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# SCANNED JAN 0 6

Form **990-EZ** 

Department of the Treasury

### Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

OMB No. 1545-1150 2008

(except black lung benefit trust or private foundation)

➤ Sponsoring organizations of donor advised funds 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.

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service A For the 2008 calendar year, or tax year beginning 2008, and ending 20 69 **July 31** August 1 Check if applicable: C Name of organization D Employer Identification number use IRS Address change **VA EDUCATION ASSOCIATION 12 DIST CENTRAL VA UNISERVE** 1112645 label or Name change print or E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return type. See (434) 239-7016 Termination Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-LYNCHBURG VA 24502-0590 Application pending Number . . ▶ 3108 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► ☐ if the organization is not Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). 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. 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 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 8,204 Contributions, gifts, grants, and similar amounts received. . . . 2 2 Program service revenue including government fees and contracts 76,451 3 3 Membership-dues and assessments Gross amount from sale of assets other than inventory . . . . 4 6 5a 5c Revenue Special events and activities (complete applicable) darts of Schedule G). If any amount is from gaming, check here Gross reverse from including 5 R \_\_ of contributions 6a 6Ь Less: direct expenses other than fundaising expenses . . . c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . 7a 7a Gross sales of inventory, less returns and allowances 7с Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 R Other revenue (describe > 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 9 84,661 10 10 Grants and similar amounts paid (attach schedule) 1,760 11 Benefits paid to or for members . . . . . . . . 11 64,947 12 12 Salaries, other compensation, and employee benefits 325 13 13 Professional fees and other payments to independent contractors 11,270 14 14 Occupancy, rent, utilities, and maintenance . . . 15 1,615 Printing, publications, postage, and shipping. 15 Other expenses (describe > See Attached List 16 6,716 16 17 Total expenses. Add lines 10 through 16 17 86,633 18 1,972) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 7,470 end-of-year figure reported on prior year's return). . . . . 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 5.498 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (A) Beginning of year (B) End of year (See the instructions for Part II.) 7,470 22 5,498 22 Cash, savings, and investments 23 23 Land and buildings . . . . . . 24 24 Other assets (describe ▶ 7,470 25 5,498 25 Total assets 26 Total liabilities (describe ▶

Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form 990-EZ (2008)

5,498

7,470 27

Cat. No. 106421

Pa	rt III Statement of Program Service Accom	plishments (See the instr	ructions for Part	III.)		Expenses
Wh	at is the organization's primary exempt purpose?	he organization trains and	d supports teach	ers		uired for 501(c)(3) (4) organizations
Des	cribe what was achieved in carrying out the organiz	ation's exempt purposes. In	a clear and conc	ise manner,	and	4947(a)(1) trusts;
	cribe the services provided, the number of persons be		<u></u>		opud	onal for others.)
28	Program administration for local education asso	·····	rship rosters, pul	olish		
	newsletters, develop training materials, and other	er administrative support.				
	(Grants \$ 8,204) If this amount incl	udes foreign grants, check	here	▶ ∏	28a	60,643
	Conduct training sessions, teacher training, con			·		
	leadership development programs for local educ	· · · · · · · · · · · · · · · · · · ·				
				<u></u>		
		udes foreign grants, check		. ▶ 📋	29a	10,396
30	Provide representation for membership at state services, and other special projects on behalf of		provide member	snip		
	services, and other special projects on behalf of	incinocianp				
	(Grants \$ ) If this amount incl	udes foreign grants, check	here	. ▶ □	30a	15,594
	Other program services (attach schedule)					-
	<del></del>	udes foreign grants, check	here	<u>. ▶ ∐</u>	31a	
_	Total program service expenses (add lines 28a the IV) List of Officers, Directors, Trustees, and Key		n if not companeate	d (See the inc	32	86,633
	<u> </u>	(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances
Wi	liam Lambdin	Prog. Director - 40hrs				
48	l9 1/2 Fort Ave - Lynchburg VA 24502	per wk	0		0	0
		1				
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Par	t 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		✓
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		1
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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ь	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
	Did the organization file Form 1120-POL for this year?	37ь	]	✓_
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?  If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		<b>✓</b>
39	Section 501(c)(7) organizations. Enter:	7 ]	1	1
	Initiation fees and capital contributions included on line 9	]		
	Gross receipts, included on line 9, for public use of club facilities	]		1
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4955 ▶			i
b	Section 501(c)(3) and (4) organizations. 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		✓_
С	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			j
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed, ▶ Virginia			
42a	The books are in care of ▶ Grace Ford  Telephone no. ▶ (434)	) 23	39-70	16
	Located at ▶ 4849 1/2 Fort Avenue - Lynchburg ZIP + 4 ▶	245	02	
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)?  If "Yes," enter the name of the foreign country:	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		vr 13 -4 H	ز ا
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	<b>▶</b> □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	_	1
<b>45</b>	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		/
		00/	LET	MOOD)

Page	. 4

Par	t VI	and complete the tables for lines 50 a		organizations mu	ist answer questi	ons 4	6-49	
46	Did th	e organization engage in direct or indirect p	<del></del>	s on behalf of or i	n opposition to		Yes	No
		dates for public office? If "Yes," complete S	• •			46		1
47	Did th	e organization engage in lobbying activities	? If "Yes," complete Sche	edule C, Part II .		47	<u> </u>	1
48	Is the	organization operating a school as describe	ed in section 170(b)(1)(A)(i	i)? If "Yes," compl	ete Schedule E .	48	<b>└</b>	1
49a	Did th	e organization make any transfers to an exe	empt non-charitable relate	ed organization?		49a	<u> </u>	1
Ь		s," was the related organization(s) a section				49b	<u>L</u>	
50		elete this table for the five highest compensative more than \$100,000 of compensations.				emple	oyees	) who
	(a) N	ame 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 & deterred compensation	acc	Expension allowar	nd
NOI	NE.							
Tota	Inumb	er of other employees paid over \$100,000		<del> </del>				
	comp	ensation from the organization. If there is no (a) Name and address of each independent contractor		(b) Ty	ype of service	(c) Co	mpensa	
NOI	NE							
								<del></del>
<del></del>	<del></del> -					<del></del>		
lota	u nume	per of other independent contractors each re Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Peclarat	ned this return, including accom					
Sig:		Signature of officer			12/14/0 Date	9_		
Hei		William Lambdin, Executive Director Type or print name and title.						
Paid		Preparer's signature William .	Coleman 12	Check if self-	Preparer's Identifying	Number 80-952		ructions)
•	arer's	Firm's name (or yours   WJ Coleman Enterp		<u> </u>	EIN ▶ 04		49233	,
	Only	If self-employed), address, and ZIP + 4 PO Box 280 Evingto			Phone no. ► ( 434 )	53	4-049	9
May	the IR	S discuss this return with the preparer show	vn above? See instruction	ns	<u> ,</u>	_ \ \	es 🛭	No
						<b>99</b>	10-F2	้ เรเกกรา

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

Department of the Treasury

Internal Revenue Service

## **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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization Employer identification number VA EDUCATION ASSOCIATION 12 DIST CENTRAL VA UNISERVE 1112645 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/2 % 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 33/6 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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. c Type III-Functionally integrated a 🗌 Type I b Type II e D 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 II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . Provide the following information about the organizations the organization supports. (iii) Type of organization (i) Name of supported (Iv) is the organization (v) Did you notify (vi) is the (vii) Amount of in col. (i) listed in your organization in col. organization the organization in support col. (1) of your above or IRC section governing document? (i) organized in the U.S.? (see instructions)) support? Yes No Yes No Yes

**Total** 

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1)	)(A)(vi) 
	tion A. Public Support						
Ca	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	83,906	70,991	104,227	79,803	84,654	423,581
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 lines 1-3 , , , ,	83,906	70,991	104,227	79,803	84,654	423,581
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.						423,581
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	83,906	70,991	104,227	79,803	84,654	423,581
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13	12	10	8	6	49
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 .						423,630
12	Gross receipts from related activities, etc	. (see instruction	ns)		1	12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	d, third, fourth,			n 501(c)(3) ► ☑
	tion C. Computation of Public Su				<u></u>		
14	Public support percentage for 2008 (line			l, column (f))		14	<u>%</u>
15	Public support percentage from 2007 Scl					15	<u> </u>
16a	33% % support test—2008. If the organization qualifies	as a publicly s	upported organ	nization			▶ 🛚
b	33%% support test-2007. If the organiz				and line 15 is 3	33% % or more,	
	box and stop here. The organization qua	•	• • •	•			▶ ∐
17a	10%-facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstances test 20 more, and the organization meets the "facts-and-circumstances test 20 more, and the organization meets the "facts-and-circumstances test 20 more, and the organization meets the "facts-and-circumstances test 20 more, and the organization meets the "facts-and-circumstances test 20 more, and the organization meets the "facts-and-circumstances test 20 more, and the organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" the organization meets the organization	acts-and-circum	nstances" test,	check this box a	and stop here.	Explain in Part	IV how the
ь 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum: inces" test. The	stances" test, o organization qua	check this box a alifies as a public	nd stop here. ly supported on	Explain in Part ganization	N how the

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

Sec	tion A. Public Support	e ale bex e.		<u>,</u>		· <del></del>		
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 20	008	f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include							<del></del>
2	any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							<del></del>
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	<del> </del>						
6	Total. Add lines 1-5		ļ	<del> </del>	<u> </u>	<b></b> -		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	<del> </del>						
-	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	Add lines 7a and 7b	ļ	<b></b>	<b></b>	ļ	ļ		<del></del>
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support			·				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	) <u>800</u>	(f) Total
9 10a	Amounts from line 6							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			<u> </u>		
14	First five years. If the Form 990 is for to organization, check this box and stop	here	<u></u>					
Sec	tion C. Computation of Public Su					<del>, , , , .</del>		
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S					15		<u>%</u> %
_	tion D. Computation of Investmen							
17	Investment income percentage for 200				column (f)) .	17		<u>%</u> %
18	Investment income percentage from 20					18	001.5	
19a	17 is not more than 331/2 %, check this b	ox and <b>stop h</b>	ere. The organ	ization qualifie	s as a publicly	supporte	ed organiz	zation 🕨 🗀
b	33%% support tests - 2007. If the organ line 18 is not more than 33%%, check this							
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and s	ee instru	ctions 🕨 🗌

	orm 990 or 990-EZ) 2008		Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see	Part II, line	e 10; isl
·	Tat ii, line 17a of 17b, of Fait iii, line 12. Floride any other additional information. (See	11134 401101	
NOT APPI	LICABLE		<b>-</b>
		<b></b>	