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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable	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
Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite 5117 STRATFORD CHASE DRIVE		E Telephone number (757) 495-1434
Name change				
Initial return		City or town, state or country, and ZIP + 4 VIRGINIA BEACH, VA 23464		F Group Exemption Number
Terminated				
Amended return				
Application pending				

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

G Accounting method ☐ Cash ☒ Accrual
 Other (specify) ▶

I Website: N/A		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	71,467
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue	1	Contributions, gifts, grants, and similar amounts received		1	28,051
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	20,723
	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)	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	22,693	
	b	Less direct expenses other than fundraising expenses	6b	14,692	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	8,001	
	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	56,775		

[illegible]

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	33,255
	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	654,211
	20	Other changes in net assets or fund balances (attach explanation)	20	60,895
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	748,361

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 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	676,345	22 746,142
23	Land and buildings		23
24	Other assets (describe )	4,350	24 2,975
25	Total assets	680,695	25 749,117
26	Total liabilities (describe )	26,484	26 756
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	654,211	27 748,361

[illegible]

Part VOther 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	No
34	Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T		
a	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	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	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 outstanding at the end 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	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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	No
c	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 ▶ _____		
e	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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ ARLEN G EIDSON Telephone no ▶ (757) 495-1434 5117 STRATFORD CHASE DR Located at ▶ VIRGINIA BEACH, VA ZIP + 4 ▶ 23464		
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	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	No
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 ▶ 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 and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is 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				

50(f) Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each 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		2010-10-02 Date		
	ARLEN EIDSON, TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	CHARLES T SAUNDERS, CPA	Date 2010-10-02	Check if self-employed ☐	Preparer's identifying number (See instructions)
	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					

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization LIONS OF VIRGINIA FOUNDATION INC	Employer identification number 23-7321881
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Part I 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 **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).**
- 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).**
- 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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

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 supported organization(s)

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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		
b 33 1/3% support test—2008. 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		
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		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	40,097	34,721	32,515	40,206	28,051	175,590
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	24,980	24,055	23,011	22,486	22,963	117,495
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	65,077	58,776	55,526	62,692	51,014	293,085
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						293,085

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	65,077	58,776	55,526	62,692	51,014	293,085
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,647	21,453	20,520	20,978	20,723	103,321
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	19,647	21,453	20,520	20,978	20,723	103,321
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	406					406
13Total support (Add lines 9, 10c, 11 and 12.)	85,130	80,229	76,046	83,670	71,737	396,812
14First 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	☐					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	73.860 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	75.760 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	26.000 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	24.000 %
19a33 1/3% support tests—2009. 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	☐	
b33 1/3% support tests—2008. 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	☐	
20Private 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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

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.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☐

Mail solicitations

b

☐

Internet and e-mail solicitations

c

☐

Phone solicitations

d

☐

In-person solicitations

e

☐

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☐

Special fundraising events
- 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.

VA

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	(b) Event #2	(c) Other Events	(d) Total Events
		RAFFLE (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	22,661		22,661
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	22,661		22,661
Direct Expenses	4	Cash prizes	11,300		11,300
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	3,392		3,392
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			14,692
	11	Net income summary Combine lines 3, column d, and line 10. ▶			7,969

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))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No	☐ Yes _____ % ☒ No
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
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		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► ARLEN G EIDSON			
Address ► 5117 STRATFORD CHASE DR VIRGINIA BEACH, VA 23464			
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 ►			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	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 2009 Compensation Explanation

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

Person Name	Explanation
DON COLLEY	
PHILIP W SCHRACK	
BARBARA SENECAI	
ARLEN G EIDSON	
JAMES ALEXANDER	
FRANK CARLOMAGNO	
WILLIAM WINTERS	
DICK KNOX	
RAY TEMPLIN	
HARRY PARKER	
BILL HADDEN	
CHET KRAMER	
JESSIE GARRETT	
DONALD RIFE	
JOHN REDDEN	
LOTTIE HOUSE	
MELVIN CHAMBLESS JR	
CARL TOLLEY	
CAROLYN MESSINER	
JANICE BOWLING	
SHERRY ATWOOD	
JAMES OGLESBY	
DANIEL BOWLING	
JOSEPH HANNERMANN	
CLAYTON SENECAI	
MIGUEL VALENCIA	
ROBERT HEMM	
RICHARD CHAFFIN	
JOSEPH MCCAFFREY	
ROY D WILSON	
ROY ROTENBERRY	
WAYNE DAVIS	

TY 2009 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	BEDFORD CO VA PARKS & REC
Donee's Address	122 E MAIN STREET STE 202 BEDRORD CO, VA 24523
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	2
Class of Activity	GRANT
Donee's Name	ROCKBRIDGE AREA FREE CLINIC
Donee's Address	25 NORTHRIDGE LANE LEXINGTON, VA 244503399
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

TY 2009 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	4,350	2,975
	4,350	2,975

TY 2009 Other Changes in Net Assets Schedule

Name: LIONS OF VIRGINIA FOUNDATION INC

EIN: 23-7321881

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	60,895

TY 2009 Other Expenses Schedule

Name: LIONS OF VIRGINIA FOUNDATION INC

EIN: 23-7321881

Description	Amount
EXPENSES	
SUPPLIES	2,573
CORPORATE REGISTRATION	25
SURETY BOND	500

TY 2009 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	756
	26,484	756

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
DON COLLEY🗑 2515 COMMONWEALTH DR CHARLOTTESVILLE,VA 229011442	PRESIDENT 0	0		
PHILIP W SCHRACK🗑 3568 SUTHERLAND COURT WARRENTON,VA 201873971	1ST V/P 0	0		
BARBARA SENECA🗑 4241 MANCHESTER ROAD PORTSMOUTH,VA 237034816	SECRETARY 0	0		
ARLEN G EIDSON🗑 5117 STRATFORD CHASE DRIVE VIRGINIA BEACH,VA 234645530	TREASURER 0	0		
JAMES ALEXANDER🗑 44 BOULDER DRIVE STAFFORD,VA 22554	DIRECTOR 0	0		
FRANK CARLOMAGNO🗑 1540 WARMINSTER DR MIDLOTHIAN,VA 23113	DIRECTOR 0	0		
WILLIAM WINTERS🗑 206 YARDLEY SQUARE STAUNTON,VA 24401	DIRECTOR 0	0		
DICK KNOX🗑 1117 PLANTATION LAKE CIRCLE CHESAPEAKE,VA 23320	DIRECTOR 0	0		
RAY TEMPLIN🗑 PO BOX 258 HONAKER,VA 24260	DIRECTOR 0	0		
HARRY PARKER🗑 8701 BRAEBURN DR ANNANDALE,VA 22003	DIRECTOR 0	0		
BILL HADDEN🗑 300 BEVERLY HILLS CIRCLE LYNCHBURG,VA 24502	DIRECTOR 0	0		
CHET KRAMER🗑 3803 E PAMUNKEY RIVER REACH PORTSMOUTH,VA 23702	DIRECTOR 0	0		
JESSIE GARRETT🗑 769 LAKESHORE TERRACE DR HARDY,VA 24101	DIRECTOR 0	0		
DONALD RIFE🗑 E MAIN ST 113 BEULAH LANCE CLINTWOOD,VA 24228	DIRECTOR 0	0		
JOHN REDDEN🗑 11296 MANSFIELD CLUB DR FREDERICKSBURG,VA 22408	DIRECTOR 0	0		
LOTTIE HOUSE🗑 2961 ROLLINGWOOD ROAD PETERSBURG,VA 23805	DIRECTOR 0	0		
MELVIN CHAMBLESS JR🗑 706 HIGH STREET PEARISBURG,VA 24134	DIRECTOR 0	0		
CARL TOLLEY🗑 PO BOX 542 RURAL RETREAT,VA 24368	DIRECTOR 0	0		
CAROLYN MESSINER🗑 10906 NEWLANDS AVE RICHMOND,VA 23233	DIRECTOR 0	0		
JANICE BOWLING🗑 PO BOX 39 NORTH TAZEWELL,VA 24630	DIRECTOR 0	0		
SHERRY ATWOOD🗑 10213 OLD MYRTLE ROAD CARRSVILLE,VA 23315	DIRECTOR 0	0		
JAMES OGLESBY🗑 4524 THREE PINES LANE VIRGINIA BEACH,VA 23457	DIRECTOR 0	0		
DANIEL BOWLING🗑 PO BOX 39 NORTH TAZEWELL,VA 24630	DIRECTOR 0	0		
JOSEPH HANNERMANN🗑 103 WESTMINSTER RD CHARLOTTESVILLE,VA 22901	DIRECTOR 0	0		
CLAYTON SENECA🗑 4241 MANCHESTER RD PORTSMOUTH,VA 23703	DIRECTOR 0	0		
MIGUEL VALENCIA🗑 6253 BREN MAR DR ALEXANDERIA,VA 22312	DIRECTOR 0	0		
ROBERT HEMM🗑 8218 DABNEY AVE SPRINGFIELD,VA 23805	DIRECTOR 0	0		
RICHARD CHAFFIN🗑 1896 TABERNACLE LANE FOREST,VA 24551	DIRECTOR 0	0		
JOSEPH MCCAFFREY🗑 14745 LOREN DR CHESTER,VA 23836	DIRECTOR 0	0		
ROY D WILSON🗑 6213 SETTLERS TRAIL PLACE GAINESVILLE,VA 20155	DIRECTOR 0	0		
ROY ROTENBERRY🗑 1445 GUTHRIE RD STAUNTON,VA 24401	DIRECTOR 0	0		
WAYNE DAVIS🗑 117 LAUREL HILL DR STEPHENS CITY,VA 22655	DIRECTOR 0	0		