

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.

► Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

**Open to
Public
Inspection**

A For the 2018 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization VIRGINIA ASSOCIATION FOR COMMUNITY BASED PROVIDERS INC		D Employer identification number 46-2739547
	Number and street (or P O box, if mail is not delivered to street address) 7018 ATLANTIC AVENUE SUITE 100	Room/suite	E Telephone number (571) 242-2684
	City or town, state or province, country, and ZIP or foreign postal code VIRGINIA BEACH, VA 23451		F Group Exemption Number ▶

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ►

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► WWW.VACBP.ORG

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. ▶ \$169,519

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	300	
	2	Program service revenue including government fees and contracts		2	50,665	
	3	Membership dues and assessments		3	118,554	
	4	Investment income		4		
	5a	Gross amount from sale of assets other than inventory	5a		5c	
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6	Gaming and fundraising events			6d	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b	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				
c	Less direct expenses from gaming and fundraising events	6c				
d	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		7c		
b	Less cost of goods sold	7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8	Other revenue (describe in Schedule O)			8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	169,519	
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	94,545	
	14	Occupancy, rent, utilities, and maintenance		14		
	15	Printing, publications, postage, and shipping		15	4,906	
	16	Other expenses (describe in Schedule O)		16	81,972	
	17	Total expenses. Add lines 10 through 16 ▶		17	181,423	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-11,904	
	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	123,230	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20		
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	111,326	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2018)

Part II

Balance Sheets

(see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	108,799	22	98,425
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	14,431	24	12,901
25 Total assets	123,230	25	111,326
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	123,230	27	111,326

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

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

What is the organization's primary exempt purpose?
THE MISSION OF THE VIRGINIA ASSOCIATION FOR COMMUNITY BASED PROVIDERS IS TO PROVIDE THE 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. 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.

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

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here

28a

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)

(Grants \$)

If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SYLISA LAMBERT-WOODARD	1 00	0		
CHAIRMAN				
SAM GRAY	0 50	0		
VICE CHAIRMA				
JOSEPH GETCH	0 50	0		
TREASURER				
DEBBIE SIKES	0 50	0		
SECRETARY				
ALYCE DANTZLER	0 50	0		
IMMEDIATE PA				

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 Schedule O to respond to any question in this Part V ☐

	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	No
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	No
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	No
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	
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	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	No
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	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
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	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ THE CORPORATION Telephone no ▶ (571) 242-2684		
Located at ▶ 7018 ATLANTIC AVENUE SUITE 100 VIRGINIA BEACH , VA ZIP + 4 ▶ 234512025		
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)?	42b	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
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		
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	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
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	No

		Yes	No
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	46	No

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 ☐

		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

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

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."

(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 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	2019-06-12 Date
	SYLISA LAMBERT-WOODARD CHAIRMAN Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name F STEPHEN FISHEL CPA	Preparer's signature	Date 2019-09-16	Check ☐ if self-employed	PTIN P00748451
	Firm's name ► SIMA ACCOUNTING GROUP LLC			Firm's EIN ► 45-3908447	
	Firm's address ► PO BOX 31658 RICHMOND, VA 23294			Phone no (804) 285-5700	

May the IRS discuss this return with the preparer shown above? See instructions ► ☒ **Yes** ☐ **No**

Additional Data

Software ID:
Software Version:
EIN: 46-2739547
Name: VIRGINIA ASSOCIATION FOR COMMUNITY
BASED PROVIDERS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 IMPROVEMENT OF MENTAL HEALTH SERVICES (Grants \$)		28a	
If this amount includes foreign grants, check here . . . ☐			

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: VIRGINIA ASSOCIATION FOR COMMUNITY
BASED PROVIDERS INC

EIN: 46-2739547

Declaration: 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

VIRGINIA ASSOCIATION FOR COMMUNITY
BASED PROVIDERS INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

46-2739547

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES COMMUNICATIONS & MARKETING 1,701 OTHER TYPES OF EXPENSES I 1,340 OTHER TYPES OF E XPENSES O 613 TRAVEL AND MEETINGS CONFE 28,441 CCDP EXPENSES 48,269 TRAVEL 1,324 LOBBYING EXPENSE - REGIS 284 TOTAL 81,972

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 14,431 12,901 TOTAL 14,431 12,901

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	THE MISSION OF THE VIRGINIA ASSOCIATION FOR COMMUNITY BASED PROVIDERS IS TO PROVIDE THE 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 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