
Part V Endowment Funds.	1			vere					<del></del>
1 a Beginning of year balance	(a) Current y	rear	(b) Prior year		(c) Two years bac	k (d) Three years back	(e) I	Four years	s back
<b>b</b> Contributions		<del></del>	<del></del>	-	····		+		
b Contributions	<del> </del>			$\dashv$		<del></del>	<del>                                     </del>		
c Net investment earnings, gains, and losses								·	
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses							_		
g End of year balance							<u> </u>		_ <u></u>
2 Provide the estimated percentage	-	ear end bala	ance (line 1g,	colur	nn (a)) held as				
a Board designated or quasi-endow			- -						
b Permanent endowment									
c Temporarily restricted endowment	t <b>-</b>	<del></del>							
The percentages in lines 2a, 2b, a	ınd 2c should ec	qual 100%.							
3 a Are there endowment funds not in	the possession	of the organ	nization that a	are he	ld and administer	ed for the			
organization by <sup>.</sup>								Yes	No
(i) unrelated organizations							. 3a(i)		
(ii) related organizations									
b If 'Yes' to 3a(ii), are the related org	ganizations liste	d as required	d on Schedul	e R?			. 3b		
4 Describe in Part XIII the intended			ndowment fui	nds.					
Part VI Land, Buildings, and	• •								
Complete if the organize	zation answe	ered 'Yes'	to Form 99	90, P	art IV, line 11	a. See Form 990, Pa	ırt X, li	ne 10.	
Description of property	(;	a) Cost or ot (investing			Cost or other pasis (other)	(c) Accumulated depreciation	(b)	Book va	lue
1a Land		<del></del>	7,097.		<del> </del>			77	,097.
<b>b</b> Buildings			3,972.			101,422.			550.
c Leasehold improvements	. <i></i>				······································	101,122.			<u> </u>
d Equipment	<b>⊢</b>	2	2,166.		···	17,783.		Λ	383.
e Other						17,703.			<u> </u>
Total. Add lines 1a through 1e. (Column		Form 990. F	Part X. colum	n (B).	line 10(c).)			274	030

TEEA3302 10/02/13

Schedule D (Form 990) 2013

BAA

(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	<del></del>	
(3) Other		
(A)		
(B)		
(c)		
(D)		
(E)		
(F)		
(G)		
<u>· ·</u>		
(I)	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) . ▶		
Part VIII Investments — Program Related.	<u> </u>	
Complete if the organization answered "	Yes' to Form 990, P	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)	<del> </del>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	······································	
Part IX Other Assets.		
Complete if the organization answered "	Yes' to Form 990, P	art IV, line 11d. See Form 990, Part X, line 15.
(a) De:	scription	(b) Book value
(1)		
(2)		
(3)	<del></del>	
(4) (5)		
		· · · · · · · · · · · · · · · · · · ·
(6)		
(7) (8)		
(9)	<del></del>	
(10)	<del></del>	
Total. (Column (b) must equal Form 990, Part X, column (B), I	no 15 )	
	ne 13.)	
Doet V   Other Linkilities		
Part X Other Liabilities.  Complete if the organization answered 'Ves' to Formula in the organization and the organization an	orm 990 Part IV line 11	e or 11f See Form 900 Part V line 25
Complete if the organization answered 'Yes' to Fo		e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to Fo  (a) Description of liability	orm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes		e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to Fo  (a) Description of liability		e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes (2) (3)		e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes  (2)		e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes (2) (3) (4)		e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)		e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)		e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)		e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)		e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	(b) Book value	e or 11f. See Form 990, Part X, line 25
Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	(b) Book value	
Complete if the organization answered 'Yes' to Fo  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(b) Book value	ncial statements that reports the organization's liability for uncertain

	4-1369308	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.	-
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	<del></del>	
1 Total revenue, gains, and other support per audited financial statements	1	1,060,312.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,	
a Net unrealized gains on investments	_  -	
b Donated services and use of facilities	_	
c Recovenes of pnor year grants	_  _	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	20,493.
3 Subtract line 2e from line 1	3	1,039,819.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIII.)	_  .	
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,039,819.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	1,166,497.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	_	
b Prior year adjustments	_	
c Other losses		
d Other (Describe in Part XIII )	<u>.                                    </u>	
e Add lines 2a through 2d	. 2е	20,493.
3 Subtract line 2e from line 1	3	1,146,004.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.	.	
a Investment expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIII.)	_  , _	
c Add lines 4a and 4b		1 146 004
Part XIII Supplemental Information.	· <u> </u>	1,146,004.
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V,		<del></del>
line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal informatioi	ո.
Dt VI line Od		
<u>Pt_XI_Line_2dRental_expenses_netted_against_rental_income_on_retu</u>	<u>rn.</u>	
Pt_XII_Line_2d Rental_expenses_netted_against_rental_income_on_retu:	~~	
LC VII TIME 50 - Vendar expenses medied adarmsd rendar income on term	다	<del>-</del>
BAA	Schedule D (	Form 990) 2013

Schadle by om 990/2013 Project Discovery of Virginia, inc.	54-1369308	raye s
PartXIII Supplemental Information (continued)		
		- <b>-</b>
		<b>_</b>
		<b>_</b> <i>-</i>

SCHEDULEI	Grants and Other Assistance to Organizations,	OMB No 1
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.	20
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Open to Inspe
Name of the organization	Employer Ident	Employer Identification number
Project Discov	Project Discovery of Virginia, Inc.	59308
Part 1% General It	Part 의 General Information on Grants and Assistance	
1 Does the organize the selection criter	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Yes
1 Poscabo in Dort I	Describe in Boot IV the eventualization's proposed for monitoring the use of secure for monitoring the secure of security of secure of security of secure of secure of secure of secure of security of security of secure of security of security of security of security	3

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Open to Public Inspection,,

OMB No 1545-0047 2013 ° |

Part II Grants and Other Assistance to Governments an Form 990, Part IV, line 21 for any recipient that recei	ince to Governm or any recipient t	nents and Organ	d Organizations in the United States. Complete if the organization answered 'Yes' to ved more than \$5,000. Part II can be duplicated if additional space is needed	ed States. Comple	ete if the organizat	tion answered 'Ye is needed	s' to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, Phys., appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or essistance
(1) Alexandria_Department_of2525_Mount_Vernon_AveAlexandria_VA_22301	54-6001103	, , ,	20, 27,	C	, r	n/	7 c c c c c c c c c c c c c c c c c c c
(2) Arlington County Dept. of _ 3033 Wilson Blvd. Suite 4 Arlington VA 22201	54-1026365	<u> </u>	15.909		J \	1	
(3) C.A. P.U. P Richmond 1021 Oliver Hill Way Richmond VA 23219	54-0788796	<u>د</u>	37,102.	C	1	1 \	מני פּלייטאָר סַר
141 C.A. P.U. P Powhatan 3930 Anderson Highway Powhatan VA 23139	54-0886622	<u>ب</u>	15,922.		s/u	J \	מייסיים מייסיים
(5) Clinch Valley Community A - 200 East Riverside Dr North Tazewell VA 24630	54-0790271	<u></u>	19,149.	C	_ \	1	מטייטיים מיי
16) Eastern_Shore_Agrea_Agenc 5432_Bayside_Rd Exmore VA 23350	54-095528	m	15,931.	C	J \	1 \	or or de
(7) Fairfax County Public Sch 3877 Fairfax Ridge Rd Fairfax VA 22030	54-0805373	en en	15,536.	C	_ \	<b>1</b>	on opinous of
(8) Lynchburg Community Actio 926 Commerce Street Lynchburg VA 24504	54-0797340	8	15,536.	.0	n/a	n/a	To provide und
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	and government organs listed in the line 1		isted in the line 1 table				
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruction	ns for Form 990.		TEEA3901 (	07/12/13	Schedu	Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

54-1369308

Project Discovery of Virginia,

Schedule I (Form 990) (2013)

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Schedule I (Form 990) (2013)

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### 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.

Open to Public Unspection

Employer identification number

OMB No. 1545-0047

Project Discovery	of Virginia, Inc.	54-1369308
Pt_VI,_Line_11b	The Form 990 is reviewed by the financial commit	ttee who then makes
	recommendations to the whole board for approval	:
Pt_VI, Line 19	Documents are available upon request from the Or	rganization
Pt_VI,_Line_15a	The Board of Directors conducts a performance ev	valuation of the
	executive director annually and periodic salary	scale reviews
	are conducted by an outside agency with the most	recent one
	completed in 2008.	
Pt_VI, Line 12c	Compliance is monitored by the director of the C	Organization.
	·	·
	·	
	·	·
	·	
	·	·
	·	
		·- <b>-</b>

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

To provide und Schedule I Cont (Form 990) 2013  $\sim$ To provide und To provide und Po provide und To provide und To provide und provide und To provide und To provide und (h) Purpose of grant or assistance ŏ To provide Continuation Page Employer Identification numbe Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 54-1369308 (g) Description of non-cash assistance n/a n/a (f) Method of valuation (book, FMV, appraisal, other) n/a (e) Amount of non-cash assistance 0 Ö 0 15,536 27,128 19,149 16,970 16,970 22,058 (d) Amount of cash grant 15,93115,536 30,321 40,001 (c) IRC section if applicable 23-7014485 54-0763686 Charlottesville VA 22901 |54-0799964 54-0805640 54-0792030 54-0801556 54-1117976 54-0787715 54-6057095 (b) EIN Project Discovery of Virginia, 348 North Main Street, P. Monticello Area Community People Incorporated\_of\_SW Support to Eliminate Pove 312 Waller Mill\_Rd. L Surt. Total Action Against Pove Williamsburg\_James\_City\_C Mountain\_Community\_Action Pittsylvania\_County\_Commu Office\_of\_Human\_Affairs \_ The Improvement\_Associati (a) Name and address of organization or government The Stop Organization. 1750 E. Atlantic St. \_ Newport News VA 23607 Williamsburg VA 23185 1173 West\_Main\_St.\_\_ Rocky Mount VA 24151 1025 Park Street \_\_\_ 2410 Wickham Ave. \_\_ 200 Dent Street ---2551 Almeda Avenue. Petersburg VA 24531 P.O. Drawer 1008. Abingdon VA 24210 Emporia VA 23847 Norfolk VA 23513 Roanoke VA 24001 Marion VA 24354 P.O. Box 2868\_ Name of the organization

TEEA4001 07/12/13