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990-EZ

Department of the Treasury Internal Revenue Service

SCANNED MAR 3 1 2010

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(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 \$500,000 and total
assets less than \$1,250,000 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

OMB No 1545-1150

2009

Open to Public Inspection

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

orm	990-EZ (2009)					Page Z
Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	1)		Expenses
<i>N</i> ha	t is the organization's primary exempt purpose?	see Schedule O statement 2				ured for section
Desc	501(c)(3) and 501(c)(4) organizations and section					
	ner, describe the services provided, the number o	of persons benefited, and o	other relevant info	rmation for		(a)(1) trusts, optional
each	program title				for ot	hers)
28	GRANT TO THE VIRGINIA COUNCIL ON ECONOMIC	EDUCATION TO BE USED TO	SUPPORT THE C	OSTS		
	OF PROVIDING WORKSHOP EDUCATION IN SEVER	AL AREAS OF THE STATE F	OR SCHOOL TEAC	HERS		
	WITH A FOCUS ON FINANCIAL LITERACY (
	(Grants \$ 22,000) If this amount	includes foreign grants, ch	eck here .	▶ □	28a	22,000
29						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	29a	
30						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	30a	
31	Other program services (attach schedule)			<u> </u>	100	
	, ,	includes foreign grants, che	eck here	▶ □	31a	
32	Total program service expenses (add lines 28a t			. Þ	32	22,000
	List of Officers, Directors, Trustees, and Key		ven if not compensa	ted. (See the		
		(b) Title and average	(c) Compensation	(d) Contributio	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
G W	LLIAM BEALE, UNION FIRST MARKET BANKSHAR	devoted to position	ontor o ,	dolorica compe	i sation	onici dilovaridos
	BOX 446, BOWLING GREEN, VA 22427-0446	CHAIRMAN, 1	o		0	0
	CE T WHITEHURST, VBA					
	COX RD, GLEN ALLEN, VA 23060	PRESIDENT, 2	o		0	0
	REY L BRUGH, VBA					
		TREASURER, 2	o		0	0
	COX RD, GLEN ALLEN, VA 23060		0			0
	EPH SPRUILL, VBA	SECRETARY, 1				
	COX RD, GLEN ALLEN, VA 23060		0		0	0
	NARD H CLINEBERG, CARDINAL BANK	DIRECTOR, 1			_	
	GREENSBORO DR, STE 500 MCLEAN, VA 22102		0		0	0
	ES C CHERRY	DIRECTOR, 1				
	BEACH RD, APT 221, VERO BEACH, FL 32963-3267	,	0		0	0
	IAM COUPER, BANK OF AMERICA	DIRECTOR, 1				
	15TH ST NW, DC1-701-10-01, WASH DC 20005-1001	,	0		0	0
	RICIA SATTERFIELD, VA ASSOC OF COMM BKS	DIRECTOR, 1				
7204	GLEN FOREST DR, STE 101, RICHMOND, VA 23226		0		0	0
WAL	TER C AYERS	DIRECTOR, 1				`
1864	AYERS ORCHARD RD, STUART, VA 24171-2560		0		0	0
J PE	TER CLEMENTS, THE BANK OF SOUTHSIDE VA	DIRECTOR, 1				
PO E	OX 40, CARSON, VA 23830-0040	DIRECTOR, I	0		0	0
CHA	RLES H MAJORS, AMERICAN NATL BANK & TRUST	DIRECTOR, 1				
PO E	OX 191, DANVILLE, VA 24543-0191	DIRECTOR, 1	0		0	0
H W	ATTS STEGER, III, BANK OF BOTETOURT	DIRECTOR 1				
PO E	OX 339, BUCHANAN, VA 24066-0339	DIRECTOR, 1	0		0	0
· · ·						
			[

Part	Other Information (Note the statement requirements in the instructions for Part V)			
_			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		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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 why the organization did not report the income on Form 990-T.	_		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		ļ
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities 39b	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		/
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			***************************************
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		Ī
41	List the states with which a copy of this return is filed. ► NONE			
42a	The organization's books are in care of ► STACY PUCKETT Telephone no. ► 8	304-64	3-746	9
b	Located at ► 4490 COX ROAD GLEN ALLEN, VA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority	230	060	
5	over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	Yes	No
	account)?	42b	1.00	1
	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.		- woman	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country.	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			→ □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	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		<u>√</u>
	For	n 990)-F7	(2009

Form **990-EZ** (2009)

Part.\	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charitab ritable trusts mus	le trusts only. A st answer questio	ll sec ns 46	tion 3–49b)
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete:		ies on behalf of o	r in opposition to	46	Yes	No ✓
48 49a b 50	Did the organization engage in lobbying activities is the organization a school as described in section Did the organization make any transfers to an exif "Yes," was the related organization a section 5 Complete this table for the organization's five hi	on 170(b)(1)(A)(II)? If "Yes," of sempt non-charitable relate 527 organization? ghest compensated emplo	complete Schedule ed organization? byees (other than o	officers, directors, t			✓ ✓ ✓ ✓
	employees) who each received more than \$100, (a) Name and address of each employee paid more than \$100,000	000 of compensation from (b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) acc	Expens count ar	nd
NONE	111411-00,000	devoted to position			Other	anowai	ices
		-					
							
							
f	Total number of other employees paid over \$100	D,000 ►	0	-			
	Complete this table for the organization's five I \$100,000 of compensation from the organization			ors who each rece	eived	more	than
NONE	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Con	npensat	lion
d	Total number of other independent contractors e	each receiving over \$100,0	00 -	0			
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration						
Sign Here	Signature of officer Date						
	JEFRREY L BROGH CFO Type or print name and title	·····		To	1 (0		
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	Der (266	instructi	ons)
Use Onl	rim s name (or		Elî Ph	one no ▶			
May the	IRS discuss this return with the preparer shown	above? See instructions		. ▶ 🗆	Yes	□N	0

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.



Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Internal Revenue Service Employer identification number Name of the organization **VBA Education Foundation** 20 4943021 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 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). 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 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 33% % 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 33/3 % 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). 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 d ☐ Type III-Other a Type I **b** Type II e Dy 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(ı) and (iii) below, the governing body of the supported organization? 11g(n) (ii) A family member of a person described in (i) above? 11g(in) (III) A 35% controlled entity of a person described in (I) or (II) above? Provide the following information about the supported organization(s) (iii) Type of organization (vi) Is the (vii) Amount of (i) Name of supported (a) EIN (iv) is the organization (v) Did you notify organization in col support organization (described on lines 1-9 in col (i) listed in your the organization in above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US2 Yes

Total

Part II Support Schedule for Organizations Described in Sections 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.) Section A. Public Support (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) > (a) 2005 (b) 2006 (e) 2009 Gifts, grants, contributions, and membership fees received (Do not 237,670 194,670 953.058 127,178 393,540 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 194,670 953,058 127,178 393,540 237,670 Total. Add lines 1 through 3 * 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 124,456 shown on line 11, column (f) Public support. Subtract line 5 from line 4 828,602 Section B. Total Support (c) 2007 (d) 2008 (e) 2009 (a) 2005 (b) 2006 (f) Total Calendar year (or fiscal year beginning in) 127,178 393,540 237,670 194,670 953,058 Amounts from line 4 . Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 75 11,076 9,324 (21,718)(1,243)sources . 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) 951,815 11 Total support. Add lines 7 through 10 . 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 % Public support percentage from 2008 Schedule A, Part II, line 14 16a 33%% support test-2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . b 33\% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% or more, check this .▶ 🔲 box and stop here. The organization qualifies as a publicly supported organization . . . 17a 10%-facts-and-circumstances test - 2009. 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. b 10%-facts-and-circumstances test - 2008. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨 🗌

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	dule A (Form 990 or 990-EZ) 2009 心皿 Support Schedule for Orga				a)(2)		Page 3
	(Complete only if you checke	ed the box o	n line 9 of Pa	rt I.)			·
	tion A. Public Support	(-) 0005	(L) 2000	(a) 2007	(d) 2008	(e) 2009	(f) Total
Ui	stendar year (or riscar year beginning in)	(a) 2005	(b) 2006	(c) 2007	(a) 2008	(e) 2009	(i) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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 through 5						
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 \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	 			T	T - 7 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b 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)						
13	Total support. (Add lines 9, 10c, 11, and 12)			 			504(1/2)
14	First five years. If the Form 990 is for organization, check this box and stop	here .	•	nd, third, fourt	n, or fifth tax y	ear as a secti	on 501(c)(3) ► □
Sec	tion C. Computation of Public Su				(0)	T T	
15	Public support percentage for 2009 (lin	ne 8, column (t) divided by lin	e 13, column	(T)) .	15	

Sec	tion C. Computation of Public Support Percentage		
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .	15	%
	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17 .	18	%
-	331/4 % support tests—2009. If the organization did not check the box on line 14, and line 15 is	more than 331/3	%, and line

17 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonup

b 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization \blacktriangleright Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >

Schedule A (Fi	orm 990 or 990-EZ) 20	09				Page 4
PartiV	Supplemental Part II, line 17a	Information. a or 17b, and	Complete this Part III, line 12	part to provide Provide any oth	the explanations require her additional information	d by Part II, line 10, See instructions
· · · · · · · · · · · · · · · · · · ·						
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				••••		
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		•••••				

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

▶ Attach to Form 990.



VBA EDUCATION FOUNDATION 20 4943021 STATEMENT 1-FORM 990 EZ PART I LINE 10 VIRGINIA COUNCIL ON ECONOMIC EDUCATION 22,000 301 W MAIN ST, BOX 844000 RICHMOND, VA 23284-4000 **TOTAL TO LINE 10** STATEMENT 2-FORM 990 EZ PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE IT IS THE MISSION OF THE VBA EDUCATION FOUNDATION TO ADVANCE PERSONAL FINANCIAL LITERACY ACCROSS THE COMMONWEALTH OF VIRGINIA.