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RETURN EXTENDED TO MAY 15, 2011

### **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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u>A I</u>	or the	e 2009 calendar year, or tax year beginning OCT 1, 2009 and ending	<u>SEP 30, 2010</u>	
В	Check if applicable	Please use IRS	D Employer identifi	cation number
	Addre	Iss label or KITD CTNTA TAGE EQUINDATION		
_	Name chang	type	─ <del> </del> 51-0	198088
	initial return	See M. A. A. A. A. A. A. A. D. O. Deut of read to not delivered to street address. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
F	Termil	Chanifol		648-0112
	Amen	ded tions Character and ZID 4	G Gross receipts \$	9,266,477.
	Application	RICHMOND, VA 23219	H(a) Is this a group re	
	pendi	F Name and address of principal officer DAVID P. BOBZIEN	for affiliates?	Yes X No
		600 E. MAIN STREET, SUITE 2040, RICHMOND,	<u>VA</u> H(b) Are all affiliates inc	cluded? Yes No
		empt status: X 501(c) ( 3 ) ◀ (insert no.)	If "No," attach a	list. (see instructions)
		te: > WWW.VIRGINIALAWFOUNDATION.ORG	H(c) Group exemption	
			ear of formation: 1974	M State of legal domicile: VA
P	art I	Summary	DIII D. O.	
e S	1	Briefly describe the organization's mission or most significant activities SEE SCHE	DOPE O	
Activities & Governance		Charlette have been been described as a described of a	nove than OEO/ of the not of	
Veri		Check this box if the organization discontinued its operations or disposed of n Number of voting members of the governing body (Part VI, line 1a)	nore than 25% of its het as	18
ဗိ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
<b>ජ</b>		Total number of employees (Part V, line 2a)	5	59
jtie.	6	Total number of volunteers (estimate if necessary)	6	635
ţ	7a	Total grossufficate dusiness revenue from Part VIII, column (C), line 12	7a	0.
	ь	Net prirelated business taxabie income from Form 990-T, line 34	7b	0.
201		(S) MAR 2 1 2011 (S)	Prior Year	Current Year
	8	Contributions and grants (Part VIII) line 1h)	52,651.	40,859.
e e	9	Prog <del>ram service revenue (Part VIII,</del> line 2g)	4,680,460.	3,915,570.
APR 0 6 Revenue	10	Investment (Parl VIII, column (A), lines 3, 4, and 7d)	-712,169.	
AF.	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	793,062.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,814,004.	
SCANNED Expenses	[	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	256,913.	192,745.
Z,	i .	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,096,705.	
Ses	1	Professional fundraising fees (Part IX, column (A), line 11e)	2,292,776. 44,930.	2,030,703.
	1	Total fundraising expenses (Part IX, column (D), line 25) 7,112.		
e, m	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,503,072.	2,801,083.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,097,691.	5,090,533.
		Revenue less expenses. Subtract line 18 from line 12	-1,283,687.	152,932.
s or			Beginning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)	14,716,967.	15,120,616.
Net A		Total liabilities (Part X, line 26)	1,668,234.	1,557,574.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	13,048,733.	13,563,042.
[F	ar t ii		ents, and to the best of my knowled	ge and belief it is true, correct
		and complete Dear attorn of preparer (off a transfer of the study in all information of which preparer has any knowle		• • • • • • • • • • • • • • • • • • •
Sig	n	Land Oken	3- <i>/6</i>	5 · //
Her		Signature of officer	Date	
		DAVID P. BOBZIEN , PRESIDENT		
		Type or print name and title		
Paid	4	Preparer's Date Date		er's identifying number structions)
	- parer's	signature Lesefu Lihman CPA 2.28.11	employed >	
	Only	Firm's name (or HANTZMON WIEBEL LLP, CPA'S yours if	EIN ▶	
	-	self-employed), address, and CHARLOTTE SYLLING ST., P.O. BOX 1408	•	1211206 2166
	y the !	ZIP+4 CHARLOTTESVILLE, VA 22902  RS discuss this return with the preparer shown above? (see instructions)	rnone no. ► (	434)296-2156 X Yes No
	01 02-0		instructions.	Form <b>990</b> (2009)

932002 02-04-10 Part IV Checklist of Required Schedules

			Yes	No
1 ls1	the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	"Yes," complete Schedule A	1	X	
2 ls 1	the organization required to complete Schedule B, Schedule of Contributors?	2		X
	d the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	ublic office? If "Yes," complete Schedule C, Part I	3		Х
•	ection 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
	ection 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	porting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
	d the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	rovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
-	d the organization receive or hold a conservation easement, including easements to preserve open space,			
	e environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	id the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
		8		х
	chedule D, Part III	<u> </u>		
	redit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
		3		
	id the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		х
	"Yes," complete Schedule D, Part V	10		
	the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	44	х	
	s applicable	11	Λ	
	id the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	art VI.			
	id the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	ssets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	id the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	ssets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	id the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	art X, line 16? If "Yes," complete Schedule D, Part IX.			
	id the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	id the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	ne organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
	id the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	chedule D, Parts XI, XII, and XIII.	12	X	
	/as the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	"Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
	the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	id the organization maintain an office, employees, or agents outside of the United States?	14a		X
	d the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			,,
	nd program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
	did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			٠,,
	r entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
	did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	ocated outside the United States? If "Yes," complete Schedule F, Part III	16		X
	nd the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	olumn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		X
	old the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			l <u>.</u> _
	c and 8a? If "Yes," complete Schedule G, Part II	18		X
<b>19</b> Di	old the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l
00			1	X
	omplete Schedule G, Part III  od the organization operate one or more hospitals? If "Yes," complete Schedule H	19		X

Form **990** (2009)

Form 990 (2009) VIRGINIA LAW FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ļ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			l
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			i
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			İ
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		_X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
_		Form	990 (	2009)

Form 990 (2009) VIRGINIA LAW FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	US Information Returns Enter -0- if not applicable 1a 21			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 59			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a_		<u> X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
b	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.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited		:	
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_		7.
	provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<b>-</b> -		v
	to file Form 8282?	7с		<u> </u>
	<b>,</b>			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		$\frac{\mathbf{x}}{\mathbf{x}}$
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
y h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
_	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	<b>990</b> (	2009)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Sec	tion A. Governing Body and Management					1	
		ı	1	ام م		Yes	No
1a	Enter the number of voting members of the governing body	_1a		18			
b	Enter the number of voting members that are independent	1b	L	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	}			
	officer, director, trustee, or key employee?			. }	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision	ļ			
	of officers, directors or trustees, or key employees to a management company or other person?			-	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	.	4		_X_
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		1	5		<u>X</u>
6	Does the organization have members or stockholders?				6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the	l			
	governing body?			L	7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons'	? .	Į	7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year				
	by the following						
а	The governing body?	_			8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the	[			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenu	ie Code.)				
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			[	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ters, affiliates,	ſ			
	and branches to ensure their operations are consistent with those of the organization?			-	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling th	ne form?	ſ	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-		- [			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			·	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	 uld giv	e rise	Ī			
_	to conflicts?	Ū		ŀ	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes."	descnbe	Ī			
·	in Schedule O how this is done	•			12c	Х	
13	Does the organization have a written whistleblower policy?		•	ľ	13	Х	
14	Does the organization have a written document retention and destruction policy?	•		Ì	14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent	İ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•				
а	The organization's CEO, Executive Director, or top management official				15a	X	
h	Other officers or key employees of the organization		• •• •	İ	15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			Ī			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	its participation	, [			
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org			ł			
	exempt status with respect to such arrangements?			. [	16b		
Sec	tion C. Disclosure	•		•			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					_	_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) ava	ulable	for		
.0	public inspection indicate how you make these available. Check all that apply.	. (00)	(0)(0)0 0,,				
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest not	icv an	d fina	ncial	
13	statements available to the public.		. J	, cii	Ia		
20	State the name, physical address, and telephone number of the person who possesses the books a	nd re	cords of the ora	anızət	ion 🕨	•	
20	SHARON TATUM - 804-643-6340 648-0112		oras or the org	الما الكولا			
	600 E. MAIN STREET, SUITE 2040, RICHMOND, VA 2321	9					
	OU D. IMILI DINDDI, DOTID 4040, MICHMOND, VA 2321		<del>-</del> -		Form	990	(2009)

932006 02-04-10

51-0198088

#### Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee "

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		Position (check all that apply)					Reportable	Reportable	Estimated
	hours	(ct	neck	all	that	app	ly) '	compensation from	compensation from related	amount of other
	per week	ndividual trustee or director						the	organizations	compensation
	, was a	or dir	98			Highest compensated employee		organization	(W-2/1099-MISC)	from the
		rustee	Institutional trustee		92/	mpen:		(W-2/1099-MISC)		organization
		idualt	uttona	<u> </u>	Key employee	est co	   =			and related
		Indiv	Instit	Officer	Keye	Hgh	Former			organizations
HOWARD C. MCELROY								İ		
FELLOWS COUNCIL CHAIR	2.00	X				_		0.	0.	0.
JAMES L. BANKS, JR.										_
DIRECTOR	2.00	X				_		0.	0.	0.
ANGELICA D. LIGHT									_	_
DIRECTOR	2.00	X				<u> </u>		0.	0.	0.
J. PAGE WILLIAMS					1				_	_
DIRECTOR	2.00	X				L		0.	0.	0.
SHARON K. TATUM									_	
ASST TREASURER & EXEC DIR	40.00	X		X		ļ	L	81,279.	0.	14,177.
FRANK A. THOMAS, III						1			_	_
VICE-PRESIDENI'	3.00	X	l	X			L	0.	0.	0.
RODERICK B. MATTHEWS			ļ					_	_	_
DIRECTOR	2.00	X	<u> </u>	ļ	ļ	ļ		0.	0.	0.
THOMAS P. CALLAHAN							l		_	_
VICE-PRESIDENT	2.00	X				ļ		0.	0.	0.
JEANNE F. FRANKLIN							1			
DIRECTOR	4.00	X		_	<u> </u>	<u> </u>		0.	0.	0.
MARY ANN DELANO										
IMMEDIATE-PAST PRESIDENT	3.00	X	ļ	X		<u> </u>	ļ	0.	0.	0.
ANTONY F. TROY		l								
DIRECTOR	2.00	X	_			├-	-	0.	0.	0.
WHITTINGTON W. CLEMENT	2 00	l <u></u>					}			
PRESIDENT	3.00	X	-	X	-	┢	-	0.	0.	0.
MONICA TAYLOR MONDAY							l			
DIRECTOR	2.00	X	├			-	-	0.	0.	0.
GUY K. TOWER	1 2 22			,,						١
SECRETARY	2.00	X	_	X		-	<u> </u>	0.	0.	0.
E. FORD STEPHENS	2 00	٦,							_	
CLE CHAIRMAN	3.00	X.	-			$\vdash$	$\vdash$	0.	0.	0.
DAVID P. BOBZIEN	2 00	٦.		,,					_	
PRESIDENT-ELECT	2.00	<del> </del> ▲	-	X	<del> </del> —	┼	⊢	0.	0.	0.
MANUEL A. CAPSALIS	2 00	7.							_	
DIRECTOR	2.00	X		L	L	<u> </u>	<u> </u>	0.	0.	0.
932007 02-04-10										Form <b>990</b> (2009)

Part VIII Section A. Officers, Directors, Tru	stees, Key Er	mplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A)	(B) (C)							(D)	(E)			(F)	
Name and title	Average	Position (check all that apply)						Reportable	Reportable		i -	timate	
	hours per week	ndividual trustee or director	institutional frustee	c all 1		Highest compensated demonstrated		compensation from the organization (W-2/1099-MISC)	compensatio from related organizations (W-2/1099-MIS	S	com fi org	nount other pensa om th anizat d relat	ition e ion
		Individ	Institut	Officer	Key em	Highes emplo	Former				org	anızatı	ons ——–
KATHY MAYS COLEMAN DIRECTOR/LAY	3.00	x						0.		0.			0.
KAREN A. GOULD													
TREASURER	2.00	X		X				0.		0.			0.
JEFFREY H. GRAY						İ							_
DIRECTOR	2.00	X		<u> </u>	_	┞	<u> </u>	0.		0.			0.
JAMES V. MEATH	2 00	\ -						0.		0.			Λ
DIRECTOR G. MICHAEL PACE, JR.	2.00	X	-			+		0.		0.			0.
DIRECTOR	2.00	x		}				0.		0.			0.
GARY L. WILBERT			T			<b>†</b>			11	-			
EXECUTIVE DIRECTOR	40.00	<u> </u>	_	х		<u> </u>		147,670.		0.	1	0,3	<u>45.</u>
EDWIN JACKSON PUBLICAT DIR	40.00		<u> </u>			x		105,028.		0.		9,3	06.
				!									
	<u> </u>	$\vdash$			_	-					-		
		<u> </u>				Ļ		222 077				2 0	20
<ul><li>1b Total</li><li>2 Total number of individuals (including but n</li></ul>	- 4 lunciè - d' 4 - 4l		links		<b>L</b> a	<u> </u>		333,977.	1,000 in reportable	0.	3	3,0	28.
2 Total number of individuals (including but n compensation from the organization	ot ilmited to tr	iose	IISLE	eu ai	DOV	e) wi	10 16	eceived more than \$100	,000 in reportable	<del>u</del>			2
Somponoation non-the organization	<del>.</del>							· · ·				Yes	No
3 Did the organization list any former officer, line 1a? If "Yes." complete Schedule J for s			, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on		3		Х
4 For any individual listed on line 1a, is the su	ım of reportab	le co							the organization	٠			- 22
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched				TOIT	any	y uni	eiai	led organization for serv	ices rendered to		5		Х
Section B. Independent Contractors	dic o ioi sucii	pers	.011										
Complete this table for your five highest co the organization NONE	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation	from	
(A)								(B)			(	C)	
Name and business	address						_	Description of s	ervices	С		nsatio	n
	·-												
2 Total number of independent contractors (i \$100,000 in compensation from the organic		not li	mıte	d to		se li O	stec	d above) who received n	nore than				
								*****			Form	990 (	2009)

	1 990 (			FOUNDATI	ON	,	<u> 21-0198</u>	088 Page 9
Pa	rt VII	I Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	its, and ove 1f	40,859.	40.050			
Program Service C Revenue	2 a b c d	Total, Add lines 1a-1f  EDUCATIONAL SEM		Business Code 900099	40,859. 3,915,570.	3,915,570.		
Progr	e f				3,915,570.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tall Royalties	·	<b>•</b>	292,382.			292,382.
	6 a b c	Less rental expenses Rental income or (loss)	(I) near	(ii) Feisorial				
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities 4082221. 3784955. 297,266.		297.266.			297,266.
Other Revenue	8 a	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See a	11,625.				
_	9 a b	Gross income from gaming act Part IV, line 19	ctivities. See a b		-4,665.			<u>-4,665.</u>
	10 a b	Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale	returns a b	886,804. 221,767.	665,037.	665,037.		
	11 a b	Miscellaneous Revenu MISCELLANEOUS	ie	Business Code 900099				
	c d e 12	All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.		<b>&gt;</b>	37,016. 5,243,465.	4,617,623.	0.	584,983.
93200	) <del>9</del>							Form <b>990</b> (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp			ete columns (B), (C), and (C)	(D). (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	192,745.	192,745.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				<del></del>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	413,394.	320,547.	92,847.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,239,293.	1,212,886.	26,407.	
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	103,134.	99,505.	3,629.	
9	Other employee benefits	241,023.	223,279.	17,744.	
10	Payroll taxes	99,861.	99,861.		
11	Fees for services (non-employees):		22,0020		
	Management				
		110.	110.		
	Legal	17,500.	13,125.	4,375.	
	Accounting		10,120.	= 1313.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	62,405.	62,405.		
f	Investment management fees	6,980.	6,980.		
g	Other	115,704.	115,704.		·
12	Advertising and promotion .	115,704.	113,704.		
13	Office expenses	E4 (E2)	E4 (E)	-	
14	Information technology	54,652.	54,652.		
15	Royalties _	60 903	26 001	22 022	
16	Occupancy	60,803.	36,881.	23,922. 13,719.	
17	Travel	30,123.	16,404.	13,719.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10 500	10 500		
20	Interest	19,723.	19,723.		·
21	Payments to affiliates .	160 060	156 205	4 555	
22	Depreciation, depletion, and amortization	160,862.	156,307.	4,555.	
23	Insurance	32,214.	25,929.	6,285.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	COMPTION OF OUR DROOPANG	1,640,275.	1,640,275.		
b	BANK AND CREDIT CARD FE	141,995.	141,279.	716.	
С	A DANIDONDADAM T OCC	130,872.	130,872.		
đ	OTHER OPERATING EXPENSE	85,251.	47,887.	30,252.	7,112
e	COODDING MOD MADENICEC	71,178.	71,178.		
_	All other expenses	170,436.	161,483.	8,953.	
25	Total functional expenses. Add lines 1 through 24f	5,090,533.	4,850,017.	233,404.	7,112
26	Joint costs. Check here   If following			,	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	oddodaonar odrinpaign and fortataloning obilotation		<del></del>	<del></del>	Form <b>990</b> (2009)

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Form 990 (2009) '

Par	t X	Balance Sheet			· · · · · · · · · · · · · · · · · · ·
_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,088,312.	2	1,924,643.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	115,916.	4	66,417.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
y,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	341,250.	8	292,925.
As	9	Prepaid expenses and deferred charges	148,329.		204,184.
		Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 3,124,	512.		
	ь	Less accumulated depreciation 10b 1,352,		10c	1,772,177.
	11	Investments - publicly traded securities	7,480,514.		8,700,720.
	12	Investments - other securities. See Part IV, line 11	2,496,338.		2,147,468.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	17,080.	•	12,082
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,716,967.		15,120,616
	17	Accounts payable and accrued expenses	420,233.		318,627
	18	Grants payable	205,897.	_	113,300
	19	Deferred revenue	467,227.		719,188
	20	Tax-exempt bond liabilities		20	
ທ	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>i</u>	22	Payables to current and former officers, directors, trustees, key employe	es.		
Liabilities	_	highest compensated employees, and disqualified persons Complete Pa			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	574,877		406,459.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,668,234	26	1,557,574.
		Organizations that follow SFAS 117, check here	lete		•
ø,		lines 27 through 29, and lines 33 and 34.			
DC.	27	Unrestricted net assets	3,564,577	27	3,576,203.
ala	28	Temporarily restricted net assets	9,484,156		9,986,839.
g p	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117, check here	nd		•
o.		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	13,048,733		13,563,042.
	34	Total liabilities and net assets/fund balances	14,716,967		15,120,616.

Form **990** (2009)

Pa	rt XI   Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	<b>990</b> (	2009)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

**Public Charity Status and Public Support** 

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number

		VIRGINI		51-0198088									
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	) See inst	ructions					
he organ			because it is: (For lines 1 s, or association of church						-				
2 🗀	A school des	cribed in section 17	<b>70(b)(1)(A)(ii).</b> (Attach Scl	hedule E)									
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)(	A)(iii).						
4	A medical res	-	operated in conjunction	with a hos	pıtal descr	nbed in se	ction 170	(b)(1)(A)(iii	i). Enter th	ne hospital	's nam	ne,	
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.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
6 🔲	A federal, sta	ite, or local governm	ent or governmental unit	described	d in sectio	n 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.)												
в 🔲	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9 X	· · · · · · · · · · · · · · · · · · ·												
	_	-	nctions - subject to certa										
			axable income (less sect										
	See section	509(a)(2). (Complete	e Part III.)										
10	An organizati	on organized and o	perated exclusively to tes	st for publ	ıc safety S	ee sectio	n 509(a)(4	<b>l).</b>					
11 🔲	_	-	perated exclusively for th									or	
			ations described in section				). See <b>se</b> c	tion 509(a	a)(3). Che	ck the box	that		
			organization and comple										
	a L Type I		<del>-</del> /,		e III - Func	-	_			Type III - 0			
e 🗀			at the organization is not									ın	
			than one or more publicly						9(a)(1) or s	section 509	9(a)(2).		
f			tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
		rganization, check ti				fram an.	of the fall		2000		•	ш	
g			organization accepted an directly controls, either ale								Yes	No	
			upported organization?	one or tog	eniei wini	persons d	iescribeu i	ii (ii) ai lu (i	iii) Delow,	11g(i)	163	110	
			n described in (i) above?	• •						11g(ii)		<u> </u>	
		•	a person described in (i) o		2				•	11g(iii)			
h			about the supported org			•				(119(11)	1	L	
h	1 TOVIGE CITE I	ollowing information	about the supported of	gameaton	(0)								
	of supported anization	(ii) EIN	above of IRC section	in col. (i) li:	organization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S.	on in col.	( <b>vii)</b> An sup	nount o	of	
	· ·		(see instructions))	Yes	No	Yes	No	Yes	No				
				<del> </del>				<b></b>					
	<u> </u>				<del> </del>		-						
								-					
Γotal													

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)				
Sec	tion A. Public Support		• • •				
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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 organ-						
	ızatıon'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,		1				
	column (f)					ļ	<del></del>
	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>	<u> </u>	<u></u>	1	
	ction B. Total Support	г	1		1	1	
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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 Do not include gain						
	or loss from the sale of capital					1	
	assets (Explain in Part IV)		<del> </del>			+	
11	-	L <del>. ,</del>	L		<u> </u>	+	L
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is fo		s tirst, secona, thi	ra, tourth, or titth t	ax year as a secti	on 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ		rcentage				
	Public support percentage for 2009 (			column (fl)		14	%
15		• • • • • • • • • • • • • • • • • • • •	•	column (i)) .		15	
	33 1/3% support test - 2009.If the o	•		n line 13, and line	14 is 33 1/3% or r		
100	stop here. The organization qualifies	=			111000 17070 011	more, enteen and be	▶□
,	33 1/3% support test - 2008. If the o		_		l line 15 is 33 1/3%	6 or more, check th	is box
•	and stop here. The organization qual					o or more, erreen a	<b>▶</b> □
17:	10% -facts-and-circumstances tes				 e 13. 16a. or 16b.	and line 14 is 10%	or more.
.,,	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					antity from the engage	<b>▶</b> □
	10% -facts-and-circumstances tes	-	•		_	17a, and line 15 is	10% or
	more, and if the organization meets to	-					
	organization meets the "facts-and-cire				=		<b>▶</b> □
18	Private foundation. If the organization		_				ıs 🖟 🦳
				, , , , , , , , , , , , , , , , , , , ,		edule A (Form 990	

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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.) 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 72,264 52,651 40,859. 305,904. 26,056. 114,074. 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 5959185. 5819791. 4813997.28840144. 6186396. 6060775. 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 6174849. 6031449. 5872442. 4854856.29146048. 6212452. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 0. c Add lines 7a and 7b 29146048. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total 4854856.29146048. 6212452. 6174849. 6031449. 5872442. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 444,028. 625,635. 596,001. 380,140 292,382 2338186. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 292,382. 596,001. 380,140. 2338186. 625,635. c Add lines 10a and 10b 444,028. 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 37,016. 32,770. 14,937. 31,269. 6,283. assets (Explain in Part IV) 6689250 6815421 6658719. 6258865. 5184254.31606509. 13 Total support (Add lines 9, 10c, 11, and 12) 14 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 92.22 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 92.45 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 7.40 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 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  $\triangleright [X]$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

b 33 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

VIRCINIA LAW FOIDDATION

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise		Other Similar Eur	de er Accour	51-0198088
[ a			Other Similar Full	ius of Accoun	its. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin			0.75	
		(a) Dor	or advised funds	(b) Fund:	s and other accounts
1	Total number at end of year	<u>-</u>			
2	Aggregate contributions to (during year)		·-··-		<del></del>
3	Aggregate grants from (during year)				<del></del>
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the	assets held in donor ac	dvised funds	
	are the organization's property, subject to the organization's	_			Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writi	ng that grant funds can	be used only	
	for charitable purposes and not for the benefit of the donor of	or donor adviso	r, or for any other purpo	se conferring	
	impermissible private benefit?				Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization ansv	vered "Yes" to Form 990	0, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	ion (check all th	at apply).		
	Preservation of land for public use (e.g., recreation or p	pleasure)	Preservation of an	historically import	tant land area
	Protection of natural habitat		Preservation of a c	ertified historic st	ructure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation	on contribution in the fo	m of a conservati	on easement on the last
	day of the tax year.				
				<u> </u>	leld at the End of the Tax Year
а	Total number of conservation easements .			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic str	ructure included	d in (a)	. 2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06		2d	
3	Number of conservation easements modified, transferred, re	leased, extingu	shed, or terminated by	the organization of	during the tax
	year >		•	J	· ·
4	Number of states where property subject to conservation ea	sement is locat	ed ▶		
5	Does the organization have a written policy regarding the per			— of	
	violations, and enforcement of the conservation easements				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		conservation easement	s during the vear I	
7	Amount of expenses incurred in monitoring, inspecting, and	_			<u> </u>
8	Does each conservation easement reported on line 2(d) above				
_	and section 170(h)(4)(B)(ii)?		4		Yes No
9	In Part XIV, describe how the organization reports conservat	on easements	in its revenue and expe	nse statement, an	
	include, if applicable, the text of the footnote to the organization		•		
	conservation easements				······································
Pai	rt III Organizations Maintaining Collections o	f Art, Histor	rical Treasures, or	Other Similar	r Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, lir	ne 8.		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its	s revenue statement and	d balance sheet w	orks of art, historical
	treasures, or other similar assets held for public exhibition, e				
	the footnote to its financial statements that describes these			,, <b>,</b>	
b	If the organization elected, as permitted under SFAS 116, to		enue statement and ba	lance sheet works	of art historical treasures
_	or other similar assets held for public exhibition, education, of				
	these items:			noo, provido ano re	moving amounts rolating to
	(i) Revenues included in Form 990, Part VIII, line 1			• •	
	(ii) Assets included in Form 990, Part X			<b>→</b> •	
2	If the organization received or held works of art, historical tre	asures or othe	r similar assets for finan		
_	the following amounts required to be reported under SFAS 1			iciai yairi, provide	
•	Revenues included in Form 990, Part VIII, line 1	TO TEIRING IO II	1636 1161115.	▶ •	
a h	Assets included in Form 990, Part X		• ••	<b>~</b> 3.	
D	Asserts included in Form 330, Fall A			▶ \$	

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

ee Form 990, Part X, line 12.		-411	·
(b) Book value			
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		<del></del>	
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072 510			
772,317.	END OF TEAK	HARRET	VALOI
2,147,468.	-		· · · · · · · · · · · · · · · · · · ·
See Form 990, Part X, line 13		nahad af ualua	
(b) Book value			
		····-	
	· · · · · · · · · · · · · · · · · · ·		
ı) Description			(b) Book value
			·- ·- ·
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	·····	-	
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<u>ne 15)</u>		<u> </u>	<del>- ·</del>
	(h) Amount		
	(b) Amount		
	92,137. 1,082,812. 972,519. 2,147,468. See Form 990, Part X, line 13	(c) M Cost or end	(e) Method of valua Cost or end-of-year mark  92,137. END-OF-YEAR MARKET  1,082,812. END-OF-YEAR MARKET  972,519. END-OF-YEAR MARKET  2,147,468. See Form 990, Part X, line 13.  (b) Book value Cost or end-of-year mark  (c) Method of valua Cost or end-of-year mark  10 Description

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053 02-01-10

	dule D (Form 990) 2009 VIRGINIA LAW FOUNDATION				Ulyougo Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Fi	nanciai State	ment	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		5,243,465.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		5,090,533.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		152,932.
4	Net unrealized gains (losses) on investments		4		361,377.
5	Donated services and use of facilities	•	5		
6	Investment expenses		6		
7	Pnor period adjustments		7		
8	Other (Describe in Part XIV.)	•••	8	_	
9	Total adjustments (net) Add lines 4 through 8		9		361,377.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10		514,309.
Pai	t XII Reconciliation of Revenue per Audited Financial Stater	nents With R	evenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements			1	5,842,899.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			1	
а	Net unrealized gains on investments	2a	361,377.	İ	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	. 2c		İ	
d	Other (Describe in Part XIV.)	2d	238,057.		
е	Add lines 2a through 2d			2e	599,434.
3	Subtract line 2e from line 1			3	5,243,465.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	••••		5	5,243,465.
Pa	rt XIII Reconciliation of Expenses per Audited Financial State	ments With E	Expenses per	Retu	rn
1	Total expenses and losses per audited financial statements			1	5,328,590.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			Ì	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c	_		
d	Other (Describe in Part XIV.)	2d	238,057.		
e	Add lines 2a through 2d			2e	238,057.
3	Subtract line 2e from line 1			3	5,090,533.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		·		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b	<u> </u>		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,090,533.
Pa	rt XIV Supplemental Information		•		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	rt III, lines 1a and	4; Part IV, lines 1	b and 2	2b; Part V, line 4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co	mplete this part t	o provide any add	ditional	ınformation
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:				<del></del>
CO	ST OF SALES REPORTED AS CONDUCT OF INSTIT	UTES AND	PROGRAMS	ON	
no.	OV. 0.21767				
BO	DKS: 221767.				
CDI	ECIAL EVENT EXPENSES REPORTED AS FELLOWS	EXPENSE (	ON BOOKS.	16	290
SF.	SCIAL EVENT ENFEMBED RELOKIED AD LEBEOND	LAT LINDE	ON BOOKB.		250.
PA	RT XIII, LINE 2D - OTHER ADJUSTMENTS:		· <del>-</del>		<del>-</del>
			DD 0.500000	<b></b> -	
<u>CO:</u>	ST OF SALES REPORTED AS CONDUCT OF INSTIT	UTES AND	PROGRAMS		
93205	4			Sched	ule D (Form 990) 2009
02-01	- IU				

Schedule D (Fo	rm 990) 200	9 <b>VI</b> I	RGINIA LAW	<u>FOUNDATIO</u>	<u>N</u>			<u>51-0198088</u>	Page 5
Part XIV S	uppleme	og VII otal Information	n (continued)						
DOOM C	11176								
BOOKS:	221/6/	<u> </u>	. <u> </u>			-			
SPECTAL.	EVENT	EXPENSES	REPORTED A	S FELLOWS	EXPENSE	ON	BOOKS:	16290.	
PERCINI	TO A TOTAL	EAF BROED	KELOKIED A	D PEDDOND	EMILINOL	011	DOOMD.	10250.	
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Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Open to Public

Employer identification number

Inspection

ŀ	LAW FOUND	ATION					51-0198088
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	•
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	oring the use of grant	funds in the United	States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	55,000 Check this	box if no one recipien	t received more tha	an \$5,000 Use Pa	t IV and Schedule I-1	(Form 990) if addition	al space is needed
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VIRCINIA RAR ASSOCIATION							RULE OF LAW PROJECT
701 EAST FRANKLIN STREET, SUITE 112	01						BASICS OF THE RULE OF LAW
RICHMOND, VA 23219	54-1413280	501 (C) (6)	.000,	0			TO MIDDLE SCHOOL
							2010 LEGAL AID
VIRGINIA POVERTY LAW CENTER							CONFERENCE (TRAINING
700 EAST FRANKLIN STREET							SESSIONS ARE OFFERED IN
RICHMOND, VA 23219	54-1093402	501 (C) (3)	20,000.	0.			ALL AREAS OF POVERTY LAW)
VIRGINIA CAPITAL REPRESENTATION							VIRGINIA CAPITAL
RESOURCE CENTER - 2421 IVY ROAD,							REPRESENTATION
SUITE 301 - CHARLOTTESVILLE, VA							DATABASE (SOFTWARE
22903	54-1615394		20,000.	0.			DEVELOPMENT NECESSARY TO
							CASA
VIRGINIA DEPARIMENT OF CRIMINAL							FINGERPRINTING/BACKGROUND
JUSTICE SERVICES - 1100 BANK							SCREENING (ENABLE
STREET - RICHMOND, VA 23219	54-0852528	501 (C) (3)	35,000.	0.			VIRGINIAS CASA PROGRAMS
	nd government or	ganizations					<b>A</b>
3 Enter total number of other organizations							<b>A</b> , , , , , , , , , , , , , , , , , , ,

3 Enter total number of other organizations

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

21

Schedule I (Form 990) 2009

(Form 990) 2009 VIRGINIA LAW FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009 Part III

Page 2

51-0198088

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.  HEN THEY MAKE A RECOMMENDATION TO THE BOARD BASED ON THEIR  BERATIONS. THE BOARD MUST APPROVE ALL GRANTS. VLF'S GRANT SPENDING.  Y STATES THAT THE ANNUAL SPENDING FACTOR IS BASED ON A FORMULA THAT IS  PERCENT OF THE AVERAGE 3-YEAR ROLLING MARKET VALUE OF VLF INVESTMENTS.  CURRENT YEAR DONATIONS RECEIVED THRU DECEMBER 31 OFTEN SUPPLEMENT  CHRENT YEAR DONATIONS A LARGER DISBURSEMENT FOR GRANTS. THE	SCHEDULE I, PART I, LINE 2: THE GRANTS COMMITTEE INTENTIEWS THE APPLICANTS  AND THEN THEY MAKE A RECOMMENDATION TO THE BOARD BASED ON THEIR  DELIBERATIONS. THE BOARD MUST APPROVE ALL GRANTS. VLF'S GRANT SPENDING  POLICY STATES THAT THE ANNUAL SPENDING FACTOR IS BASED ON A FORMULA THAT IS  TIVE PERCENT OF THE AVERAGE 3-YEAR ROLLING MARKET VALUE OF VLF INVESTMENTS  AT SEPTEMBER 30, LESS PROJECTED OPERATING COSTS FOR THE UPCOMING FISCAL  YEAR. CURRENT YEAR DONATIONS RECEIVED THRU DECEMBER 31 OFTEN SUPPLEMENT  THE SPENDING PACTOR. TO ALLOW A LARGER DISBURSEMENT FOR GRANTS. THE
THE GRANTS COMMITTEE INTERVIEWS THE APPLICANT INDATION TO THE BOARD BASED ON THEIR  INDATION TO THE BOARD BASED ON THEIR  IS APPROVE ALL GRANTS. VLF'S GRANT SPENDING  IL SPENDING FACTOR IS BASED ON A FORMULA THAT  3-YEAR ROLLING MARKET VALUE OF VLF INVESTMENT  ITED OPERATING COSTS FOR THE UPCOMING FISCAL  IS RECEIVED THRU DECEMBER 31 OFTEN SUPPLEMENT	THE GRANTS COMMITTEE INTERVIEWS THE APPLICANTINDATION TO THE BOARD BASED ON THEIR  IST APPROVE ALL GRANTS. VLF'S GRANT SPENDING  L SPENDING FACTOR IS BASED ON A FORMULA THAT  3-YEAR ROLLING MARKET VALUE OF VLF INVESTMENT  TED OPERATING COSTS FOR THE UPCOMING FISCAL  IS RECEIVED THRU DECEMBER 31 OFTEN SUPPLEMENT
THE GRANTS COMMITTEE INTERVIEWS THE APPLICANT INDATION TO THE BOARD BASED ON THEIR  IST APPROVE ALL GRANTS. VLF'S GRANT SPENDING  IL SPENDING FACTOR IS BASED ON A FORMULA THAT  3-YEAR ROLLING MARKET VALUE OF VLF INVESTMENT  TED OPERATING COSTS FOR THE UPCOMING FISCAL	THE GRANTS COMMITTEE INTERVIEWS THE APPLICANT INDATION TO THE BOARD BASED ON THEIR  IST APPROVE ALL GRANTS. VLF'S GRANT SPENDING  L SPENDING FACTOR IS BASED ON A FORMULA THAT  3-YEAR ROLLING MARKET VALUE OF VLF INVESTMENT  TED OPERATING COSTS FOR THE UPCOMING FISCAL
THE GRANTS COMMITTEE INTERVIEWS THE APPLICANT INDATION TO THE BOARD BASED ON THEIR  IST APPROVE ALL GRANTS. VLF'S GRANT SPENDING  L SPENDING FACTOR IS BASED ON A FORMULA THAT  3-YEAR ROLLING MARKET VALUE OF VLF INVESTMENT	THE GRANTS COMMITTEE INTERVIEWS THE APPLICANTINDATION TO THE BOARD BASED ON THEIR  IST APPROVE ALL GRANTS. VLF'S GRANT SPENDING  L SPENDING FACTOR IS BASED ON A FORMULA THAT  3-YEAR ROLLING MARKET VALUE OF VLF INVESTMENT
RT I, LINE 2: THE GRANTS COMMITTEE INTERVIEWS THE APPLICANT MAKE A RECOMMENDATION TO THE BOARD BASED ON THEIR  THE BOARD MUST APPROVE ALL GRANTS. VLF'S GRANT SPENDING THAT THE ANNUAL SPENDING FACTOR IS BASED ON A FORMULA THAT	MAKE A RECOMMENDATION TO THE BOARD BASED ON THEIR  THE BOARD MUST APPROVE ALL GRANTS. VLF'S GRANT SPENDING
RT I, LINE 2: THE GRANTS COMMITTEE INTERVIEWS THE MAKE A RECOMMENDATION TO THE BOARD BASED ON THEIR THE BOARD MUST APPROVE ALL GRANTS. VLF'S GRANT	nformation. Complete this part to provide the information required in Part I, line 2, and any other ad RT I, LINE 2: THE GRANTS COMMITTEE INTERVIEWS THE MAKE A RECOMMENDATION TO THE BOARD BASED ON THEIR THE BOARD MUST APPROVE ALL GRANTS. VLF'S GRANT
I, PART I, LINE 2: THE GRANTS COMMITTEE INTERVIEWS THE THEY MAKE A RECOMMENDATION TO THE BOARD BASED ON THEIR	I, PART I, LINE 2: THE GRANTS COMMITTEE INTERVIEWS THE THEY MAKE A RECOMMENDATION TO THE BOARD BASED ON THEIR
olemental Information. Complete this part to provide the information required in Part I, line 2, and any other ad I, PART I, LINE 2: THE GRANTS COMMITTEE INTERVIEWS THE	olemental Information. Complete this part to provide the information required in Part I, line 2, and any other ad I, PART I, LINE 2: THE GRANTS COMMITTEE INTERVIEWS THE
	l L

#### **SCHEDULE J** (Form 990)

#### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

**Employer identification number** 51-0198088 VIRGINIA LAW FOUNDATION Part I Questions Regarding Compensation

_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b_		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization? .	6a		<u> </u>
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	9	(Q)	(E)	(£)
		(b) Dicardown of			Retirement and	Nontaxable	Total of columns	Compensation
(А) Nате		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
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Schedule J (Form 990) 2009

#### **SCHEDULE 0**

(Form 990)

#### **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.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

Name of the organization **Employer identification number** VIRGINIA LAW FOUNDATION 51-0198088 LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART I, SUPPORTS PROGRAMS THAT PROVIDE LEGAL SERVICES TO THE UNDERPRIVILEGED, PROMOTES IMPROVEMENTS IN THE ADMINISTRATION OF JUSTICE, PROVIDES EDUCATION TO THE PUBLIC REGARDING THE LEGAL PROFESSION AND THE LAW, AND PROVIDES PUBLIC SERVICE INTERNSHIPS TO VIRGINIA LAW STUDENTS. THESE PROJECTS SERVE MOST OF VIRGINIA'S GEOGRAPHICAL AREAS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THESE PROJECTS SERVE MOST OF VIRGINIA'S GEOGRAPHICAL AREAS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IMPACTED BY THE WORK OF THESE INTERNS. LAW RELATED EDUCATION: 1. ABOUT 200 LAWYERS ATTENDED THE VIRGINIA BAR ASSOCIATION'S CAPITAL DEFENSE WORKSHOP IN RICHMOND ON NOVEMBER 18-19, 2010, RECEIVED SPECIALIZED TRAINING IN CAPITAL LITIGATION AND FORENSIC EVIDENCE. THE TRAINING WAS PROVIDED FREE OF CHARGE FOR ATTORNEYS SEEKING OUALIFICATION FOR CAPITAL DEFENSE CASES. 2.ON MAY 2011 THE JOHN MARSHALL FOUNDATION WILL HOLD A SPECIAL 3 O DAY NATIONAL SEMINAR FOR STATE COURT CHIEF JUSTICES AND ASSOCIATE JUSTICES, FEATURING MARSHALL BIOGRAPHERS AND LEGAL SCHOLARS. THE VIRGINIA LAW FOUNDATIONOS GRANT PAID FOR BOOKS AND DVDOS FOR THE TEACHING COMPONENT OF THE SEMINAR.

3.000 ATTORNEYS, PARALEGALS, GOVERNMENT EMPLOYEES, MILITARY PERSONNEL,

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

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02-03-10

Schedule O (Form 990) 2009

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

2009
Open to Public Inspection

Name of the organization

VIRGINIA LAW FOUNDATION

Employer identification number 51-0198088

AND COMMUNITY ADVOCATES ATTENDED THE VIRGINIA POVERTY LAW CENTER'S 2010LEGAL AID CONFERENCE, NOVEMBER 3-5, 2010, RECEIVING TRAINING IN A WIDE VARIETY OF ISSUES AFFECTING THE LOW-INCOME POPULATION IN VIRGINIA. THEIR TRAINING WILL BE APPLIED TO THOUSANDS OF LEGAL AID CLIENTS IN VIRGINIA ANNUALLY. RULE OF LAW: THE RULE OF LAW IS BEING TAUGHT IN MIDDLE SCHOOL CIVICS CLASSES IN SEVERAL JURISDICTIONS THROUGHOUT THE STATE, THROUGH A CURRICULUM/LESSON PLAN DESIGNED BY EDUCATORS AND TAUGHT BY BOTH EDUCATORS AND LAWYERS THROUGH THIS PROJECT, THOUSANDS OF VIRGINIA DIRECTLY IN THE CLASSROOM. STUDENTS AND COUNTLESS OTHERS WILL BECOME BETTER CITIZENS BY HAVING GAINED A CLEAR UNDERSTANDING THAT THE RULE OF LAW IN AMERICA IS THE SOURCE OF THEIR INDIVIDUAL RIGHTS AND THE COLLECTIVE RIGHTS OF ALL HUNDREDS OF TEACHERS WILL BE ENRICHED BY BEING PROVIDED LESSON PLANS, ACTIVITIES, RESOURCES AND TOOLS TO BECOME MORE EFFECTIVE EDUCATORS. VOLUNTEER LAWYERS AND JUDGES WILL GAIN A GREATER SENSE OF PRIDE IN OUR PROFESSION BY PRESERVING, THROUGH EDUCATION, THE RULE OF LAW FOR GENERATIONS TO COME. ACCESS TO JUSTICE: 1. THE VIRGINIA LAW FOUNDATION PROVIDED A GRANT TO THE VIRGINIA CAPITAL REPRESENTATION RESOURCE CENTER, FOR SOFTWARE DEVELOPMENT NECESSARY TO COMPLETE A DATABASE ON CAPITAL CASES IN VIRGINIA. AFTER THE DATABASE IS COMPLETED, IT WILL BE PROVIDED TO OMMONWEALTH ATTORNEYS AND PUBLIC

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

Schedule O (Form 990) 2009

DEFENDERS THROUGHOUT VIRGINIA.

#### SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

2009
Open to Public Inspection

Name of the organization

VIRGINIA LAW FOUNDATION

Employer identification number 51-0198088

2.0HE VIRGINIA LAW FOUNDATION AWARDED A GRANT TO THE VIRGINIA

DEPARTMENT OF CRIMINAL JUSTICE SERVICES, THE OVERSIGHT AGENCY FOR COURT

APPOINTED SPECIAL ADVOCATE (CASA) PROGRAMS. THIS GRANT WILL ENABLE

VIRGINIA'S TWENTY-SEVEN LOCAL CASA PROGRAMS TO COMPLETE AN FBI

FINGERPRINT RECORD CHECK ON ALL CURRENT AND POTENTIAL CASA VOLUNTEERS

IN FISCAL YEAR 2011. THIS GRANT WILL HELP CASA PROGRAMS MEET NEW

STANDARDS ESTABLISHED BY THE NATIONAL CASA ASSOCIATION TO ENSURE THE

SAFETY AND PROTECTION OF CHILDREN APPOINTED A CASA VOLUNTEER. VIRGINIA

CASA PROGRAMS WILL RECRUIT, TRAIN, AND ASSIGN 1400 CASA VOLUNTEERS TO

4,000 CHILDREN IN FISCAL YEAR 2011.

FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN IS REVIEWED BY THE

EXECUTIVE DIRECTOR OF VLF AND THE BUSINESS MANAGER OF VIRGINIA CLE, CHANGES

ARE MADE AS DEEMED NECESSARY. AFTER THE FINAL RETURN IS PREPARED AND

SIGNED, EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES A PDF COPY OF THE

TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: AT THE BEGINNING OF EACH FISCAL
YEAR, THE EXECUTIVE DIRECTOR OF VLF AND THE EXECUTIVE DIRECTOR OF VIRGINIA
CLE CIRCULATE TO ALL BOARD AND COMMITTEE MEMBERS A COPY OF THE CONFLICT OF
INTEREST POLICY. EACH MEMBER IS ASKED TO REVIEW, SIGN AND RETURN THE FORM
FOR OUR FILES. BOARD MEETING MINUTES REFLECT WHEN A MEMBER ABSTAINS FROM
VOTE DUE TO A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: VLF EXECUTIVE DIRECTOR: THE

PERSONNEL COMMITTEE CUSTOMARILY REVIEWS COMPARATIVE SALARY DATA FROM THE

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

Schedule O (Form 990) 2009

## SCHEDULE.O (Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

2009
Open to Public Inspection

Name of the organization

VIRGINIA LAW FOUNDATION

Employer identification number 51-0198088

NATIONAL CONFERENCE OF BAR FOUNDATIONS ANDOR THE TAX RETURNS OF OTHER BARD
FOUNDATIONS ACROSS THE COUNTRY. THE PRESIDENT COMPLETS A PERFORMANCE
EVALUATION OF THE EXECUTIVE DIRECTOR. THE PERSONNEL COMMITTEE DETERMINES
THE COMPENSATION OF THE EXECUTIVE DIRECTOR.
CLE EXECUTIVE DIRECTOR: THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED FIRST
BY A SUBCOMMITTEE OF THE CLE COMMITTEE, THEN BY THE FULL CLE COMMITEE. THE
FULL COMMITTEE MEETS IN A CLOSED SESSION TO CONSIDER THE EXECUTIVE
DIRECTOR'S SALARY. THE FULL SALARY PACKAGE, INCLUDING THE EXECUTIVE
DIRECTOR'S SALARY IS THEN REVIEWED AND APPROVED BY VIRGINIA LAW
FOUNDATION'S BOARD OF DIRECTORS. THE CLE COMMITTEE HAS ALSO HIRED AN
OUTSIDE FIRM TO EXAMINE THE EXECUTIVE DIRECTOR'S SALARY AND PROVIDE
COMPARABLES WITH OTHER SIMILAR POSITIONS.
OTHER OFFICERS & KEY EMPLOYEES: ALL SALARIES ARE REVIEWED FIRST BY A
SUBCOMMITTEE OF THE CLE COMMITTEE, THEN BY THE CLE COMMITTEE. THE SALARIES
ARE APPROVED BY A VOTE OF THE CLE COMMITTEE. THE FULL SALARY PACKAGE IS
THEN REVIEWED AND APPROVED BY VIRGINIA LAW FOUNDATION'S BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19: ALL OF THESE DOCUMENTS ARE
AVAILABLE FOR PUBLIC INSPECTION AT THE FOUNDATION'S OFFICE. THESE ITEMS
ARE NOT POSTED ON THE FOUNDATION'S WEBSITE.
FORM 990, PART XI, QUESTION 2C
REVIEW OF AUDITED FINANCIALS
THERE WERE NO CHANGES IN THE WAY THE FOUNDATION REVIEWS THE AUDITED
FINANCIAL STATEMENTS

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

Schedule O (Form 990) 2009

# Form **8868** (Rev January 2011) Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If yo	u are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		<b></b>	X
	u are filing for an Additional (Not Automatic) 3-Month Ext			form).		
	complete Part II unless you have already been granted a				m 8868.	
	onic filing (e-file). You can electronically file Form 8868 if y					ration
	d to file Form 990-T), or an additional (not automatic) 3-mor					
	to file any of the forms listed in Part I or Part II with the exc					
	ial Benefit Contracts, which must be sent to the IRS in paper					
ısıt w	ww irs gov/efile and click on e-file for Chanties & Nonprofits.	·				
Part			bmit onginal (no copies needed).			
4 corp	oration required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and com	plete		
art I o	•				. ▶	
	er corporations (including 1120-C filers), partnerships, REM	ICs, and tr	rusts must use Form 7004 to request an	exten:	sion of time	
o file i	ncome tax returns.	_				
Гуре	Name of exempt organization			Empl	oyer identification	number
print				_		
File by th	VIRGINIA LAW FOUNDATION			5	<u>1-0198088                                 </u>	
due date	for Number, street, and room or suite no. If a P.O. box, se		tions.			
iling you eturn S	ne OOO E. MAIN BIREEL, BOILE					
nstructio		reign add	ress, see instructions.			
	RICHMOND, VA 23219					
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Enter 1	he Return code for the return that this application is for (file	a separa	te application for each return)			0 1
		1	T		· · · · · · · · · · · · · · · · · · ·	<u> </u>
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Form 9		01	Form 990-T (corporation)			07
_	990-BL	02	Form 1041-A			08
	990-EZ	03	Form 4720			10
	990-PF	04	Form 5227			11
	990-T (sec. 401(a) or 408(a) trust)	05 06	Form 6069 Form 8870			12
-orm s	990-T (trust other than above) SHARON TATUM		F01111 667 0			12
■ The	books are in the care of <b>600 E. MAIN STI</b>	एजज	SUITE 2040 - RICHMO	. כומו	VA 23219	
	ephone No. > 804- <u>643-6340 648-011</u>		FAX No. ▶	112,	VII 23213	
	ne organization does not have an office or place of business					
	nis is for a Group Return, enter the organization's four digit			is is foi	r the whole group, c	heck this
box 🌗						
	request an automatic 3-month (6 months for a corporation					
•			tion return for the organization named a		The extension	
	is for the organization's return for	Ū	•			
	calendar year or					
	X tax year beginning OCT 1, 2009	, an	d ending SEP 30, 2010		•	
		<del></del>				
2	If the tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return Fina	al retur	n	
	Change in accounting period					
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	nonrefundable credits. See instructions			3a	\$	0.
	If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			· <del></del>
	estimated tax payments made. Include any prior year over			3b	\$	0.
	Balance due. Subtract line 3b from line 3a Include your pa					
	by using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.
	on. If you are going to make an electronic fund withdrawal			8879-	EO for payment inst	ructions
LHA	For Paperwork Reduction Act Notice, see Instructions				Form <b>8868</b> (Re	