

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>VIRGINIA HOME FOR BOYS AND GIRLS</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>8716 WEST BROAD STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>HENRICO, VA 23294-6206</b> <b>F</b> Name and address of principal officer: <b>CLAIBORNE MASON</b> <b>8716 WEST BROAD STREET, HENRICO, VA 23294-6</b>	<b>D</b> Employer identification number <b>54-0506330</b> <b>E</b> Telephone number <b>8042706566</b> <b>G</b> Gross receipts \$ <b>7,382,297.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.VHBG.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1846</b>
<b>M</b> State of legal domicile: <b>VA</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>VHBG'S MISSION IS TO HELP CHILDREN ACROSS VIRGINIA WITH EMOTIONAL AND BEHAVIORAL HEALTH</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float: right;"><b>28</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float: right;"><b>28</b></span> <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> <span style="float: right;"><b>126</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float: right;"><b>300</b></span> <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float: right;"><b>0.</b></span> <b>b</b> Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> <span style="float: right;"><b>0.</b></span>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>3,264,455.</b> <span style="float: right;"><b>3,300,373.</b></span> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>3,498,334.</b> <span style="float: right;"><b>3,587,987.</b></span> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>-24,966.</b> <span style="float: right;"><b>-9,103.</b></span> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>431,230.</b> <span style="float: right;"><b>432,306.</b></span> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>7,169,053.</b> <span style="float: right;"><b>7,311,563.</b></span>	<b>Prior Year</b> <b>Current Year</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>0.</b> <span style="float: right;"><b>0.</b></span> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <span style="float: right;"><b>0.</b></span> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>5,294,908.</b> <span style="float: right;"><b>5,146,826.</b></span> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <span style="float: right;"><b>0.</b></span> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>397,886.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,908,024.</b> <span style="float: right;"><b>1,834,178.</b></span> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>7,202,932.</b> <span style="float: right;"><b>6,981,004.</b></span> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>-33,879.</b> <span style="float: right;"><b>330,559.</b></span>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>8,952,945.</b> <span style="float: right;"><b>9,656,863.</b></span> <b>21</b> Total liabilities (Part X, line 26) ..... <b>1,466,784.</b> <span style="float: right;"><b>1,286,369.</b></span> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>7,486,161.</b> <span style="float: right;"><b>8,370,494.</b></span>	<b>Beginning of Current Year</b> <b>End of Year</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer  <b>CLAIBORNE MASON, PRESIDENT</b> Type or print name and title	Date <b>2-4-20</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MELISSA A. SIKES</b> Preparer's signature Date <input type="checkbox"/> Check if self-employed PTIN <b>P01261580</b> Firm's name ▶ <b>MITCHELL, WIGGINS &amp; COMPANY LLP</b> Firm's address ▶ <b>1802 BAYBERRY COURT, SUITE 300 RICHMOND, VA 23226</b> Firm's EIN ▶ <b>54-0565834</b> Phone no. (804) <b>282-6000</b>	

May the IRS discuss this return with the preparer shown above? (see instructions) .....  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
VHBG'S MISSION IS TO HELP CHILDREN ACROSS VIRGINIA WITH EMOTIONAL AND BEHAVIORAL HEALTH CONCERNS BY FACILITATING THE HEALING PROCESS USING A TEACHING-FAMILY APPROACH. THE TRAUMA-INFORMED CARE CHILDREN RECEIVE IN OUR GROUP HOMES, INDEPENDENT LIVING APARTMENTS, JOHN G. WOOD SCHOOL,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,149,898. including grants of \$ ) (Revenue \$ 1,638,253.)
GROUP CARE SERVICES
VHBG IS A LEADER IN PROVIDING A COMPREHENSIVE SYSTEM OF CARE FOR SERVING THE NEEDS OF YOUTH AND FAMILIES. CURRENTLY FOUR COMMUNITY-BASED GROUP HOMES, LICENSED BY THE DEPARTMENT OF SOCIAL SERVICES ARE LOCATED AND BEING OPERATED ON VHBG'S CAMPUS. THIS PROGRAM PROVIDES FAMILY-STYLE LIVING FOR BOYS AND GIRLS AGES 11-17 USING THE EVIDENCE-BASED TEACHING-FAMILY MODEL, EMPHASIZING THE DEVELOPMENT OF POSITIVE SOCIAL AND INDEPENDENT LIVING SKILLS AND HEALTHY FAMILY RELATIONSHIPS TO SUPPORT LIFELONG SUCCESS.

4b (Code: ) (Expenses \$ 1,790,577. including grants of \$ ) (Revenue \$ 1,590,941.)
JOHN G. WOOD SCHOOL-SPECIALIZED EDUCATION
THE JOHN G. WOOD SCHOOL IS A LICENSED AND ACCREDITED PRIVATE DAY SCHOOL WHICH SERVES BOYS AND GIRLS, GRADES K-12 INCLUDING RESIDENTS OF VHBG AS WELL AS STUDENTS FROM THE SURROUNDING GREATER RICHMOND COMMUNITY. THE SCHOOL IS LOCATED ON THE VHBG CAMPUS AND IS OPERATED BY VHBG. THE SCHOOL WAS FOUNDED TO PROVIDE A SPECIALIZED EDUCATIONAL OPPORTUNITY FOR CHILDREN WHOSE SPECIAL EDUCATION NEEDS CANNOT BE ADEQUATELY MET BY THE PUBLIC SCHOOLS. THE JGW PROGRAM ALLOWS THESE STUDENTS TO DEVELOP THE SKILLS NECESSARY TO ACHIEVE THEIR ACADEMIC GOALS AND ADVANCE AS PRODUCTIVE CONTRIBUTORS TO SOCIETY.

4c (Code: ) (Expenses \$ 302,520. including grants of \$ ) (Revenue \$ 73,927.)
THERAPEUTIC RESOURCES
THE THERAPEUTIC RESOURCES DEPARTMENT PROVIDES COUNSELING AND INDIVIDUAL, FAMILY, AND GROUP OUTPATIENT THERAPY. THESE SERVICES ARE DESIGNED TO HELP FAMILIES ADDRESS NEEDS WITHIN THEIR OWN HOMES TO PREVENT PLACEMENT OUTSIDE THE HOME OR SUCCESSFULLY TRANSITION AND MAINTAIN YOUTH RETURNING BACK HOME TO PERMANENCY.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 1,654,660. including grants of \$ ) (Revenue \$ 284,866.)

4e Total program service expenses 5,897,655.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed VA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES BALDWIN DIRECTOR	1.00	X					0.	0.	0.	
(2) JOHN BARNES VICE CHAIR	1.00	X		X			0.	0.	0.	
(3) SHANNON BEST SECRETARY	1.00	X		X			0.	0.	0.	
(4) RICHARD BLAND CHAIR	1.00	X		X			0.	0.	0.	
(5) KELLY BOYKIN DIRECTOR	1.00	X					0.	0.	0.	
(6) KATHERINE BUSSER DIRECTOR	1.00	X					0.	0.	0.	
(7) BOB CALHOUN DIRECTOR	1.00	X					0.	0.	0.	
(8) JESSICA DYER DIRECTOR	1.00	X					0.	0.	0.	
(9) ALEX ECCARD DIRECTOR	1.00	X					0.	0.	0.	
(10) MARY GORDON DIRECTOR	1.00	X					0.	0.	0.	
(11) BOB GREENLAND DIRECTOR	1.00	X					0.	0.	0.	
(12) WILLIAM HARDY DIRECTOR	1.00	X					0.	0.	0.	
(13) KATIE HARLOW DIRECTOR	1.00	X					0.	0.	0.	
(14) BILLY HARPER TREASURER	1.00	X		X			0.	0.	0.	
(15) SCOT HATHAWAY DIRECTOR	1.00	X					0.	0.	0.	
(16) ALAN C. HESS DIRECTOR	1.00	X					0.	0.	0.	
(17) AURELIA LEWIS DIRECTOR	1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) J. LAWRENCE MANSFIELD JR. VICE CHAIR	1.00	X		X				0.	0.	0.
(19) ELIZABETH MONTGOMERY DIRECTOR	1.00	X						0.	0.	0.
(20) THOMAS L. MOUNTCASTLE DIRECTOR	1.00	X						0.	0.	0.
(21) SAKINA K. PAIGE DIRECTOR	1.00	X						0.	0.	0.
(22) NIKKI POWELL DIRECTOR	1.00	X						0.	0.	0.
(23) SEAN PURPLE DIRECTOR	1.00	X						0.	0.	0.
(24) MARY VIRGINIA SCOTT IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
(25) SHANNON TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(26) SARAH VOGT DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								389,122.	0.	29,464.
<b>d Total (add lines 1b and 1c)</b>								389,122.	0.	29,464.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) EDWARD H. WINKS DIRECTOR	1.00	X					0.	0.	0.	
(28) RUSSELL G. WYATT DIRECTOR	1.00	X					0.	0.	0.	
(29) CLAIBORNE MASON PRESIDENT	40.00			X			185,655.	0.	13,219.	
(30) SANDRA MCKINNEY CFO	40.00			X			87,515.	0.	6,899.	
(31) LIONEL BACON VP/PHILANTHROPY	40.00				X		115,952.	0.	9,346.	
Total to Part VII, Section A, line 1c .....								389,122.		29,464.

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	20,135.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,280,238.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		189,843.				
	<b>h Total.</b> Add lines 1a-1f .....		3,300,373.				
<b>Program Service Revenue</b>	<b>2 a</b> <b>GROUP CARE SERVICES</b>	<b>Business Code</b> 623990	1,638,253.	1,638,253.			
	<b>b</b> <b>JG WOOD SCHOOL TUITION</b>	611600	1,590,941.	1,590,941.			
	<b>c</b> <b>INDEPENDENT LIVING ARR</b>	624100	271,066.	271,066.			
	<b>d</b> <b>CLINICAL</b>	624100	73,927.	73,927.			
	<b>e</b> <b>DINING HALL LEASE</b>	624100	13,800.	13,800.			
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		3,587,987.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		128.			128.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	357,654.				
		(ii) Personal	0.				
		<b>c</b> Rental income or (loss) .....	357,654.				
	<b>d</b> Net rental income or (loss) .....		357,654.			357,654.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....		9,231.			
	<b>c</b> Gain or (loss) .....		-9,231.				
	<b>d</b> Net gain or (loss) .....		-9,231.			-9,231.	
<b>8 a</b> Gross income from fundraising events (not including \$ 20,135. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	136,155.					
	<b>b</b> Less: direct expenses .....	<b>b</b>	61,503.				
	<b>c</b> Net income or (loss) from fundraising events .....		74,652.			74,652.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11</b>	<b>a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....			7,311,563.	3,587,987.	0.	423,203.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	305,913.	45,887.	183,570.	76,456.
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	4,039,271.	3,601,255.	257,397.	180,619.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,080.	27,034.	3,178.	1,868.
9 Other employee benefits	415,462.	386,049.	21,681.	7,732.
10 Payroll taxes	354,100.	297,061.	36,201.	20,838.
11 Fees for services (non-employees):				
a Management				
b Legal	79,478.	79,478.		
c Accounting	24,700.		24,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	79,028.	17,204.	30,200.	31,624.
12 Advertising and promotion	70,654.	70,654.		
13 Office expenses	44,876.	36,148.	5,175.	3,553.
14 Information technology	149,433.	108,188.	14,332.	26,913.
15 Royalties				
16 Occupancy	351,803.	340,405.	5,926.	5,472.
17 Travel	84,167.	75,305.	4,369.	4,493.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	45,072.		45,072.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	319,594.	273,557.	45,690.	347.
23 Insurance	140,811.	127,848.	7,972.	4,991.
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.)				
a <b>CHILD &amp; FAMILY SERVICES</b>	309,740.	309,740.		
b <b>HIRING AND RECRUITING</b>	98,127.	98,127.		
c <b>PHILANTHROPY</b>	28,980.			28,980.
d <b>OTHER</b>	7,715.	3,715.		4,000.
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	6,981,004.	5,897,655.	685,463.	397,886.
26 <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	677,712.	<b>1</b>	1,034,845.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	314,780.	<b>3</b>	452,805.
	<b>4</b> Accounts receivable, net .....	510,590.	<b>4</b>	345,775.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	44,276.	<b>9</b>	36,707.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 14,236,191.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,569,361.	6,254,049.	<b>10c</b> 6,666,830.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,151,538.	<b>15</b>	1,119,901.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	8,952,945.	<b>16</b>	9,656,863.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	196,279.	<b>17</b>	224,954.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	29,938.	<b>19</b>	4,499.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,240,567.	<b>23</b>	1,056,916.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,466,784.	<b>26</b>	1,286,369.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	5,383,918.	<b>27</b>	5,781,195.
	<b>28</b> Temporarily restricted net assets .....	1,089,510.	<b>28</b>	1,604,420.
	<b>29</b> Permanently restricted net assets .....	1,012,733.	<b>29</b>	984,879.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	7,486,161.	<b>33</b>	8,370,494.
	<b>34</b> Total liabilities and net assets/fund balances .....	8,952,945.	<b>34</b>	9,656,863.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,311,563.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,981,004.
3	Revenue less expenses. Subtract line 2 from line 1	3	330,559.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,486,161.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	509,299.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	44,475.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,370,494.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2018)

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization** VIRGINIA HOME FOR BOYS AND GIRLS **Employer identification number** \*\*-\*\*\*6330

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
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					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,315,201.		1,315,201.
b Buildings		9,939,690.	5,573,330.	4,366,360.
c Leasehold improvements				
d Equipment		1,186,666.	930,920.	255,746.
e Other		1,794,634.	1,065,111.	729,523.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,666,830.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS	1,119,901.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,119,901.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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, 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 additional information.

**PART X, LINE 2:**

VHGB IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE TAX STATUTES OF THE COMMONWEALTH OF VIRGINIA; ACCORDINGLY, THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. VHGB HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF SEPTEMBER 30, 2019. FISCAL YEARS ENDING ON OR AFTER SEPTEMBER 30, 2016 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.

**Part XIII** Supplemental Information *(continued)*

DRAFT

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

VIRGINIA HOME FOR BOYS AND GIRLS

Employer identification number

\*\*-\*\*\*6330

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BAND TOGETHER (event type)	GOLF TOURNAMENT (event type)	1 (total number)		
Revenue	1	Gross receipts	104,092.	46,510.	5,688.	156,290.
	2	Less: Contributions	13,875.	6,260.		20,135.
	3	Gross income (line 1 minus line 2)	90,217.	40,250.	5,688.	136,155.
Direct Expenses	4	Cash prizes	1,335.	1,911.	27.	3,273.
	5	Noncash prizes				
	6	Rent/facility costs	13,177.	5,287.		18,464.
	7	Food and beverages	22,365.	971.	362.	23,698.
	8	Entertainment	7,000.			7,000.
	9	Other direct expenses	7,277.	1,643.	147.	9,067.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				61,502.
11	Net income summary. Subtract line 10 from line 3, column (d)				74,653.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information *(continued)*

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

VIRGINIA HOME FOR BOYS AND GIRLS

Employer identification number

\*\*-\*\*\*6330

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

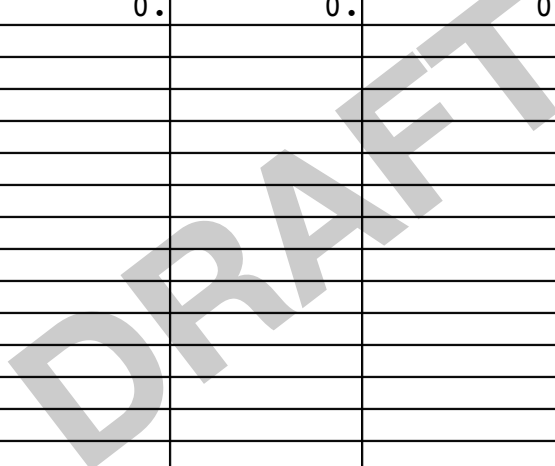
Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLAIBORNE MASON PRESIDENT	(i)	185,655.	0.	0.	3,713.	9,506.	198,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							







**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **VIRGINIA HOME FOR BOYS AND GIRLS**  
Employer identification number: **\*\*-\*\*\*6330**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	97,228.	MEAN MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (PROPERTY AND )	X	1	92,615.	FAIR MARKET VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information with a large diagonal 'DRAFT' watermark.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

VIRGINIA HOME FOR BOYS AND GIRLS

Employer identification number

\*\* - \*\*\*6330

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONCERNS BY FACILITATING THE HEALING PROCESS USING A TEACHING-FAMILY APPROACH. THE TRAUMA-INFORMED CARE CHILDREN RECEIVE IN OUR GROUP HOMES, INDEPENDENT LIVING APARTMENTS, JOHN G. WOOD SCHOOL, AND THERAPEUTIC RESOURCE CENTER RESTORES HOPE TO THEM AND THEIR FAMILIES WHO THEN FIND THE COURAGE TO THRIVE. OUR PROGRAMS (GROUP CARE SERVICES, INDEPENDENT LIVING ARRANGEMENT (ILA), JOHN G. WOOD (JGW) SCHOOL (SPECIALIZED K-12 EDUCATION), AND THERAPEUTIC RESOURCES) ALL INCORPORATE THE TEACHING OF COPING SKILLS. VHBG'S 30+ ACRE CAMPUS IS NESTLED IN A PARK-LIKE SETTING AND INCLUDES A FELLOWSHIP HALL, DINING HALL, PICNIC SHELTER, AND RECREATIONAL FACILITIES (A GYMNASIUM, PLAYING FIELDS, OUTDOOR SWIMMING POOL, AN INDOOR RECREATION ROOM WITH WEIGHT EQUIPMENT AND GAME TABLES). WHETHER A CHILD LIVES ON CAMPUS OR COMMUTES, VHBG LOOKS AND FEELS LIKE THE SAFE NEIGHBORHOOD ANYONE WOULD WANT TO LIVE IN.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND THERAPEUTIC RESOURCE CENTER RESTORES HOPE TO THEM AND THEIR FAMILIES WHO THEN FIND THE COURAGE TO THRIVE. OUR PROGRAMS (GROUP CARE SERVICES, INDEPENDENT LIVING ARRANGEMENT (ILA), JOHN G. WOOD (JGW) SCHOOL (SPECIALIZED K-12 EDUCATION), AND THERAPEUTIC RESOURCES) ALL INCORPORATE THE TEACHING OF COPING SKILLS. VHBG'S 30+ ACRE CAMPUS IS NESTLED IN A PARK-LIKE SETTING AND INCLUDES A FELLOWSHIP HALL, DINING HALL, PICNIC SHELTER, AND RECREATIONAL FACILITIES (A GYMNASIUM, PLAYING FIELDS, OUTDOOR SWIMMING POOL, AN INDOOR RECREATION ROOM WITH WEIGHT EQUIPMENT AND GAME TABLES). WHETHER A CHILD LIVES ON CAMPUS OR COMMUTES, VHBG LOOKS AND FEELS LIKE THE SAFE NEIGHBORHOOD ANYONE WOULD

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization VIRGINIA HOME FOR BOYS AND GIRLS	Employer identification number **-***6330
--	--

WANT TO LIVE IN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROGRAM SUPPORT SERVICES

THESE SERVICES INCLUDE HUMAN RESOURCES, MAINTENANCE OF FACILITIES, QUALITY ASSURANCE AND RISK MANAGEMENT, HEALTH CARE, TRAINING AND EVALUATION, REFERRAL AND PLACEMENT SERVICES, AND MARKETING.

EXPENSES \$ 1,362,927. INCLUDING GRANTS OF \$ 0. REVENUE \$ 13,800.

INDEPENDENT LIVING ARRANGEMENT (ILA)

VHVG'S ILA IS FOR MALES AND FEMALES AGES 17 - 21 WHO ARE AGING OUT OF FOSTER CARE. OUR TOWNHOUSE APARTMENTS ARE LOCATED ON VHVG'S CAMPUS WITH CLOSE PROXIMITY TO COLLEGES, EMPLOYMENT, HEALTH CARE, SHOPPING, AND ENTERTAINMENT. THE AREA OFFERS PUBLIC TRANSPORTATION AND A WALKABLE COMMUTE TO JOBS. OUR HIGHLY INDIVIDUALIZED ILA SUPPORTS YOUTH IN ACHIEVING SUCCESS AS INDEPENDENT ADULTS BY OFFERING HOUSING AND SUPPORT SERVICES TO YOUNG ADULTS WHO DESIRE TO REACH SUCCESSFUL INDEPENDENCE.

OUR ILA APARTMENTS INCLUDE RENT, FOOD ALLOWANCE, AND UTILITIES. OUR SERVICES INCLUDE CASE MANAGEMENT, ASSESSMENT OF INDEPENDENT LIVING SKILLS AND NECESSARY TRAINING/COACHING, AS WELL AS SUPPORT WITH DAY-TO-DAY LIVING AS NEEDED.

EXPENSES \$ 291,733. INCLUDING GRANTS OF \$ 0. REVENUE \$ 271,066.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PREPARED BY VHVG'S AUDITOR AND CAREFULLY REVIEWED BY THE CFO. AFTER ANY CHANGES ARE MADE, THE 990 IS PROVIDED TO THE PRESIDENT AND THE AUDIT COMMITTEE. AFTER A PRESENTATION OF THE 990 BY THE AUDITOR TO THE

Name of the organization

VIRGINIA HOME FOR BOYS AND GIRLS

Employer identification number

\*\* - \*\*\* 6330

AUDIT COMMITTEE, THE AUDIT COMMITTEE RECOMMENDS THAT THE 990 BE PRESENTED TO THE FULL BOARD OF GOVERNORS FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF GOVERNORS AND ALL COMMITTEE MEMBERS ARE ASKED TO SIGN ANNUAL CONFLICT OF INTEREST STATEMENTS. THESE ARE REVIEWED BY THE CHAIRMAN OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION UTILITZES SALARY STUDIES AND COMPARABILITY DATA TO DETERMINE OFFICER COMPENSATION. AN ANNUAL REVIEW PROCESS IS COMPLETED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTERESTS IN TRUST 44,475.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**  
Open to Public Inspection

Name of the organization **VIRGINIA HOME FOR BOYS AND GIRLS** Employer identification number **\*\*-\*\*\*6330**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
VA HOME FOR BOYS & GIRLS FOUNDATION - 46-3207218, 8716 WEST BROAD STREET, HENRICO, VA 23294-6206	SUPPORT	VIRGINIA	501C3	LINE 12A, I	N/A		X

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

Schedule R (Form 990) 2018

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VA HOME FOR BOYS & GIRLS FOUNDATION	C	1,380,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

DRAFT

**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

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# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning OCT 1, 2018, and ending SEP 30, 2019

# 2018

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

Employer identification number

**VIRGINIA HOME FOR BOYS AND GIRLS**

**54-0506330**

Name and title of officer

**CLAIBORNE MASON  
PRESIDENT**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>7,311,563.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature

Under penalties of perjury, I declare that I am filing this return electronically and accompanying schedule with the IRS and I further declare that the amount in Part I above is correct and complete. I am an officer of the organization and I am an intermediate service provider, transmitter, or (a) an acknowledgement of receipt or reason for the date of any refund. If applicable, I authorize the date of any refund. If applicable, I authorize debit entry to the financial institution account number, and the financial institution to debit my account for the amount of the refund. I have selected a personal identification number (PIN) 1-888-353-4537 no later than 2 business days after the processing of the electronic payment of tax payment. I have selected a personal identification number (PIN) and the organization's consent to electronic funds withdrawal.

**ATTENTION REQUIRED**

Please sign and date all of the attached electronic filing forms and return to Mitchell Wiggins. These can be faxed to (804) 508-6166, emailed to [eric-efileadministrator@mwcpa.com](mailto:eric-efileadministrator@mwcpa.com) or mailed. Original forms do not need to be returned.

organization's 2018 return is correct, and complete. I consent to allow my organization to receive from the IRS a refund or refund, and (c) a refund withdrawal (direct debit) for federal taxes owed on this return. I am a Financial Agent at the organization and I am involved in the issues related to the organization's 2018 return, if applicable, the

Officer's PIN: check one box only

I authorize **MITCHELL, WIGGINS & COMPANY LLP** to enter my PIN **05063**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Clairborne Mason Date ▶ 2-4-20

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**54948259240**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Melissa A. Baker Date ▶ 1.22.2020

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