efile	e GRAPH	IIC p	rint - DO NOT PROCESS	As Filed Data -			DLN	: 93	493197002378
(	990		Return of Org	ganization Exem	pt From	Income	Тах	ON	MB No 1545-0047
Form •	330			7, or 4947(a)(1) of the In					2016
2			foundations)			•	• •		
•	ment of the T l Revenue Se			ial security numbers on this f ut Form 990 and its instruction				C	Open to Public Inspection
A Fo	or the 20	16 cal	endar year, or tax year begir	nning 09-01-2016 , and e	nding 08-3	1-2017			
	ck if applica	Die	C Name of organization RICHMOND EDUCATION ASSOCIATI	ION			D Employer id	lentıf	ication number
	dress chang me change	le	OF RICHMOND INC				54-083928	9	
	tial return		Doing business as						
Fin Detur	al n/terminate	ed –					E Telephone nu	mber	
	ended retur		Number and street (or P O box if m 3615 SAUNDERS AVENUE	nail is not delivered to street addr	ess)   Room/su	ite	(804) 648-		
🗆 Ар	plication per	nding	City or town, state or province, cou	ntry, and ZIP or foreign postal co	de		(804) 048-	5100	
			RICHMOND, VA 23227				<b>G</b> Gross receip	ts \$ 7	16,832
			F Name and address of principa	al officer		H(a) Is this	a group returr	1 for	
			ANTUANE RAMON MOORE 705 NORTH 30TH STREET			suboro	linates?		🗌 Yes 🗹 No
			RICHMOND, VA 23223			H(b) Are all include	subordinates		□ Yes □No
I Tax	k-exempt st	atus	□ 501(c)(3)	l (insert no ) 🛛 4947(a)(1) o	r 🗌 527		" attach a list	(see	instructions)
J W	ebsite: 🕨					H(c) Group	exemption nur	nber	•
						Vaar -ff		C+-+	of logal demontent at
<b>K</b> Forn	n of organız	ation	Corporation Trust Asso	ociation 📙 Other 🕨		L Year of forma	uon 1967 M	olate -	of legal domicile VA
Pa	rt I S	Summ	arv						
	1 Brief	y desc	ribe the organization's mission o						
e	PROM	10TE G	SENERAL WELFARE OF MEMBERS	SHIP IN JOB RELATED AREAS					
anc									
em									
Governance			box  I if the organization dis				of its net asse		1 14
			voting members of the governin independent voting members or					3	14
ê.			•	4	1				
ž	5       Total number of individuals employed in calendar year 2016 (Part V, line 2a)         6       Total number of volunteers (estimate if necessary)								<u> </u>
Activities &			ated business revenue from Par				•	6 7a	0
-			ted business taxable income froi					7a 7b	
	Briter	unicia				 Prid	or Year		Current Year
	8 Cont	ributic	ons and grants (Part VIII, line 1h	1)			16,827		0
enneven			ervice revenue (Part VIII, line 20	•			737,503		714,579
đĄċ	-		t income (Part VIII, column (A),				1,147		6
Ц			nue (Part VIII, column (A), lines				1,706		2,247
			nue—add lines 8 through 11 (mu				757,183		716,832
	13 Gran	nts and	l sımılar amounts paıd (Part IX,	column (A), lines 1–3 )					0
	14 Bene	efits pa	aid to or for members (Part IX, c	olumn (A), line 4)					0
8	15 Sala	ries, o	ther compensation, employee be	enefits (Part IX, column (A),	lınes 5–10)		170,189		86,265
nse	16a Prof	ession	al fundraising fees (Part IX, colu	ımn (A), lıne 11e)					0
Expenses	<b>b</b> Total	fundra	ising expenses (Part IX, column (D), I	line 25) ►0					
ш	17 Othe	er expe	enses (Part IX, column (A), lines	11a-11d, 11f-24e)			594,241		678,311
	<b>18</b> Tota	l expe	nses Add lines 13-17 (must equ	ual Part IX, column (A), line 3	25)		764,576		
	<b>19</b> Reve	enue le	ess expenses Subtract line 18 fr		-7,247		-47,744		
Net Assets or Fund Balances						Beginning	of Current Year		End of Year
sets alan	20 Tota	2550+	s (Part X, line 16)		_		60,823		8,689
d B.			ties (Part X, line 26)				24,009		19,619
E R			or fund balances Subtract line				36,814		-10,930
			ture Block		- •		55,014		
Under	penalties	of per	jury, I declare that I have exam						
	edge and nowledge	belief,	it is true, correct, and complete	e Declaration of prepa					
<b>7</b> K									
	*	*****	a of officer						
Sign	· ·	ngnatur	e of officer						
Here			E RAMON MOORE PRESIDENT						
			print name and title	Durana und					
<b>.</b> .			nt/Type preparer's name VID R WALTON	Preparer's signature DAVID R WALTON					
Paic		Fire	m's name 🕨 CHARLES E WALTON 8						
-	barer		m's address > 303 ASHCAKE RD						
use	Only		ASHLAND, VA 23005						
		1	AJILAND, VA ZJUUJ						

May the IRS discuss this return with the preparer shown above? (see instru-For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2016)				Page <b>2</b>
Par	t IIII Statement	t of Program Service Acc	omplishments		
	Check if Sche	edule O contains a response or	note to any line in this Part III .		🗆
1		organization's mission			
PRON	10TE GENERAL WELF	ARE OF MEMBERSHIP IN JOB R	ELATED AREAS		
2	Did the organization	n undertake any significant prog	gram services during the year whic	h were not listed on	
	the prior Form 990 (	or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe th	ese new services on Schedule	C		
3	Did the organization	n cease conducting, or make sig	inificant changes in how it conducts	s, any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe th	ese changes on Schedule O			
4	Section 501(c)(3) ai		plishments for each of its three lar required to report the amount of g ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program serv	vices (Describe in Schedule O )			
	(Expenses \$	including	rants of \$	) (Revenue \$	)
4e	Total program ser	rvice expenses <b>&gt;</b>			
	-				Form <b>990</b> (2016)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 .	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 😒	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 🛸	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 🐒	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 😒	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV 🛸	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😒	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 😒	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😒	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 😒	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e <sup>9</sup> <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
		F	orm <b>99</b>	<b>0</b> (2016)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV			
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	28a		No
	<i>IV</i>	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M $\cdot$ .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I $$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99	0 (2016)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
<b>1</b> a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	21		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		
	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)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$ . $$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	55		
L		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6</b> a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\ldots$ .	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	-10a		
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
-	· · · · · · · · · · · · · · · · · · ·			

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Par	<b>t VI Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to l	
	Check if Schedule O contains a response or note to any line in this Part VI			<b>√</b>
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent           1b         0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization become dware daming the year of a significant diversion of the organization b assess a significant diversion of the organization bases are stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	-		
	members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	<b>8</b> a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
	Other officers or key employees of the organization	15b		No
0	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records CHARLES E WALTON CO PC 303 ASHCAKE ROAD STE H ASHLAND, VA 23005 (804) 798-3216 20

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Part VI Covern	ance Mana	annant and D
Form 990 (2016)		

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## 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, or 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

	, ,	<u> </u>						arrene officer, and		
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t ch unle: ficei	ss pers r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organızatıon and related organızatıons
(1) ANTUANE RAMON MOORE PRESIDENT		х		x				0	0	0
(2) DOROTHY SMITH VICE-PRESIDE		x		x				0	0	0
(3) DEBRA VAUGHAN SEC/TREAS		x		x				0	0	0
(4) SUSAN DAMRON DIRECTOR		x						0	0	0
(5) KATHERINE MARTIN DIRECTOR		x						0	0	0
(6) LOLA V MCDOWELL DIRECTOR		x						0	0	0
(7) VASHTI MALLORY DIRECTOR		x						0	0	0
(8) DEBRA BLACKWELL DIRECTOR		x						0	0	0
(9) MILONDRA COLEMAN DIRECTOR		x						0	0	0
(10) PORSHIA FOSTER DIRECTOR		x						0	0	0
(11) JULITA FREEMAN DIRECTOR		х						0	0	0
(12) KATINA HARRIS DIRECTOR		х						0	0	0
(13) CHANTEA R WRIGHT DIRECTOR		x						0	0	0
(14) THOMAS HARTMAN DIRECTOR		x						0	0	0
(15) BRADLEY MOCK DIRECTOR		x						0	0	0
										Form <b>990</b> (2016)

Form	990	(2016)	
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Par	t VII Section A. Officers, Direct	tors, Trustees	s, Key l	Emp	loye	ees,	and H	High	nest Cor	npensate	d Employees	(cont	inued)	
	<b>(A)</b> Name and Title	(B)(C)(D)(E)Average hours per week (list any hours 				w-	(F) Estima amount c compen from organizat	ated If other sation the						
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptoyee	Former					relat	ed
c	Sub-Total	art VII, Sectio	nA.		•		>		eived mo	re than \$1	00.000			
	of reportable compensation from the									· - ···· + -			Yes	No
3	Did the organization list any <b>former</b> line 1a? If "Yes," complete Schedule .				ey e		oyee, c	or hig	ghest cor	npensated	employee on	з		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		No
5	Did any person listed on line 1a recein services rendered to the organization								-	tion or indi	vidual for	5		No
S	ection B. Independent Contract	ors												
1	Complete this table for your five high from the organization Report compe	nsation for the c									n's tax year	mpen		
	Name a	(A) and business addre	955							Desc	(B) ription of services		(C Comper	
-				-		-								

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 ►

-		/ · - ·	
orm	990	(2016)	

Page **9** 

Part	VIII Statement of Revenue							
	Check if Schedule O contains	a response o	or note to any	<u>r line in this Part V</u> ( <b>A)</b> Total revenue	( Rela exi fun	( <b>B)</b> ated or empt action	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Contributions, Gifts, Grants and Other Similar Amounts	<ul> <li>a Related organizations</li> <li>e Government grants (contributions)</li> <li>f All other contributions, gifts, grants,</li> </ul>	1a       1b       1c       1d       1e       1f			rev	/enue		512-514
Contributio and Other	above g Noncash contributions included in lines 1a-1f \$ h Total.Add lines 1a-1f		. •					
Program Service Revenue	2a MEMBERSHIP DUES- CURRENT YEAR b MEMBERSHIP DUES- PRIOR YEARS c MEMBERSHIP DUES- RETIRED d e f All other program service revenue	 	Business	S Code 900099 900099 900099 900099 714,579	684,232 30,222 125 		4,232 ),222 125	
Other Revenue	9 Total.Add lines 2a-2f         3 Investment income (including dividial similar amounts)         4 Income from investment of tax-exits         5 Royalties         6a Gross rents         b Less rental expenses         c Rental income or (loss)         d Net gain or (loss)         for including \$         contributions reported on line 1c)         See Part IV, line 18         b Less direct expenses         c Net income or (loss) from fundrail         9a Gross income from gaming activite         See Part IV, line 19         b Less cost of goods sold         c Net income or (loss) from gaming         10a Gross sales of inventory, less returns and allowances         c Net income or (loss) from	dends, interes	roceeds  i) Personal  (II) Other			2,247		
	d All other revenue e Total. Add lines 11a–11d 12 Total revenue. See Instructions	· · ·	· · ·		247			
	1	-	-	716,8	332	716,826		6

Part IX Statement of Functional Expenses

#### Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (D) (A) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses general expenses expenses 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, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) . 63,487 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . 17,413 9 Other employee benefits . . 5,365 10 Payroll taxes . . . . 11 Fees for services (non-employees) a Management . . . . bLegal . . . . . . 8,353 c Accounting . . . 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 Schedule O) 12 Advertising and promotion . 13 Office expenses . . 24.988 14 Information technology . 15 Royalties . 18,352 16 Occupancy . 17 Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 736 19 Conferences, conventions, and meetings 20 Interest . . . . 21 Payments to affiliates . . . 312 22 Depreciation, depletion, and amortization . 475 23 Insurance . 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 ) 511,387 a VEA/NEA DUES- CURRENT YEA 107.871 b VEA/NEA DUES- PRIOR YEARS 2,842 c UTILITIES d CUSTODIAL SERVICE 2,388 e All other expenses 607 764,576 0 0 0 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here 🕨 🔲 if following SOP 98-2 (ASC 958-720)

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

Form 990 (2016)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			75	1	75
	2	Savings and temporary cash investments .		[	59,984	2	8,162
	3	Pledges and grants receivable, net		. [		3	
	4	Accounts receivable, net		[		4	
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa II of Schedule L	ated en	nployees Complete Part		5	
its	6 7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net	(c)(3)(B), and of section 501(c)(9)		6		
Assets	8	Inventories for sale or use	-		8		
As	9	Prepaid expenses and deferred charges	· -		9		
	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	   10a	25,686		<u> </u>	
	ь	Less accumulated depreciation	10b	25.234	764	10c	452
	11	Investments—publicly traded securities .	100			11	
	12	Investments—other securities See Part IV, line	11	-		12	
	13	Investments—program-related See Part IV, Ine				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equ			60,823	16	8,689
	10	Accounts payable and accrued expenses		J+/	2.026	17	2.131
	18	Grants payable	•	· ·	2,020	18	2,101
	19			19			
	20	Tax-exempt bond liabilities	-		20		
	20	Escrow or custodial account liability Complete F		of Schodulo D		20	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	office	rs, directors, trustees,		21	
h		persons Complete Part II of Schedule L .	o, ana	anguannea		22	
Li	23	Secured mortgages and notes payable to unrela	ted th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated			17,763	24	14,291
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24) Complete Part X of Schedule D	ayables	· –	4,220	25	3,197
	26	<b>Total liabilities.</b> Add lines 17 through 25			24,009	26	19,619
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets		[		28	
P	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117	(ASC	958),			
٦	30	check here ► ☑ and complete lines 30 th Capital stock or trust principal, or current funds	34.	36,050	30	-11,382	
et	31	Paid-in or capital surplus, or land, building or ec	uipme	nt fund	764	31	452
Assets	32	Retained earnings, endowment, accumulated in				32	
Net /	33	Total net assets or fund balances			36,814	33	-10,930
ž	34	Total liabilities and net assets/fund balances .			60,823	34	8,689
							I

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation 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			716,832
2	Total expenses (must equal Part IX, column (A), line 25)	2			764,576
3	Revenue less expenses Subtract line 2 from line 1	3			-47,744
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			36,814
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			-10,930
Par	t 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  Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule C			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	Зb		

## **Additional Data**

## Software ID: Software Version: EIN: 54-0839289 Name: RICHMOND EDUCATION ASSOCIATION OF RICHMOND INC

Form 990 (2016)

## Form 990, Part III, Line 4a:

REA PERFORMS THE FOLLOWING ACTIVITIES FOR MEMBERS A) FILES EMPLOYEE WORKPLACE GRIEVANCES B) WORKS TO SOLVE WORK RELATED ISSUES C) MEETS MONTHLY WITH A REPRESENTATIVE OF THE SCHOOL BOARD, THE SCHOOL BOARD SUPERINTENDENT, AND DIRECTOR OF HUMAN RESOURCES TO SOLVE WORK RELATED ISSUES

efi	le GRAPHIC prin	nt - DO NOT I	PROCESS As Filed Data -			D	LN:	93493197	002378
50	HEDULE C	Р	olitical Campaign and	Lobbying A	Activit	ies		OMB No 1	1545-0047
(Foi EZ) Depar	rm 990 or 990-	For Organız ▶Complete if t	ations Exempt From Income Tax the organization is described below lation about Schedule C (Form 990 <u>www.irs.gov/fo</u>	Under section : •. ►Attach to For or 990-EZ) and it	501(c) ar m 990 or	nd section 5 Form 990-E			16 Public ection
• S • S • S • S • S • S • S • S • S • S	Section 501(c)(3) or Section 501(c) (othe Section 527 organiz e organization ans Section 501(c)(3) or Section 501(c)(3) or e organization ans xy Tax) (see separ Section 501(c)(4), (4)	ganizations Con er than section 5 cations Complet wered "Yes" or rganizations that rganizations that wered "Yes" or rate instructions 5), or (6) organiz	I Form 990, Part IV, Line 4, or Form 9 have filed Form 5768 (election under s have NOT filed Form 5768 (election un Form 990, Part IV, Line 5 (Proxy Tax)	e Part I-C s I-A and C below I <b>90-EZ, Part VI, Iın</b> section 501(h)) Coi nder section 501(h)	Do not cor e <b>47 (Lob</b> l mplete Pai ) Comple	mplete Part I-f bying Activiti rt II-A Do not te Part II-B D s) or Form 99	3 ies), 1 comp o not 30-E2	then blete Part II-I complete P <b>Z, Part V, lin</b>	B art II-A ne <b>35</b> c
	me of the organizat HMOND EDUCATION A					Employer id	entif	ication nun	nber
	OF RICHMOND INC 54-0839289								
Par	t I-A Complet	e if the orga	nization is exempt under section	on 501(c) or is a	a sectio	n 527 orga	niza	tion.	
1 2 3	Provide a descript Political expenditu Volunteer hours		ization's direct and indirect political car	npaign activities in	Part IV	۲	\$_		
Par	t I-B Complet	e if the orga	nization is exempt under section	on 501(c)(3).					
1	Enter the amount	of any excise ta	x incurred by the organization under se	ection 4955		•	\$_		
2	Enter the amount	of any excise ta	x incurred by organization managers u	nder section 4955		•	\$_		
3	If the organization	n incurred a sect	ion 4955 tax, did it file Form 4720 for t	this year?				🗌 Yes	
4a	Was a correction							🗌 Yes	
	If "Yes," describe t I-C Complet		nization is exempt under section	on 501(c), exce	nt sectio	on 501(c)(3	3).		
1	-	-	ed by the filing organization for section		-		-		
2		of the filing org	anization's funds contributed to other o	•			+ - \$_		
3	Total exempt fund	tion expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	lıne 17b	•	\$		
4	Dıd the filing orga	inization file <b>Forr</b>	n 1120-POL for this year?				÷ -	🗌 Yes	
5	organization made of political contrib	e payments For outions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate po	filing orga blitical orga	nızatıon's fun anızatıon, sucl	ds Al	the filing so enter the	amount
	<b>(a)</b> Name	e	(b) Address	(c) EIN	filing o	ount paid from rganization's If none, enter		(e) Amount contribution and prom	s received ptly and

		funds If none, enter -0-	and promptly and directly delivered to a separate political organization If none, enter -0-
2			
3			
4			
5			
6			

Scł	nedule C (Form 990 or 990-EZ) 2016				Page <b>2</b>
Р	art II-A Complete if the organization is a section 501(h)).	exempt under section 501(c)(3) and	filed For	m 5768 (electio	on under
A	Check  If the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliat g expenditures)	ed group n	nember's name, ad	dress, EIN,
в	Check	A and "limited control" provisions apply			
	Limits on Lobbyi (The term "expenditures" mea			<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)			
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)			
с	Total lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures				
е	Total exempt purpose expenditures (add lines 1c and	1 1d)			
f	Lobbying nontaxable amount Enter the amount from columns				
•	If the amount on line 1e, column (a) or (b) is:				
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
		·			
g	Grassroots nontaxable amount (enter 25% of line 1f	)			
h	Subtract line 1g from line 1a If zero or less, enter -(	)-			
i	Subtract line 1f from line 1c If zero or less, enter -0	-			
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?	Lh or line 1i, did the organization file Form 472	0 reporting		🗌 Yes 🗌 No

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditu	res During 4-	Year Averagiı	ng Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

#### Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Ford	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)			(b)	
activ		Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	:)(5), o	r secti	on 5	501(c	)
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1		No

Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2

3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1

Dues, assessments and similar amounts from members 1

-		_	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
с	Total	2c	
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

**Return Reference** 

Explanation

Yes

No

2

3

efile GRAPHIC p	rint - DO NOT PROCESS	As Filed Data -		D	LN: 93493197002378		
SCHEDULE D (Form 990)	Supple	mental Finan	ncial Statement	S	OMB No 1545-0047		
Department of the Treasury	Part IV, line 6, 7,		swered "Yes," on Form 11c, 11d, 11e, 11f, 12a, orm 990.		2016 Open to Public		
Internal Revenue Service	Information about Schedule	D (Form 990) and it	ts instructions is at <u>ww</u>		00. Inspection		
Name of the organ RICHMOND EDUCATION				Employer id	entification number		
OF RICHMOND INC	izations Maintaining Donor	Advised Europe	- Other Cimilar Fund	54-0839289			
	ete if the organization answere			is of Accounts.			
• <b>T</b> . <b>b</b>		(a) Donor adv	ısed funds	<b>(b)</b> Funds an	d other accounts		
	at end of year						
year)	lue of contributions to (during						
	lue of grants from (during year)						
	lue at end of year						
	ation inform all donors and donor rganization's property, subject to			r advised	🗌 Yes 🗌 No		
used only for cl	ation inform all grantees, donors, naritable purposes and not for the ermissible private benefit?				🗌 Yes 🗌 No		
Part II Conse	rvation Easements. Complet	te if the organizatio	on answered "Yes" on F	orm 990, Part IV			
1 Purpose(s) of c	onservation easements held by th	e organızatıon (check	all that apply)				
Preservati	on of land for public use (e g , rec	reation or education)	Preservation of 	f an historically imp	ortant land area		
Protection	of natural habitat		Preservation of	f a certified historic	structure		
	on of open space						
easement on th	2a through 2d if the organization he last day of the tax year	held a qualified conse	rvation contribution in the		ation at the End of the Year		
	f conservation easements	t		2a			
-	estricted by conservation easemer ervation easements on a certified		uded in (a)	2b 2c			
d Number of cons	ervation easements included in (c in the National Register		( )	2d			
	servation easements modified, tra	nsferred, released, ex	tinguished, or terminated	by the organization	n during the		
4 Number of state	es where property subject to cons	ervation easement is	located Þ				
	ızatıon have a written policy regar nt of the conservation easements		nitoring, inspection, handli	— ing of violations,	🗌 Yes 🗌 No		
6 Staff and volun	teer hours devoted to monitoring,	inspecting, handling	of violations, and enforcin	g conservation eas			
7 Amount of expe ► \$	enses incurred in monitoring, inspi	ecting, handling of vio	lations, and enforcing con	servation easemen	ts during the year		
8 Does each cons and section 170	ervation easement reported on lir D(h)(4)(B)(ii)?	ne 2(d) above satısfy t	he requirements of sectio	n 170(h)(4)(B)(ı)	🗌 Yes 🗌 No		
balance sheet,	scribe how the organization report and include, if applicable, the text n's accounting for conservation ea	of the footnote to the					
Part III Organi	izations Maintaining Collected to the organization answere	tions of Art, Histo		Other Similar As	ssets.		
art, historical tr	ion elected, as permitted under S reasures, or other similar assets h XIII, the text of the footnote to il	eld for public exhibitio	on, education, or research	in furtherance of p			
historical treasu	tion elected, as permitted under S ures, or other similar assets held f nts relating to these items						
(i) Revenue inclue	ded on Form 990, Part VIII, line 1			►\$			
(ii)Assets included	d in Form 990, Part X			▶ \$			
	tion received or held works of art, nts required to be reported under			financial gain, prov	de the		
a Revenue includ	ed on Form 990, Part VIII, line 1			►\$			
<b>b</b> Assets included	ın Form 990. Part X			▶ \$			

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

Cat No 52283D Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

Sche	dule D	(Form 990) 2016												Page <b>2</b>
Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	listori	cal Tı	eası	ires, o	r Othe	er Similar	Assets (	(continue	d)
3		) the organızatıon's acq s (check all that apply)	uisition, accessio	n, and other	records,	check i	any of	the fo	llowing t	that are	e a significan	it use of it	s collection	on.
а		Public exhibition				d		Loan	or exch	ange p	rograms			
b		Scholarly research				e		Othe	r					
С		Preservation for future	e generations											
4	Provi Part )	de a description of the XIII	organızatıon's col	llections and	explain	how the	ey furth	ner the	e organiz	zation's	s exempt pur	pose in		
5		ng the year, did the orga is to be sold to raise fur										□ <b>Y</b>	es 🗌	No
Pai	rt IV	Escrow and Cust Complete if the org X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, o	r repo	rted an am	ount on	Form 99	0, Part
1a		e organization an agent ded on Form 990, Part )		an or other i	intermed	liary for	contril	oution	s or othe	er asse	ts not	□ <b>Y</b>	es 🗆	No
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	te the fo	llowing	table					Amount	:	
с		ning balance				<b>,</b>				1c				
d	Addıt	ions during the year								1d				
е		butions during the year								1e				
f	Endır	ng balance								1f				
2a	Dıd tl	he organization include	an amount on Fo	orm 990, Par	t X, lıne	21, for	escrow	or cu	stodial a	account	liability?	□ <b>γ</b>	es 🗌	No
b	If "Ye	es," explain the arrange	ment in Part XIII	Check here	e if the e	xplanatı	on has	been	provide	d ın Pa	rt XIII		C	
Pa	rt V	Endowment Fund	<b>ds.</b> Complete ıf	the organ	ization a	answer	ed "Ye	es" oi	ו Form	990, I	Part IV, line	e 10.		
_	_			(a)Curren	t year	<b>(b)</b> P	rior yea	-	<b>(c)</b> Two y	ears ba	ck (d)Three	years back	(e)Four	years back
	-	ing of year balance .												
		outions												
		vestment earnings, gair												
		or scholarships												
		expenditures for facilitie ograms	es											
f	Admini	istrative expenses .												
g	End of	year balance												
2		<i>.</i> de the estimated percei	ntage of the curr	ent vear end	balance	(line 1)	n. colui	nn (a	)) held a	15				
a		d designated or quasi-e	-		buluitee	(	,		,,,					
b	Perm	anent endowment Þ												
c		orarily restricted endow	vment Þ											
č		percentages on lines 2a		ild equal 100	)%									
3a	Are t	here endowment funds				ion that	are h	eld an	d admın	ıstered	for the		Ye	s No
	<b>(i)</b> u	nrelated organizations			• •	• •	•						Ba(i)	
		elated organizations			· · .	• •	• •		• •			3	a(ii)	
ь 4		es" on 3a(11), are the rel ribe in Part XIII the inte	-					, .	• •	• •		· L	3b	
Pa	rt VI	Land, Buildings,	and Equipme	nt.										
		Complete if the or		1										
	Descri	iption of property	(a) Cost or otl (Investme		(b)Cost	or other	basıs (c	ther)	( <b>c)</b> Acc	umulate	d depreciation		<b>(d)</b> Book v	alue
1a	Land											1		
	Buildin											+		
		old improvements										-		
		nent					2	5,686			25,23	4		452
												1		

452

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Part VII Investments—Other Securities. Complete if the orga See Form 990, Part X, line 12.	janization	answe	ered 'Yes' on Form 990, F	Part IV, line 11b.
(a) Description of security or category (including name of security)		)Book alue	<b>(c)</b> Method o Cost or end-of-ye	
(1)Financial derivatives	· _			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	•			
Part VIII Investments—Program Related. Complete if the or	rganızatıc	on ansv	vered 'Yes' on Form 990,	Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book	value	(c) Method o	
(1)			Cost or end-of-ye	ar market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX Other Assets. Complete if the organization answered 'Yes' of	on Form 9	90, Parl	IV, line 11d See Form 990	
(1) (a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )				•
Part X Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.	red 'Yes'	on For	m 990, Part IV, line 11e	or 11f.
1.(a) Description of liability		<b>(b)</b> Bo	ok value	
(1) Federal income taxes				
DEPOSITS HELD			3,197	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶		3,197	

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

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Pa	rt XI Reconciliation of Revenue per Audited Financi				
	Complete if the organization answered 'Ye			<u>ne 12a</u>	I
1	Total revenue, gains, and other support per audited financial statements	• •		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d	• •		2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$				
а	Investment expenses not included on Form 990, Part VIII, line 7b 🔒	4a			
b	Other (Describe in Part XIII )	4b		1	
с	Add lines <b>4a</b> and <b>4b</b>	· · ·		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Par	t XII Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Ye				
Par 1		es' on	Form 990, Part IV, lu		
	Complete if the organization answered 'Y	es' on	Form 990, Part IV, lu	<u>ne 12a</u>	
1	Complete if the organization answered 'Y Total expenses and losses per audited financial statements	es' on	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2	Complete if the organization answered 'Y Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	<u>es' on</u>	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2 a	Complete if the organization answered 'Yo Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	es' on • •	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2 a b	Complete if the organization answered 'Y         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments	es' on • • 2a 2b	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2 b c	Complete if the organization answered 'Y         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments         Other losses	es' on 2a 2b 2c 2d	Form 990, Part IV, III	<u>ne 12a</u>	
1 2 b c d	Complete if the organization answered 'Ye         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII )	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	ne 12a	
1 2 b c d e	Complete if the organization answered 'Ye         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII )         Add lines 2a through 2d	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	1 1 2e	
1 2 b c d e 3	Complete if the organization answered 'Ye         Total expenses and losses per audited financial statements       .         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities       .         Prior year adjustments       .         Other losses       .         Other (Describe in Part XIII )       .         Add lines 2a through 2d       .	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	1 1 2e	
1 2 b c d e 3 4	Complete if the organization answered 'Y         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII )         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	1 1 2e	
1 2 b c d 8 3 4 a	Complete if the organization answered 'Ye         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII )         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	es' on 2a 2b 2c 2d  4a 4b	Form 990, Part IV, III	1 1 2e	
1 2 6 6 3 4 8 5	Complete if the organization answered 'Ye         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII )         Add lines 2a through 2d         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII )	es' on 2a 2b 2c 2d  4a 4b	Form 990, Part IV, III	2e 3	

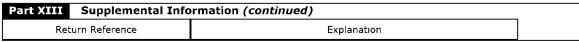
#### Supplemental Information Part XIII

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 Explanation

Return Reference









efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -		DLN: 93493197002378
	Supplement	al Informatic	on to Form 990 or 990-E7	OMB No 1545-0047
SCHEDULE O       Supplemental Information to Form 990 or 990-EZ         (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.         EZ)       Attach to Form 990 or 990-EZ.         Department of the Treasury       Information about Schedule O (Form 990 or 990-EZ) and its instructions is a www.irs.gov/form990.		2016 Open to Public Inspection		
Internal Revenue Service L Name of the organization RICHMOND EDUCATION ASSC			Employer	identification number
OF RICHMOND INC			54-083928	9
990 Schedule O. Sun	nlemental Informatio	n		

Return Reference	Explanation
FORM 990	THE AMOUNT REPORTED ON LINE 7 OF 63,487 WAS FOR CLERICAL EMPLOYEES WHO ARE NOT OFFICERS OR KEY EMPLOYEES BESIDES THE PRESIDENT, NO OFFICERS, DIRECTORS, OR KEY EMPLOYEES RECEIVED C OMPENSATION OR BENEFITS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	MEMBERSHIP ELECTS BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	DECISIONS OF THE BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL BY THE REPRESENTATIVE ASSEMBLY

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE DIRECTOR REVIEWS THE 990 BEFORE IT IS FILED COPIES ARE PROVIDED TO BOARD MEMBERS UPON REQUEST

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION DOES NOT MAKE THE REFERENCED DOCUMENTS AVAILABLE TO THE PUBLIC