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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization LIONS OF VIRGINIA FOUNDATION INC	D Employer identification number 23-7321881
Number and street (or P. O. box, if mail is not delivered to street address) 5117 STRATFORD CHASE DRIVE	E Telephone number (757) 495-1434
City or town, state or country, and ZIP + 4 VIRGINIA BEACH, VA 23464	F Group Exemption Number ►

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► N/A

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 83,670

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	40,206
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	20,978
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	22,486
b Less direct expenses other than fundraising expenses	6b	14,691
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	7,795
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ►)	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	68,979
10 Grants and similar amounts paid (attach schedule)	10	57,218
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	1,000
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ►)	16	3,208
17 Total expenses (add lines 10 through 16)	17	61,426
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,553
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	765,933
20 Other changes in net assets or fund balances (attach explanation)	20	-119,275
21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	654,211

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	760,157	22 676,345
23 Land and buildings		23
24 Other assets (describe ►)	5,776	24 4,350
25 Total assets	765,933	25 680,695
26 Total liabilities (describe ►)		26 26,484
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	765,933	27 654,211

Part III Statement of Program Service Accomplishments (See the instructions for Part III)				Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
<p>What is the organization's primary exempt purpose? ASSIST THE VISUALLY IMPAIRED PROVIDE GRANTS TO ORGANIZATIONS WITHIN THE STATE OF VIRGINIA TO ASSIST IN THE HEALTH AND WELFARE OF VIRGINIA RESIDENTS</p> <p>Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title</p>				
<p>28 GRANT TO PREVENT BLINDNESS MID-ATLANTIC TO CONTINUE PROJECT CONSTRUCTION "SIGHT" THIS PROJECT IS A VIRGINIA STATEWIDE EFFORT TO BRING THE PREVENT BLINDNESS CERTIFIED CHILDREN'S VISION SCREENING PROGRAM TO EACH OF THE 131 SCHOOL SYSTEMS IN THE STATE VIRGINIA STATE MANDATES REQUIRE SCHOOL NURSES TO PROVIDE A VISION SCREENING IN SCHOOL TO ALL NEW STUDENTS IN KINDERGARTEN, AND GRADES 3, 7 AND 10 THIS GRANT PROVIDES FUNDING FOR 3 5 HOURS OF TRAINING FOR SCHOOL NURSES, NATIONAL CERTIFICATION FORM PREVENT BLINDNESS AMERICA, 3 PROFESSIONAL CONTACT HOURS FOR CONTINUING EDUCATION CREDIT, AND A FULLY ASSEMBLED SCREENING KIT FOR EACH SCHOOL IN THE DESIGNATED SCHOOL SYSTEM THE PROGRAM ALSO PROVIDES VISION SCREENING PROGRAM VOUCHERS WHICH PROVIDE FREE EYE EXAMS AND GLASSES FOR STUDENTS IN NEED (Grants \$ 48,718) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>				
28a 48,718				
<p>29 GRANT TO VIRGINIA LIONS SPECIAL NEEDS EQUIPMENT PROGRAM TO PURCHASE SOFTWARE LICENSES THESE LICENSES PROVIDE SOFTWARE TO ASSIST VISUALLY IMPAIRED INDIVIDUALS TO USE A COMPUTER THE LICENSES ARE MATED WITH USED REFURBISHED COMPUTERS THAT ARE PROVIDED TO VISUALLY IMPAIRED INDIVIDUALS AT NO CHARGE (Grants \$ 4,500) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>				
29a 4,500				
<p>30 TO PROVIDE REQUIRED PROFESSIONAL DEVELOPMENT TO THE PROFESSIONAL EDUCATORS AND REHABILITATION STAFF OF VIRGINIA ASSOCIATION FOR THE EDUCATION AND REHABILITATION OF THE BLIND AND VISUALLY IMPAIRED, TO MAINTAIN THEIR KNOWLEDGE, SKILLS AND LICENSURE, TO CONTINUE SERVICE TO THE BLIND AND VISUALLY IMPAIRED IN VIRGINIA (Grants \$ 4,000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>				
30a 4,000				
<p>31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>				
31a				
<p>32 Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/></p>				
32 57,218				
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)			Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No	
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T				
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		No	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a			
b Did the organization file Form 1120-POL for this year?	37b		No	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39 <i>501(c)(7) organizations.</i> Enter	39a			
a Initiation fees and capital contributions included on line 9	39b			
b Gross receipts, included on line 9, for public use of club facilities				
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____				
b <i>Section 501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b		No	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____				
d Enter amount of tax on line 40c reimbursed by the organization ► _____				
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No	
41 List the states with which a copy of this return is filed ► _____				
42a The books are in care of ► <u>ARLEN G EIDSON</u> Telephone no ► (757) 495-1434				
Located at ► <u>5117 STRATFORD CHASE DR</u> ZIP + 4 ► <u>23464</u>				
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No	
If "Yes," enter the name of the foreign country ► _____				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
c At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		No	
If "Yes," enter the name of the foreign country ► _____				
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43			
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44		No	
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No	

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	No
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization(s) a section 527 organization?	49b	

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ►				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ►		

Please Sign Here	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
	***** Signature of officer ARLEN EIDSON TREASURER Type or print name and title
	2010-01-07 Date

Paid Preparer's Use Only	Preparer's signature ► CHARLES T SAUNDERS CPA	Date 2010-01-08	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► SAUNDERS AND MATTHEWS PLLC 327 WEST 21ST STREET SUITE 203 NORFOLK, VA 23517		EIN ►	Phone no ► (757) 625-7849

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

2008

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury
Internal Revenue Service**Name of the organization**

LIONS OF VIRGINIA FOUNDATION INC

Employer identification number

23-7321881

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	48,810	40,097	34,721	32,515	40,206	196,349
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	25,259	24,980	24,055	23,011	22,486	119,791
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5	74,069	65,077	58,776	55,526	62,692	316,140
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						316,140

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	74,069	65,077	58,776	55,526	62,692	316,140
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,160	19,647	21,453	20,520	20,978	100,758
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	18,160	19,647	21,453	20,520	20,978	100,758
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		406				406
13 Total Support (Add lines 9, 10c, 11 and 12)						417,304
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	75 757 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	77 486 %

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	24 145 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	22 395 %
19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		►✓
b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		►□
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		►□

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:

EIN: 23-7321881

Name: LIONS OF VIRGINIA FOUNDATION INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAN BOWLING PO BOX 39 NORTH TAZWELL, VA 246300039	PRESIDENT 5	0		
DON COLLEY 2515 COMMONWEALTH DRIVE CHARLOTTESVILLE, VA 229011442	1ST V/P 2	0		
CAROLYN H MESSIMER 10906 NEWLANDS AVENUE RICHMOND, VA 232331907	2ND V/P 2	0		
BARBARA SENECAL 4241 MANCHESTER ROAD PORTSMOUTH, VA 23703	SECRETARY 2	0		
ARLEN G EIDSON 5117 STRATFORD CHASE DRIVE VIRGINIA BEACH, VA 23464	TREASURER 5	0		

2008

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming ActivitiesDepartment of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

LIONS OF VIRGINIA FOUNDATION INC

Employer identification number

23-7321881

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply
- | | |
|---|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** 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 activities? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name 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			
Total	►					

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 RAFFLE (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
1 Gross receipts	22,409			22,409
2 Less Charitable contributions				
3 Gross revenue (line 1 minus line 2)	22,409			22,409
4 Cash Prizes	11,300			11,300
5 Non-cash Prizes				
6 Rent/Facility costs				
7 Other direct expenses	3,391			3,391
8 Direct expense summary Add lines 4 through 7 in column (d) ►				14,691
9 Net income summary Combine lines 3 and 8 in column (d) ►				7,718

Part III Gaming. Complete if the organization answered "Yes" to 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))
1 Gross revenue				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ►				
8 Net gaming income summary Combine lines 1 and 7 in column (d) ►				

9 Enter the state(s) in which the organization operates gaming activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states?	9a	No
b If "No," Explain		

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

11 Does the organization operate gaming activities with nonmembers?	11	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?	12	No

	Yes	No
13 Indicate the percentage of gaming activity operated in	13a	
a The organization's facility	13b	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► <u>ARLEN G EIDSON</u>		
Address ► <u>5117 STRATFORD CHASE DR VIRGINIA BEACH, VA 23464</u>		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	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		
Name ► _____		
Address ► _____		
16 Gaming manager information		
Name ► _____		
Gaming manager compensation ► \$ _____		
Description of services provided ► _____		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> 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?	17a	No
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

TY 2008 Compensation Explanation

Name: LIONS OF VIRGINIA FOUNDATION INC

EIN: 23-7321881

Person Name	Explanation
JAN BOWLING	
DON COLLEY	
CAROLYN H MESSIMER	
BARBARA SENECAL	
ARLEN G EIDSON	

TY 2008 Grants and Similar Amounts Paid Schedule

Name: LIONS OF VIRGINIA FOUNDATION INC**EIN:** 23-7321881

Item No.	1
Class of Activity	GRANT
Donee's Name	PREVENT BLINDNESS MID-ATLANTIC
Donee's Address	11618 BUSY STREET RICHMOND, VA 23236
Amount (FMV)	
Purpose of Payment to Affiliate	EDUCATION
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

TY 2008 Other Assets Schedule

Name: LIONS OF VIRGINIA FOUNDATION INC**EIN:** 23-7321881

Description	Beginning of Year Amount	End of Year Amount
PREPAID EXPENSES AND DEFERRED CHARGES	5,776	4,350
	5,776	4,350

TY 2008 Other Changes in Net Assets Schedule**Name:** LIONS OF VIRGINIA FOUNDATION INC**EIN:** 23-7321881

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	-119,275

TY 2008 Other Expenses Schedule**Name:** LIONS OF VIRGINIA FOUNDATION INC**EIN:** 23-7321881

Description	Amount
EXPENSES	
CONFERENCES/MEETINGS	390
SUPPLIES	2,293
CORPORATE REGISTRATION	25
SURETY BOND	500

TY 2008 Other Liabilities Schedule

Name: LIONS OF VIRGINIA FOUNDATION INC**EIN:** 23-7321881

Description	Beginning of Year Amount	End of Year Amount
GRANTS PAYABLE		26,484
		26,484