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Department of the Treasury Internal Revenue Service

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

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

Open to Public inspection

	TOI LITE	2010 Calendar year, or tax year beginning and	enumy							
В	Check if applicable	C Name of organization		D Employer identific	eation number					
[X	Addres	S VIDCINIA INC		1						
F	Change Name change			54-14	410150					
	Initial		Room/suite	E Telephone number						
	Termin	1	_	(703)968-6205						
	Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$	469,873.					
	Application	DOLLED, VA 20100		H(a) Is this a group re						
	pendin	F Name and address of principal officer: PAT DEAN		for affiliates?	Yes X No					
		SAME AS C ABOVE		H(b) Are all affiliates inci	luded? Yes No					
		empt status: X 501(c)(3) 501(c) ()◀ (insert no) 4947(a)(1) (or 527	If "No," attach a	list. (see instructions)					
		e: ► N/A		H(c) Group exemption						
		organization X Corporation	L Year	of formation 1987 N	State of legal domicile VA					
P	art I	Summary	WOOM O	TONTETONIE	A CM TVT MV					
9	1	Briefly describe the organization's mission or most significant activities: THE I	MOST S	HIDENIE THE	ACTIVITY RESTED IN A					
Activities & Governance		WAS THE AWARDING OF SCHOLARSHIPS TO COLL								
/er	1	Check this box I if the organization discontinued its operations or dispose	sea or more	l i	sets.					
ģ		Number of voting members of the governing body (Part VI, line 1a)		3 4	9					
න්		Number of independent voting members of the governing body (Part VI, line 1b)		5						
ţį	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		6	0					
Ę	1 -	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
¥	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.					
		Net differenced business taxable income from 1 offi 950-1, inte 54		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		47,025.	214,222.					
Je P		Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,639.	29,614.					
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		54,664.	243,836.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,000.	29,000.					
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
Š	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ğ	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.							
Ŵ	17	Other expenses (Part IX, _f column-(A), lines_11a-11d, 11f-24f)		5,815.	2,916.					
	18	Total expenses. Add lines 13-17-(must equal/Part IX) column (A), line 25)		25,815.	31,916.					
_	19	Revenue less expenses Subtract-line-18-from-line_12		28,849.	211,920.					
Net Assets or		Total assets (Part X, line 16) MAY 1 7 2011	Be	eginning of Current Year	End of Year					
Set	20	Total assets (Part X, line 16) MAY 1 7 2011		466,437.	701,442.					
¥ Z	21	Total liabilities (Part X, line 26)	<u> </u>	0.	701 442					
	22	Net assets or fund balances. Subtract line 21 from line 20		466,437.	701,442.					
	art II	Signature Block		4 44. 45. 6 4 . 4	. I I . day and ballet it is					
	-	ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is					
true	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of wi	nich prepare	r nas any knowledge	· · · · · · · · · · · · · · · · · · ·					
e:-		Signature of officer	/	Date						
Sig He		PAT DEAN DESCRIPTION OF THE PAT DEAN TO S. 4		(-13	'-2s//					
110		Type or print name and title		<u> </u>						
Print/Type preparer's name Penarer's sympature Date Check PTIN										
Pai	d	DAVID R MALCOLM DAVID R MALCOLM) 5 / 1 1 / 1 1 self-employe	ed					
	parer	Firm's name LANIGAN RYAN MALCOLM & DOYLE PC		Firm's EIN ▶						
	Only	\	FFF 011-10- 0-011-1- 000							
		GAITHERSBURG, MD 20878		Phone no 3	01-258-8900					
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

SCANNED JUN 1 6 2011

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	v	
	If "Yes," complete Schedule A	_1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		A	
3	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			 -
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			J.
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total	11c		х
-4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		-	-
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		į	
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	446		X
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
4.0	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		-	
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that			1
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		<u> </u>
		Form	990	(2010)

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		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		.,	
	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		<u>X</u>
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			v
	Schedule K. If "No", go to line 25	24a		X
	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	04-		
_	any tax-exempt bonds?	24c		
	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	050		х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		х
06	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
26	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			
21	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			
20	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١,,
	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?		v	
	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)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
	If "Yes," complete Schedule R, Part V, line 2	36_		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	х	
	Note. All Form 990 filers are required to complete Schedule O			<u> </u> (2010)
		. 51111		(-0.0)

VIRGINIA, INC.

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Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			oxdot
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gambling) winnings to prize winners?	1c	X	ļ
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	_0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	, .	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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	ļ	X
b	If "Yes," enter the name of the foreign country. ▶	_		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	/or? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	C? 7h	Į	,
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	İ		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	2 8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
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	ļ	ļ
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С				1
14a		14a	 	X
<u> </u>	If 'Yes,' has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	<u> </u>
		Form	990	(2010)

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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.

	Check if Schedule O contains a response to any question in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>	9				
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp with	any other					
	officer, director, trustee, or key employee?			2		<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	ŀ				
	of officers, directors or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5	_	X		
6	Does the organization have members or stockholders?			6		X		
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embe	s of the					
	governing body?			7a	Х			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	dunn	g the year					
	by the following.			_	v			
а	The governing body?			8a 8b	X			
b	• • • •							
9								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		2 /)	9	l	X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	teveni	ie Code)		Yes	No		
	Down the state of			10a	162	X		
	Does the organization have local chapters, branches, or affiliates?	chan	tare affiliatae	100				
D	If "Yes," does the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with those of the organization?	Cliap	ters, armates,	10b		İ		
44.	and oranches to ensure their operations are consistent with those of the organization: 1a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?							
12a	and the second s							
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise							
•	to conflicts?	•		12b	Х			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	" describe					
	In Schedule O how this is done			12c	X			
13	Does the organization have a written whistleblower policy?			13	X			
14	Does the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review and approve	al by	independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	X			
ь	Other officers or key employees of the organization			15b	X	ļ		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	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 ever)				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the contraction ganiza	tion's						
	exempt status with respect to such arrangements?			16b	<u> </u>			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed VA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	· 1 (50·	(c)(3)s only) ava	lilable for				
	public inspection. Indicate how you make these available. Check all that apply.							
40	Own website Another's website X Upon request	0050	nt of interest ==!	iou and fin-	200101			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	CONTIN	or interest pol	icy, and tina	ariciai			
20	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books a	and ra	cords of the era	anization I	•			
20	PAT DEAN - 703-968-6205	ano re	colus of the org	اما الكمالات ا	_			
	42680 TRADE WEST DRIVE, DULLES, VA 20166							
	The state of the s				000	(0040)		

Form **990** (2010)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

- 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
- 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, if any. See instructions for definition of "key employee."
- 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.

Check this box if neither the organization (A)	(B)				2)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(c	hecl	k all	that	app	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustae or director	frestuttonal trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PATRICK J DEAN								_	_	_
PRESIDENT	5.00	X		X				0.	0.	0.
ROBERT NORTON	1									_
BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM SWEETSER		ļ		ł		ł	1	_	_	_
BOARD MEMBER	1.00	X		<u> </u>		<u> </u>		0.	0.	0.
R DAMICO						ł				
BOARD MEMBER	1.00	X	L			<u> </u>	ļ	0.	0.	0.
BILL FAIRCHILD		l								
BOARD MEMBER	1.00	X	<u> </u>	<u> </u>		ļ		0.	0.	0.
GREG TERRY	1 00					İ				0
BOARD MEMBER	1.00	X		ļ	<u> </u>	<u> </u>		0.	0.	0.
JJ MCCARTHY	1 00	.,								0
BOARD MEMBER	1.00	X		├		 	_	0.	0.	0.
STEVE DAVES	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	A								
					_					

032007 12-21-10

Form, 990 (2010)

	VI	RG	IN	IA	, INC	Ξ.
--	----	----	----	----	-------	----

	A. Officers, Directors, Trustees, Key Employees, and Highest Co (A) (B) (C)												
(A) Name and title	Average			Posi	•	,		(D) Reportable	(E) Reportable			(F) mated	d
Name and the	hours per week	(ct		allt			ly)	compensation	compensation from related	1	amo	ount o	_
	(describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Кеу етфіоуве	Highest compensated employee	mer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		compe fror organ	ensat m the nization relate	e on ed
	O)	드	드	Б	ş	Ī 5	2						
										_			
			-							+			
										_			
1b Sub-total		<u></u>	L	ш			L	0.		0.			0.
c Total from continuation sheets	to Part VII, Section A					>		0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (included and 1c)	_	nose	liste	ed al	bov	e) wl	no r						0.
compensation from the organiza	tion	·										⁄es	No
3 Did the organization list any form line 1a? If "Yes," complete Schee	dule J for such individual	1								-	3		Х
 For any individual listed on line 1 and related organizations greate Did any person listed on line 1a 	r than \$150,000? <i>If</i> "Yes,	," со	mpl	ete S	Sch	edul	e J i	for such individual		-	4		X
rendered to the organization? If	"Yes," complete Schedul									\perp	5		Х
Complete this table for your five the organization. NONE	highest compensated inc	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	 oensa	ation fro	m	
	(A) Name and business address							(B) Description of	services	(C) Compensation			า
Total number of independent co \$100,000 in compensation from		not lii	mıte	:d to		se li O	stec	d above) who received r	nore than				
										1	Form 9	90 (2	2010)

(D)
Revenue
excluded from
tax under
sections 512,
513, or 514

CONSTRUCTION EDUCATION FOUNDATION OF VIRGINIA, INC. Part VIII Statement of Revenue (B) (C) (A) Unrelated Total revenue Related or exempt function business revenue revenue 1a ສຸທຸ 1 a Federated campaigns

풀림			rederated campaigns	10					
E S			Membership dues	1b					
ar,		C	Fundraising events	1c					
<u>agi</u>		d	Related organizations	1d				1	
Contributions, gifts, grant and other similar amount		e	Government grants (contribution	ns) 1e					
it s		f	All other contributions, gifts, grants,						
혈휩			similar amounts not included above	1f	214,222.				
E D		9	Noncash contributions included in lines 1a	-1f \$	157,872.				
Q 2			Total. Add lines 1a-1f		▶	214,222.			
					Business Code				
ø	2	а							
٦٤		b							
Program Service Revenue		c							
E S		d							
ğά		_		-					
g]		4	All other program service revenu						
		<u>'</u>	Total. Add lines 2a-2f		•				
_		9	Investment income (including di	vidende inter					
	3		other similar amounts)	vidends, intere	-51, and	12,070.			12,070.
			•	vomat band n	raccodo				
	4		Income from investment of tax-e	xempt bond t	oroceeus -				
	5		Royalties	(ı) Real	(II) Personal				
		_	Corres Boots	(I) Neal	(ii) Fersonai				
	6	-	Gross Rents		 				
	l .		Less: rental expenses		 				
			Rental income or (loss)		<u> </u>				
			Net rental income or (loss)	/\ C	r				
	7	а	Gross amount from sales of	(i) Securities 43,581.	(II) Other				
		_	·	43,301.					
		þ	Less: cost or other basis	26 027					
			·	26,037.	 				
	l		Gain or (loss)	17,544.	<u> </u>	17 5//			17,544.
	ı		Net gain or (loss)		D	17,544.			17,344.
ne	8	а	a Gross income from fundraising events (not						
len.		including \$ of							
Other Revenue			contributions reported on line 1	c). See					
ē			Part IV, line 18	а					
ਰੈ	İ		Less: direct expenses	b					
_			Net income or (loss) from fundra		P				
	9	а	Gross income from gaming activ						
			Part IV, line 19	а					
			Less. direct expenses	b	<u> </u>				
			Net income or (loss) from gamin		<u> </u>				
	10	а	Gross sales of inventory, less re	turns					
			and allowances	а	<u> </u>			1	
		b	Less: cost of goods sold	b	L		1		
	<u> </u>	С	Net income or (loss) from sales		<u>, ▶</u> ↓	·····			
	<u> </u>		Miscellaneous Revenue		Business Code			1	
	11	а							
		þ							
		C							
		d	All other revenue						
		е	Total. Add lines 11a-11d		•]	040 005			
	12		Total revenue. See instructions		▶	243,836.	0.	0.	29,614.

Form 990 (2010)

Part IX Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and		·								
	organizations in the U.S. See Part IV, line 21										
2	Grants and other assistance to individuals in										
_	the U.S. See Part IV, line 22	29,000.	29,000.								
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				-11-11-11-11-11-11-11-11-11-11-11-11-11						
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(8)										
7	Other salaries and wages										
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees).										
а	Management										
b	Legal										
С	Accounting	575.		575.							
d	Lobbying										
е	Professional fundraising services See Part IV, line 17	-0.70		0.70							
f	Investment management fees	970.		970.							
9	Other										
12	Advertising and promotion										
13	Office expenses										
14	Information technology		····································	· · · · · · · · · · · · · · · · · · ·							
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials			· · · · · · · · · · · · · · · · · · ·							
19	Conferences, conventions, and meetings			 -							
20	Interest			 -							
21	Payments to affiliates		·								
22	Depreciation, depletion, and amortization										
23 24	Insurance Other expenses Itemize expenses not covered										
~4	above (List miscellaneous expenses in line 24f. If line										
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)										
а	ORUED EVENIGES	1,371.		1,371.							
b		• • • • • • • • • • • • • • • • • • • •		-							
c				-							
d											
e											
f											
25	Total functional expenses. Add lines 1 through 24f	31,916.	29,000.	2,916.	0.						
26	Joint costs. Check here ▶ ☐ If following SOP										
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Form,990 (2010)
Part X Balance Sheet

art X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	55,105.	1	80,780.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key	1		
	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)), persons described in section 4958(c)(3)(B), and contributing	}		
1	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7 8	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	1,000.	9	1,000
10a	Land, buildings, and equipment cost or other			
-	basis. Complete Part VI of Schedule D			
Ь	Less: accumulated depreciation 10b	0.	10c	
11	Investments - publicly traded securities	410,332.	11	619,662
12	Investments - other securities See Part IV, line 11		12	h.=
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	466,437.	16	701,442
17	Accounts payable and accrued expenses		17	·
18	Grants payable	-	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	······
21 22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II	-		
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
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	0.	26	0
ŀ	Organizations that follow SFAS 117, check here X and complete			
	lines 27 through 29, and lines 33 and 34.	212 202		256 200
27	Unrestricted net assets	213,382. 253,055.	27	256,300 445,142
28	Temporarily restricted net assets	253,055.	28	445,142
29	Permanently restricted net assets		29	······································
	Organizations that do not follow SFAS 117, check here			
	complete lines 30 through 34.			
27 28 29 30 31 32	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	166 127	32	701 442
33	Total net assets or fund balances	466,437.	33	701,442. 701,442.
34	Total liabilities and net assets/fund balances	1 400,43/.	34	Form 990 (2010

Form **990** (2010)

CITI	1990 (2010) VIRGINIA, INC.	<u> </u>	1110100	, 4	90	
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 36.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			16.	
3	Revenue less expenses. Subtract line 2 from line 1			20.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>37.</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)			85.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	70:	1,4	42.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>	
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a						
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C).			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit			
	Act and OMB Circular A-133?		3a		X	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь			
			Form	990	(2010)	

SCHEDULE A (Form 990 or 990-EZ)

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.

2010 Open to Public

Inspection

Name of the organization

CONSTRUCTION EDUCATION FOUNDATION OF

Employer identification number 54-1410150

,,			VINOINI									- 1 3 0	
Pa	rt l	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions.				
he c	organi	zation is not a	a private foundation	because it is (For lines	1 through 1	11, check	only one b	ox.)					
1		A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2		A school des	cribed in section 17	'0(b)(1)(A)(ii) . (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hospi	tal service organization (described	n section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(i	ii). Enter th	ne hospital	's nan	ne,
		city, and state	e:					_					
5				benefit of a college or ur	niversity ov	vned or op	perated by	a govern	mental uni	t describe	d In		
	$\overline{}$		(b)(1)(A)(iv). (Comple	·									
6		A federal, sta	ite, or local governm	ent or governmental uni	t described	ın sectio	n 170(b)(1	i)(A)(v).					
7	X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	ribed	In
		section 170(b)(1)(A)(vi). (Comple	te Part II)									
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9	Ш	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, and	d gross red	ceipts	from
		activities rela	ted to its exempt fui	nctions - subject to certa	ain exception	ons, and (2	2) no more	than 33 1	1/3% of its	support f	rom gross	invest	tment
		income and u	inrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon at	fter June 3	0, 197	75.
		See section	509(a)(2). (Complete	Part III)									
0		An organizati	on organized and or	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	4).				
1		An organizati	on organized and or	perated exclusively for the	ne benefit d	of, to perfo	orm the fu	nctions of,	or to carr	y out the p	ourposes c	of one	or
		more publicly	supported organiza	ations described in secti	on 509(a)(1	l) or sectio	on 509(a)(2	2). See se c	ction 509(a)(3). Chec	ck the box	that	
		describes the	type of supporting	organization and compl	ete lines 1	le through	11h.						
		a Type I	b L	l Type II	г ∟ Тур	e III • Func	tionally int	egrated		d∟	Type III - 0	Other	
е		By checking to	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	ın
	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 or	rganization, check th	nis box									L
9		-		organization accepted ar			-						
		(i) A persor	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons c	lescribed	ın (ii) and (iii) below,	Γ	Yes	No
		the gove	erning body of the si	upported organization?							11g(i)	├──	
		•	•	n described in (i) above?							11g(ii)	 	
		(iii) A 35% c	controlled entity of a	person described in (i) o	or (II) above	?					11g(iii)	<u> </u>	
h		Provide the fo	ollowing information	about the supported or	ganization((s).							
			· · ·-	(III) Type of	1				(m) le	**ho			
(i)		of supported	(il) EIN	organization	(iv) Is the organization (v) Did you notify the organization in col (i) listed in your organization in col (i) organization in col (i) organization in col (ii) organization in col (ii) organization in col (iii) organization in				• •		of		
	orga	nization		(described on lines 1-9	governing			support?	(I) organiz U S	ed in the	sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(SEE IIISUUEUUIIS))	162	NO	162	140	165	140			
										 -			
										ļ ļ.			
										+ +			
								-					
ota	<u> </u>			1									

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

54-1410150 Page 2

Schedule A (Form 990 or 990-EZ) 2010 VIRGINIA, INC. 54-1410 (Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

800	fails to qualify under the tests	listed below, plea	se complete rait ii	''			
	ction A. Public Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(0) 2001	(6) 2000	(0) 2003	(0) 20 10	(1) 10141
•	membership fees received. (Do not						
	include any "unusual grants")	60,292.	112,450.	88,425.	47,025.	214,222.	522,414.
2	Tax revenues levied for the organ-	0,0,7000	,				<u> </u>
_	ization's benefit and either paid to						
	or expended on its behalf			1			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	60,292.	112,450.	88,425.	47,025.	214,222.	522,414.
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,						202 000
	column (f)			· · · · · · · · · · · · · · · · · · ·	handarini n	·	303,889.
	Public support. Subtract line 5 from line 4	, , , , , , , , , , , , , , , , , , , ,				L	218,525.
	ction B. Total Support		#1 0007	(10000		(-) 2010	(O Total
	endar year (or fiscal year beginning in)	(a) 2006 60,292.	(b) 2007 112,450.	(c) 2008 88,425.	(d) 2009 47,025.	(e) 2010 214,222.	(f) Total 522,414.
	Amounts from line 4	00,292.	-112,430.	00,423.	47,023.	214,222.	322/1111
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	14,610.	23,360.	12,820.	9,833.	12,070.	72,693.
	and income from similar sources Net income from unrelated business	11,010.	23/3000	12,0200	2,7000		, <u> </u>
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						595,107.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage			, .,	
14	Public support percentage for 2010 (line 6, column (f) d	ıvıded by line 11, c	olumn (f))		14	36.72 %
	Public support percentage from 2009					15	47.61 %
16	a 33 1/3% support test - 2010.If the o	rganization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	x and ⊾ 🐨
	stop here. The organization qualifies						▶ X
١	o 33 1/3% support test - 2009.If the c				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						
17	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt iv now the organ	iization
	meets the "facts-and-circumstances"					17a and line 15 to	10% or
i	b 10% -facts-and-circumstances tes						
	more, and if the organization meets toganization meets the "facts-and-cir						▶ □
40	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II	If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Sec	ction A. Public Support							·
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e	2010	(f) Total
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	Include any "unusual grants.")					<u> </u>		
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that					1		
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities		-					
J	furnished by a governmental unit to							
	the organization without charge							
0	Total. Add lines 1 through 5	-	-			1		
	Amounts included on lines 1, 2, and					†		
7 8	3 received from disqualified persons							
F	Amounts included on lines 2 and 3 received					 		
•	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the			ļ				
	amount on line 13 for the year					+		
	Add lines 7a and 7b	,	<u> </u>			+		
	Public support (Subtract line 7c from line 6)		<u> </u>	1	1			L
	ction B. Total Support	4 > 0000	410007	4) 0000	(-D.0000			(6 Total
	indar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	16	2010	(f) Total
	Amounts from line 6					- 		
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties					1		
	and income from similar sources				-	 		
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975					_		
(Add lines 10a and 10b							
11	Net income from unrelated business			i		1		
	activities not included in line 10b, whether or not the business is					1		
	regularly carned on							
12	Other income. Do not include gain							
	or loss from the sale of capital							
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)							
	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sect	on 501(c)(3) organı	zation,
	check this box and stop here							▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2010 (column (f))		15		<u>%</u>
	Public support percentage from 2009					16		%
	ction D. Computation of Inve)				
	Investment income percentage for 20	•				17		%
18				``		18		%
	a 33 1/3% support tests - 2010. If the			on line 14, and lin	ne 15 is more than	33 1/39	%, and line	17 is not
. •	more than 33 1/3%, check this box a							▶□
1	b 33 1/3% support tests - 2009. If the	•	-				n 33 1/3%.	and
	line 18 is not more than 33 1/3%, chi							
20								▶□
								00 0 CZ 2010

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.

2010 Open to Public Inspection

Name of the organization

CONSTRUCTION EDUCATION FOUNDATION OF VIRGINIA, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 54-1410150 \end{array}$

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
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 advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	storically important land area
	Protection of natural habitat	Preservation of a cei	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
¢	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located 🕨	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		U Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		└ Yes
9	in Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describe	s the organization's accounting for
r a -	conservation easements.	AAA Iliaha isal Tusasana ay	Other Cimilar Access
Pai	t III Organizations Maintaining Collections o		Jiner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part Alv,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (A	•	
	treasures, or other similar assets held for public exhibition, e	education, or research in turtherance of p	ublic service, provide the following amounts
	relating to these items.		~ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		- - - - - - - - - -
_	(ii) Assets included in Form 990, Part X	annuma ar ather amiles assets for 5	> \$
2	If the organization received or held works of art, historical tre		iai gaili, provide
_	the following amounts required to be reported under SFAS 1	i to (Mac abo) telating to these items.	. .
a	Revenues included in Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Par	t III Organizations Maintaining C		rt, Histo	orical Tr	easures, or Ot	her S	Simila	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, accessi									
	(check all that apply):									
а	Public exhibition	d	ı 🗀 Lo	oan or exc	hange programs					
ь	Scholarly research	е	· 🗆 o	ther						
С	c Preservation for future generations									
4										
5	During the year, did the organization solicit o	r receive donations	of art, hist	torical trea	sures, or other sim	ılar as	sets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi	zation's co	ollection?				Yes	No
Par	t IV Escrow and Custodial Arran	- '	ete if the d	organizatio	n answered "Yes"	to For	m 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for co	ontribution	is or other assets r	ot inc	luded	_	7	
	on Form 990, Part X?									
b	b If "Yes," explain the arrangement in Part XIV and complete the following table:									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	e Distributions during the year									
f	Ending balance						1f	 	٦.,	
	If "Yes," explain the arrangement in Part XIV			·	000 Best N/ In-	- 40				
Par	t V Endowment Funds. Complete r	-					Th		4 3 5	
		_(a) Current year	(b) Pri	or year	(c) Two years back	(d)	Inree y	ears back	(e) Four	years back
1a	Beginning of year balance					+-	,			
þ	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	· ·								
f	Administrative expenses							····		
9	End of year balance			-		ــــــــــــــــــــــــــــــــــــــ			Ł	
2	Provide the estimated percentage of the year	r end balance held a								
а	Board designated or quasi-endowment	*	_%							
Ь	Permanent endowment	%								
C		%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	ind administered to	r the	organiz	ation	Г	- N.
	by:								0 0	Yes No
	(i) unrelated organizations								3a(i)	-
	(ii) related organizations			. 50					3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the									-
Pal	t VI Land, Buildings, and Equipm					A		_	(-D.D)	
	Description of investment	(a) Cost or o			1		mulate	ea	(d) Bool	value
	Lond	Dasis (iiivesti		Jasis	(0.1101)					
_	Land	1				**********			<u>.</u>	
b	Buildings	-			+					•
C	Leasehold improvements									
d	Equipment Other		+						 .	
	L. Add lines 1a through 1e. (Column (d) must e	guel Form 990 Port	Y cohim	n (R) line 1	10(c))					0.
iota	i Add iiilos Ta tillougii 16. [Columiii (u) Must e	quai ruini 330, rail	A, COIUITII	i (D), IIII U I	<u> </u>			Cobodula	D /Carr	990\ 2010

Schedule D (Form 990) 2010

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- V I	RG	INI	Α.	INC.

(e) Description of security or category (finding name of security) (in) Book value Cost or end of year market value Cost or end of year market value Cost or end of year market value Cost or end of year market value Cost or end of year market value Cost or end of year market value Cost or end of year market value Cost or end of year market value Cost or end of year market value Cost or end of year market value Cost or end of year market value Cost or end of year market value Cost or end of year market value Cost or end of year market value (i) Cost or end of year market value (ii) Cost or end of year market value (iii) Cost or end of year market value (iv) Cost or end of year market value (iv) Cost or end of year market value (iv) Cost or end of year market value (iv) Cost or end of year market value (iv) Cost or end of year market value (iv) Cost or end of year market value (iv) Cost or end of year market value (iv) Cost or end of year market value (iv) Cost or end of year market value (iv) Cost or end of year market value (iv) (iv) Cost or end of year market value (iv) (iv) Cost or end of year market value (iv) (iv) Cost or end of year market value (iv) (iv) Cost or end of year market value (iv) Cost or end of year market value (iv) (iv) Cost or end of year market value (iv) Market (or) (iv) Cost or end of year market value (iv) (iv) Cost or end of year market value (iv) Market (or) (iv) Cost or end of year market value (iv) Market (or) (iv) Cost or end of year market value (iv) Market (or) (iv) Cost or end of year market value (iv) Market (or) (iv) Cost or end of year market value (iv) Market (or) (iv) Cost or end of year market value (iv) Market (or) (iv) Cost or end of year market value (iv) Market (or) (iv) Market (or) (iv) Cost or end of year market value (iv) Market (or) (iv) Market (or) (iv) Market (or) (iv) Market (or) (iv) Market (or) (iv) Market (or) (iv) Market (or) (iv) Market (or) (iv) M	Part VII Investments - Other Securities.	See Form 990, Part X, line	12.		
Financial derivatives		(b) Book value	G		
Close/held equity interests					
Other					
(A) (B) (C)					· · · · · · · · ·
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(G) (G) (G) (B) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
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Intercept Inte	(G)				<u></u> -
International Column (b) must equal Form 990, Part X, col (b) line 15 Part X Other Labilities. See Form 990, Part X, line 15 Part X Other Labilities. See Form 990, Part X, line 15 Part X Other Labilities. See Form 990, Part X, line 15 Part X Other Labilities. See Form 990, Part X, line 25 Part X Other Labilities	(H)				
Col Method of valuation: (a) Description of Investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e					
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(2) (3) (4) (4) (5) (6) (7) (8) (9) (10) tal. (Col (b) must equal Form 990, Part X, col (B) line 13) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (11) (10) (11) (10) (11) (10) (11) (11	(a) Description of investment type	(b) Book value	C		
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(8) (9) (10) (11) Cotal. (Column (b) must equal Form 990, Part X, col (B) line 25) Fin 48 (ASC 740) 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 (ASC 740) Footnote.				_	
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(10) (11) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) FIN 48 (ASC 740) 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 (ASC 740)	(8)			_	
otal. (Column (b) must equal Form 990, Part X, col (B) line 25) FIN 48 (ASC 740) 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 (ASC 740)	(9)			4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's fliability for uncertain tax positions under FIN 48 (ASC 740).	(10)			4	
FIN 48 (ASC 740) 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 (ASC 740)				-	
FIN 48 (ASC 740)	otal. (Column (b) must equal Form 990, Part X, col (B)	line 25) Ite to the organization's financial st	atements that reports the om-	anization's liability for uncertain	tax positions under
	FIN 48 (ASC 740)				

54-1410150 Page 4 Schedule D (Form 990) 2010 VIRGINIA, INC. Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 243,836. Total revenue (Form 990, Part VIII, column (A), line 12) 31,916. Total expenses (Form 990, Part IX, column (A), line 25) 2 211,920. 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 23,085. 4 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 Investment expenses 7 7 Prior period adjustments R 8 Other (Describe in Part XIV.) 23,085. 9 9 Total adjustments (net) Add lines 4 through 8 235,005. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a 2<u>b</u> Donated services and use of facilities 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIV.) 2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2b **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIV.) 2d 2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 4h b Other (Describe in Part XIV.) 4c c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

032054 12-20-1

SCHEDULE I								OMB No 1545-0047	5-0047
(Form 990)			Grants and Governments	Other Assistance , and Individuals	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	es .		201	0
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" to Fo ➤ Attach to Form 990.	' to Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection	ublic on
Name of the organization	CONSTRUCTI VIRGINIA,	ION EDUCATION	FION FOUNDATION	TION OF				Employer identification number 54-1410150	number 0150
Part i General In	General Information on Grants and Assistance	d Assistance							
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		[
	criteria used to award the grants or assistance?	lance?	•	:				X Yes	2
꺙	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	sedures for monito	oring the use of grant f	funds in the United	d States.				
Part II Grants an	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	overnments and	Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any	
recipient ti	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Check this	box if no one recipient	t received more th	an \$5,000. Part II	can be duplicated if a	idditional space is need	-	
1 (a) Name and ac or go	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	int I
	-								
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations	nd government org	ganizations					•	
	Enter total number of other organizations							•	
۔	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2010)	0) (2010)

Schedule I (Form 990) (2010)

Part III

(Form 990) (2010) VIRGINIA, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

54-1410150

(f) Description of non-cash assistance (book, FMV, appraisal, other) SCHEDULE I, PART I, LINE 2: CANDIDATES ARE ASKED TO SUBMIT APPLICATIONS TO Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHOLARSHIPS ARE AWARDED BASED ON THE OVERALL QUALIFICATIONS (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients AND FINANCIAL NEED OF THE CANDIDATES. (a) Type of grant or assistance THE BOARD.

Schedule I (Form 990) (2010)

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

VIRGINIA, INC.

Attach to Form 990.

CONSTRUCTION EDUCATION FOUNDATION OF

Employer identification number 54-1410150

Pai	rt I Types of Property								
		(a)	(b)	(c)	-1 4		(d)		
		Check if	Number of contributions or	Noncash conti amounts report			hod of deter	_	into
		applicable	rtems contributed			noncasi	1 Continuutio	n amou	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles							_	
7	Boats and planes								
8	Intellectual property				_				
9	Securities - Publicly traded	X	1	157,	872.	FMV OF	STOCK	REC	EIVE
10	Securities · Closely held stock								
11	Securities - Partnership, LLC, or				<u>-</u>				
	trust interests								
12	Securities · Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures		}						
14	Qualified conservation contribution - Other					_			
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other				_				
18	Collectibles								
19	Food inventory							-	
20	Drugs and medical supplies								
21	Taxidermy	-							
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other								
26	Other ()			-				-	
27	Other • ()								
28	Other (
29	Number of Forms 8283 received by the organiz	ation durin	g the tax year for c	ontributions		·			
	for which the organization completed Form 828		= :		29				
	•			-				Ye	s No
30a	During the year, did the organization receive by	contribution	on any property rep	oorted in Part I, lin	es 1.28 th	at it must hol	d for		
	at least three years from the date of the initial of								
	the entire holding period?			•				0a	Х
ь	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any non-standa	ard contrib	utions?	:	31	X
	Does the organization hire or use third parties of							\neg	
	contributions?		-				3	2a	x
ь	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colur	mn (a) is ch	ecked.			
	describe in Part II.					·			
LHA		the Instruc	tions for Form 99	0.		Sch	edule M (Fo	orm 990) (2010)

032141 12-23-10

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

CONSTRUCTION EDUCATION FOUNDATION OF VIRGINIA, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 54-1410150 \end{array}$

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CAREER IN THE FIELD OF CONSTRUCTION
FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF ASSOCIATED BUILDERS &
CONTRACTORS VIRGINIA CHAPTER ELECTS THE BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS SENT TO THE BOARD
MEMEBRS BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C: AN ANNUAL QUESTIONNAIRE IS SENT TO
EACH BOARD MEMBER.
FORM 990, PART VI, SECTION B, LINE 15: THERE ARE CURRENTLY NO PAID
EMPLOYEES OR BOARD MEMBERS.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT BEING MADE AVAILABLE TO
THE PUBLIC.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 23,085.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2010	Open to Public	Inspection

OMB No 1545-0047

Employer identification number 54-1410150

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. CONSTRUCTION EDUCATION FOUNDATION OF VIRGINIA, INC. Name of the organization

Part i Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)	ie if the organization answered "Yes"	to Form 990, Part IV, line 33	(1
(a)	(q)	(c)	<u> </u>			9	
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	ne End-of-year assets		Direct controlling	
of disregarded entity		foreign country)			en —	entity	
							l
	1						
							ļ
							ļ
Part # Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)	ations (Complete if the organization a	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 be	scause it had one c	r more related tax-exer	npt	
(a)	(q)	(0)	(p)	(e)	ω	(9)	ء
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	5
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	Yes No	1_
ASSOCIATED BUILDERS & CONTRACTORS, INC.							1
VIRGINIA CHAPTER - 54-0836531, 42680 TRADE						:	
WEST DRIVE, DULLES, VA 20166	TRADE ASSOCIATION	VIRGINIA	501(C)(6)			×	
				-		-	

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Schedule R (Form 990) 2010

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

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2010 VIRGINIA, INC.

(a)	(q)	(0)	(p)	(e)				ε		3	€ ,
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	nt income nrelated, n tax under 12-514)	Share of total income	Share of cend-of-year assets	Disproportion- ate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
		-					•				
										+	
						-					
						· · ·					
			_								
							•				
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	ganizations Taxable as reporation or trust during	s a Corpo	ration or Trust (Colear.)	mplete if the	e organizatik	on or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related .)	to Form 990, Par	t IV, line 34	because it had or	e or mor	e related
(a)			(q)		(2)	(p)	(9)	(£)	(6)	_	Ê
Name, address, and EIN of related organization	Z.c		Primary activity		Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	f total Share of end-of-year assets		Percentage ownership
							_				
									-		
				6,						֓֞֞֝֟֞֓֓֓֓֓֓֟֝֟֓֓֓֓֓֓֟֟֓֓֓֓֓֟֟֓֓֓֓֓֟֟֓֓֓֓֓֟֝֓֓֓֓֟֝֓֓֓֓֡֟֝֓֡֡֡֡֡֡֡֡	0,00
032162 12-21-10				7					Schedure	F-0-1	Schedule K (Form 990) 2010

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Schedule R (Form 990) 2010 VIRGINIA, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

					-	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	slated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				19		×
h Gift grant or capital contribution to other organization(s)				1		×
				10		×
c oill, graff, of capital collition from other organization(s)				?	Ť	
d Loans or loan guarantees to or for other organization(s)				₽	1	×
e Loans or loan quarantees by other organization(s)				16		×
				_	Ť	
f Sala of access to other organization(c)				÷		×
Cale of assets to office organization(s)					T	,
g Purchase of assets from other organization(s)				6	7	<
h Exchange of assets				f		×
i Lease of facilities, equipment, or other assets to other organization(s)				1:		×
i Lease of facilities equipment or other assets from other organization(s)				F		×
בפספ כן ומכווונים; כלמיטוונים: מכונים מספנים ווכווו כיווס משפיים ווכווים כיווס משפיים ווכווים כיווס משפיים ווכווים כיווס משפיים ביים כיווס ביים ביים כיווס ביים ביים כיווס ביים כיווס ביים ביים ביים כיווס ביים ביים כיווס ביים ביים ביים ביים ביים ביים ביים ביי	(0)			\$		×
K Performance of services of membership of furforability solicitations for ourer organization (s)	iization(s)			£ ;	\dagger	: >
 Performance of services or membership or fundraising solicitations by other organization(s) 	ization(s)			=	 	4
m Sharng of facilities, equipment, mailing lists, or other assets				E	×	
n Sharing of paid employees				-	×	

• Beindurgement and to other organization for expenses				10		×
						×
p Heimbursement paid by other organization for expenses				2	ľ	4
 Qther transfer of cash or property to other organization(s) 				5		×
				+	×	
ns for info	who must complete the	nis line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
TO TO THE THIRTY OF THE						
ASSOCIATED BUILDERS & CONTRACTORS, INC.	Æ	•0	O.SEE PART VII SCHEDULE R			
	Z	.0	O.SEE PART VII SCHEDULE R			
ASSOCIATED BUILDERS & CONTRACTORS, INC.						
•	ድ	21,175.	SEE PART VII SCHEDULE R			
(4)						
(5)						1
W.						
(0)	30		Schedule R (Form 990) 2010	A (Form	066	2010
KK71K3 12-21-10	,)

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Schedule R (Form 990) 2010 VIRGINIA, INC.

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(e) Share of end-of- year assets	Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes No
							200
						Schedule R (Form 990) 2010	n 990) 2010

31

	ber 31, 2010	Gain or Loss		2	9 1	S,	2 1	8	0	4	٠ ،		- c	0 00) (, 60	2 0	0 8	13 5	0 4	7 7	m	י פע	ם כ	1 oc 1 rc	-41 62	8 6	0 8	7 2	-6.4	2 8	an a	, ,	, r.	3.2	4	7 3	3.9	7	5	ø	7	4	50 3	-56 94	3 7	
	through December	Total Cost		22 6	59 5	018	21 2	39.3	91	949	e c	000	3 t 0	95.4	29 7	98 7	71 8	318	9	11 3	77 4	900	- u	יי יי	77 3	248.02	55 0	89 1	90	15	09 1	ດເ	ם ממ	47 7	87 3	46 2	49 1	92 7	39 0	70 0	07 4	30 5	28 7	31 1	7 3	30 5	
	January 1, 2010	Total Proceeds		318	48 6	94 4	73 3	57 7	91 4	19	~ 0	2 4 6	12 7	76.5	59 0	38 6	769	30 9	9	808	0.5 1	68))	. ה ה ה		206.40	06 3	0 00	18.2	60	32.0	, c	- 6	65 2	30 5	21 8	21	9 90	70 3	85 1	63 0	77 8	20 1	8 0 8	190 43	64.2	
		Unit		. 5	4 8	0	0	9	8 6	D (o •	- a	2 6	. 6	8	6 2	-8	7 2	7	0	9))	9 6	, c	. 6	82 67	5 0	8	0	ы. Г	9,00	ب م - د	ה המ	o O	8 7	2 0	3 0	8	S.	0	m ·	ა ი	4	.	4	m	
Target of the American Communication	-26529)	Sale Price		2 1	7 1	80	8 8	8	თ [,]	ر ا دو	.	o r	- C	9 1	. 6	9	6 9	6 9	9 9	2 0	e د د د	ი ი თ ი) c	, c	9 00	68 80	8 8	0 0	8	. 80	4 0	ი ი ი	 	. e	3 0	3	3	1 6	5	5	8	8	0	8	38 09	9 /	
	OF VIRGINIA (Account: 038	Quantity Description		QUANTA	FEDEX CORP	OCCIDENTAL PETROLEUM C	OCCIDENTAL PETROLEUM COR	OCCIDENTAL PETROLEUM COR	5 UNITED PARCEL SERVICE-	LOWE'S COS INC	OCCIDENTAL PETRO	UCCIDENIAL PERMULEUM CON	NATIONAL - DIEMELL INC	VALE SA-SP ADR	2 FEDEX CORP	FEDE	OCCIDENTAL PETROLEUM COR	3 OCCIDENTAL PETROLEUM CORP	BANK OF NEW YORK ME	5 ***INGERSOLL-RAND PLC	AIR PRODUCTS & CHEMICALS	AIR PRODUCTS & CHEMICALS IN	AIR PRODUCIS & CHEMICALS IN	FEFFEDORY, MCMODAN CORDER	AIR PRODUCTS & CHEMICALS IN	3 AIR PRODUCTS & CHEMICALS INC	AIR PRODUCTS & CHEMICALS IN	ANHEUSER-BUSH INBEV SPN	QUALCOMM I	QUALCOMM IN	TARGET CORP	TREEFOR! - MCMORAN	FREEDON: HONORAN COLLEGE	VALE SA-SP ADR	***VALE SA-SP AD	AIR PRODUCTS & CHEMICALS IN	AIR PRODUCTS & CHEMICALS IN	***ANHEUSER-BUSH INBEV	FREEPORT-MCHORAN COP	1 FREEPORT-MCMORAN COPPE	BANK OF AMERICA	5 BANK OF AMERICA CORP	2 GOLDMAN SACHS GROU	QUALCOMM IN	QUALCOMM INC	BANK OF AME	
Capital Gains Report	CONSTRUCTION EDUCATION FOUNDATION	Open Date Close Date	SHORT-TERM	9/02/2009 01/08/201	7/29/2009 01/11/201	7/08/2009 01/15/201	7/22/2009 01/15/201	7/29/2009 01/15/201	9/21/2009 01/26/201	6/26/2009 01/29/201	7/29/2009 01/29/201	9/20/2003 01/23/201	6/25/2009 02/02/201	1/25/2009 02/02/201	7/29/2009 02/04/201	8/11/2009 02/04/201	8/20/2009 02/04/201	0/06/2009 02/04/201	5/14/2009 02/05/201	0/20/2009 02/05/201	4/15/2009 02/11/201	6/02/2009 02/11/201	5/02/2009 UZ/18/201	3/08/2009 02/(8/20/	0/06/2009 02/26/201	10/20/2009 02/26/2010	1/16/2009 02/26/201	1/10/2009 03/15/201	3/27/2009 03/26/201	0/06/2009 03/26/201	4/15/2009 03/26/201	3/11/2009 03/30/201	3/30/2009 03/30/201	1/25/2009 04/06/201	2/23/2009 04/06/201	1/19/2009 04/08/201	1/11/2010 04/08/201	1/10/2009 04/09/201	30/2009 04/09/201	3/06/2009 04/09/201	3/02/2009 04/20/201	2/22/2009 04/20/201	1/21/2009 04/21/201	0/06/2009 04/27/201	1/19/2010 04/27/201	2/22/2009 04/28/201	

CONSTRUCTION EDUCATION FOUNDATION	OF VIRGINIA (Account: 03	8-26529)		January 1, 2010	0 through December	ıber 31, 2010
Open Date Close Date	Quantity Description	Sale Price	Unit	Total Proceeds	Total Cost	Gain or Loss
2/25/2010 04/28/201	BANK OF AMERICA COR	7 6	9	264 2	0	23 2
30/2010 0	AMERICA CORP	18 14	17 86	272 07	267 86	4 21
5/14/2009 04/29/201	VISA INC - CLASS A SHR	93	64 0	66 1	20 3	ر د م
4/30/2009 04/30/201 5/14/2009 04/30/201	GOLDMAN SACHS GRO	υr coα	o -	91 7	56 1	4 02
6/19/2009 04/30/201	GOLDMAN SACHS GROUP IN	45.00	42.4	200	20 20 20 20 20 20 20 20 20 20 20 20 20 2	- u
0/12/2009 04/30/201	GOLDMAN SACHS GROUP IN	45 8	90 3	83.3	61.5	78 1
0/22/2009 04/30/201	GOLDMAN SACHS GROUP IN	45 8	82 1	29 2	10 7	181 5
2/09/2010 04/30/201	GOLDMAN SACHS GROUP IN	5 8	52 2	29 2	61 2	6
0/06/2009 04/30/201	MEDCO HEALTH SOLUTION	9	4 5	37 6	18 1	19 4
3/16/2010 04/30/201	RESEARCH IN MOTION	2 3	4.8	89 2	99 5	10 3
2/14/2009 05/03/201	3 BAXTER INTERNATIONA	5	ص ص	42 5	76 4	33 9
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ns Repor	CONSTRUCTION EDUCATION	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	pen date Close Date	01/0//2010 09/2//2010 05/20/2010 09/27/2010	1/24/2009 10/01/201	0/21/2009 10/01/201	0/06/2009 10/01/201	7/16/2010 10/01/201	0/21/2009 10/06/201	2/08/2010 10/02/201	0/13/2009 10/08/201	2/09/2010 10/11/201	8/20/2010 10/14/201	2/09/2010 10/15/201	2/19/2010 10/15/201	2/02/2010 10/15/201	4/21/2010 10/18/201 5/05/2010 10/18/201	7,037,2010 10/18/20/	4/26/2010 10/19/201	2/08/2010 10/20/201	7/15/2010 10/20/201	1/27/2010 10/21/201	5/03/2010 10/21/201	1/03/2010 10/25/201	3/29/2010 10/27/201	3/2009 10/28/201	1/31/2010 13/23/201	103/2010 11/02/201	106/2010 11/02/201	120/2010 11/02/201	1/23/2010 11/04/201	1/26/2010 11/05/201	1,22,2010 11,05,201	122/2019 11/08/201	1/29/2010 11/09/201	1/23/2010 11/09/201	102/2010 11/11/201	1/03/2010 11/19/201	106/2010 11/19/201	117/2010 12/02/201	/09/2010 12/06/201	112/2010 12/06/201	103/2010 12/06/201	123/2010 12/08/201	72772010 127147201	701/2010 12/14/2	10311-131-01031131

CONSTRUCTION EDUCATION OF VIRGINIA (Account: 038-26529) January 1, 2010 through December 31, 20	Open Date	VIRGINIA (Account: 0 PHARMACEUTICALS INC PHARMACEUTICALS INC RP DIEN PLC DIEN PLC CORP CORP CORP CORP CORP	Sale Sale Price 34 1- 14 4 16 2 16 3 210 3 210 3 57 3 57 5	Cost Cost 139 2 13 6 44 7 7 77 7	Total Proceeds	0 through D	31, 201
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ns Report Education foundation of Virginia (Account	Oussite Description	and Describing		HEWLETT-PACKARD C	GILEAD SCIENCES IN	GILEAD SCIENCES INC	4 COSICO WHOLESALE C	EMC CORP/MAS	TARGET COR	TILINOIS TOOL WORK	ILLINGIS	PEPSICO INC	PEPSICO IN	ALCON IN	ALCON INC	KLA-TENCO	KLA-TENCOR CORPORATION	KLA-TENCOR CORPORATION	PEPSICO IN	TELSTON TACKET TELSTON TELSTON TELSTON TO THE TELSTON TO THE TELSTON T	2 GILEAD SCIENCES INC	GILEAD SCIENCES IN	COSTCO WHOLESALE C	HEWLETT-PACKARD C	GOOGLE INC-CL	TARGET COR	APPLE INC	MONTS TOOL WORK	KOHIS CO	PEPSICO IN	PEPSICO IN	ILLINOIS TO	DANAHER CO	DANAHER COR	PEPSICO INC	TO TENDIO	APPLE INC	GILEAD SCI	TARGET CORP	CELGENE COR	CELGENE CO	CELGENE CORP	THE WALT DISNEY	SCHLUMBERGER L	SCHLUMBERGER LID	GILEAD SCIE
Capital Gains Report construction Education F	Onen Date Close Date	the contract of the contract o	/02/2009 09/30/201 /25/2009 09/30/201	1/06/2008 10/01/201	5/24/2006 10/04/201	9/06/2006 10/04/201	1/13/2009 10/06/201	7/29/2009 10/07/201	0/06/2009 10/08/201	3/03/2008 10/13/201 7/08/2009 10/20/201	8/11/2009 10/20/201	9/19/2007 10/20/201	1/16/2008 10/20/201	1/16/2008 10/22/201	6/15/2009 10/22/201	9/21/2009 10/22/201	0/01/2009 10/22/201	0/0//2009 10/22/201	1/16/2008 10/22/201	3/23/2008 10/22/201	72006	0/03/2007 10/26/201	1/13/2009 10/27/201	0/23/2009 10/27/201	9/19/2007 10/28/201	0/13/2009 10/28/201	102/20/11 80/2/20/02/02	3/21/2003 11/03/201	4/24/2008 11/08/201 8/25/2008 11/08/201	9/25/2008 11/08/201	1/13/2009 11/08/201	0/06/2009 11/09/201	2/27/2009 11/12/201	4/15/2009 11/12/201	102/11/11 5002/12/2	3/14/2009 11/19/201	3/03/2008 11/29/201	0/03/2007 12/02/201	1/19/2009 12/02/201	9/19/2007 12/06/201	2/08/2008 12/06/201	5/05/2008 12/06/201	2/17/2009 12/06/201	8/16/2007 12/06/201	119/2007 12/06/201	3/03/2007 12/08/201

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CONSTRUCTION EDUCATION	CONSTRUCTION EDUCATION FOUNDATION OF VIRGINIA (Account: 038-26529)	(8-26529)		January 1, 201	January 1, 2010 through December 31, 2010	nber 31, 2010
		Sale	Unit	Total		
Open Date Close Date	Quantity Description	Price	Cost	Proceeds	Total Cost	Gain or Loss
03/11/2008 12/08/2010	2 GILEAD SCIENCES INC	37 54	46 68	75 08	93 37	-18 29
•	5 ILLINOIS TOOL WORKS	50 54	47 91	252 71	239 54	13 17
	5 ILLINOIS TOOL WORKS	50 54	47 90	252 72	239.50	13 22
	WHOLESALE	70 57	45 61	70 57	45.61	24 96
10/12/2009 12/09/2010	2 COSTCO WHOLESALE CORP	70 57	58 15	141 13	116 31	24 82
	4 KOHLS CORP	53 45	50 28	213 81	201 14	12 67
	2 KOHLS CORP	53 45	38 90	106 90	77 80	29 10
	A PHARMACEUTICAL-SP	53 43	47 37	427 48	378 97	48 51
02/22/2008 12/13/2010	1TEVA PHARMACEUTICAL-SP ADR	53 43	48 25	53 43	48 25	5 18
	10 VERTEX PHARMACEUTICALS INC	34 18	40 70	341 78	407 05	-65 27
06/15/2009 12/17/2010	1 ALCON INC	162 14	111 02	162 14	111 02	51 12
07/22/2009 12/17/2010	2 ALCON INC	162 14	120 01	324 28	240 03	84 25
02/27/2009 12/30/2010	4 PEPSICO INC	65 22	49 13	260 87	196.50	64 37
SUBTOTAL FOR LONG-TERM			•	35,354 46	30,684 48	4,669.98
ZERO COST						
01/01/1950 12/22/2010	14,300 CARDINAL FINANCIAL CORP	11 97	00 0	171,191 02	157,872.00	13,319 02
SUBTOTAL FOR ZERO COST			ı	171,191 02	157,872 00	13,319 02
			11	11 15 15 15		11 11 11 11 11 11 11 11 11
TOTAL		•	•	243,580 55	226,037 14	17,543 41

Capital-Gains Distributions If you own shares of the Sanford C. Bernstein Fund, Inc., you may have received an annual capital-gains distribution (different from the capital gains or losses on securities sold, which are listed in this report). Long-term capital-gains distributions are a separate item on the I.R.S. forms, and appear on the Summary-of-Key-Items report.

Zero-Cost Transactions If you transferred securities to Bernstein for which the purchase price was unavailable, the total capital-gains figure that appears on this report needs to be adjusted. Any such transactions are segregated on the Capital-Gains report, with the cost entered as zero. You will need to update the report data with the correct purchase information