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A For the 2011 calendar year, or tax year beginning 07-01-2011

As Filed Data -

DLN: 93492319015972

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

, and ending 06-30-2012

Open to Public Inspection

) Emplo	yer i	dentification number
	idress o ame ch	ondinge	54-11		
	itial ret		E Teleph	one n	umber
_	ermınat			(800)) 251-3627
	mended	I return City or town, state or country, and ZIP + 4 CHARLOTTESVILLE, VA 22908	Group Numbe		ption
Αį	oplicatio	on pending	Numbe	=1	•
		H Check h	▼ ıfı	the o	rganization is not
G A c	count	required t	o attac	ch So	
	ebsite	:▶ N/A	3, 990	- L Z ,	01990-11)
J Tax	-Exem _l	pt status(check only one)— 501(c)(3) 501(c)() ◀(insert no) 4947(a)(1) or 527			
norm	nally n	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization of the third section 527 organization of the section 527 organization that more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-pas) But if the organization chooses to file a return, be sure to file a complete return	on and postca	lıts ç rd) n	gross receipts are nay be required (see
L Add	lines 5	b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 2	5, colun	nn (B)	below) are \$500,000 or
	rt I	Form 990 instead of Form 990-EZ	tructio	ns fo	or Part I)
		Check if the organization used Schedule O to respond to any question in this Part I	•	•	
	1	Contributions, gifts, grants, and similar amounts received		1	45,312
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	2,104
	5a	Gross amount from sale of assets other than inventory 5a			
9	ь	Less cost or other basis and sales expenses 5b	0		
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
å	6	Gaming and fundraising events			
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)			
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
		6b	0		
	с	Less direct expenses from gaming and fundraising events 6c	0		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	,	6d	
	7a	Gross sales of inventory, less returns and allowances			
	ь	Less cost of goods sold	0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	47,416
	10	Grants and similar amounts paid (list in Schedule O)		10	95,266
	11	Benefits paid to or for members		11	
Expenses	12	Salaries, other compensation, and employee benefits		12	21,618
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance	. \lceil	14	
	15	Printing, publications, postage, and shipping		15	1,597
	16	Other expenses (describe in Schedule O)		16	4,038
	17	Total expenses. Add lines 10 through 16		17	122,519
ற	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	\Box	18	-75,103
ssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
NetAs		end-of-year figure reported on prior year's return)		19	296,051
Ž	20	Other changes in net assets or fund balances (explain in Schedule O)	. [20	2,543
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	223,491

Check if the organization used	Schedule O to respond to	any question in this	Part II		
(See the instruc	tions for Part II)		A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			297,086	22	224,771
23 Land and buildings				23	
24 Other assets (describe in Schedule O)	. –	563	+	142
25 Total assets		🗀	297,649	25	224,913
26 Total liabilities (describe in Schedule	0)		1,598		1,422
27 Net assets or fund balances (line 27 o	f column (B) must agree wi	th line 21)	296,051		223,491
Check if the organization used What is the organization's primary exempt	d Schedule O to respond to		Part III	(c)(Expenses quired for section 501 (3) and 501(c)(4)
To promote noise awareness and hearing leading to Describe the organization's program service measured by expenses. In a clear and conbenefited, and other relevant information for	ess prevention through edu e accomplishments for eac cise manner, describe the s	:h of its three largest		organizations and secti	
28 To promote noise awareness and prever (Grants \$) If the	ntion of hearing loss throug s amount includes foreign (28a	
30	s amount includes foreign of the state of th		,	29a 30a	
31 Other program services (describe in Sc (Grants \$) If the	hedule O) s amount includes foreign (grants, check here	· · · • 广	31a	
32 Total program service expenses (add lin			.	32	
Part IV List of Officers, Directors, Tru				struction	ns for Part IV)
Check if the organization used (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)		lans &	(e) Expense
See Additional Data Table					

Pa	Check if the organization used Schedule O to respond to any question in this Part V.			
	Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2,6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		No
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, 'complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
		40b		Νo
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ► GORDON COLLEY Telephone no	• <u>(4 3</u>	34)296	-5466
	PO BOX 800477 Located at CHARLOTTESVILLE, VA ZIP + 4	<u>2</u>	290804	77
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			Γ
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42 c		No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		,		No.
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation	44c		No
45=	In Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		No
-TJG	one and organization have a controlled enarty within the meaning of section 312(D)(13).	45a		No
45b	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,' Form 990 and Schedule R may need to be completed instead of Form990-EZ (see instructions)	45b		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52. Check if the organization used Schedule O to respond to any question in this Part VI								Yes	No
All section 50(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47.49b and 52. Check if the organization used Schedule O to respond to any question in this Pert VI Vest No.					ehalf of or ın	opposition to	46		No
Check if the organization used Schedule C to respond to any question in this Part VI Ves No 17 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 47 No 48 Is the organization and schedule C, Part II No 18 Is the organization and schedule of Part II No 19 Did the organization askedule described in section 170(b)(1)(A)(n)? If Yes, "complete Schedule E 19 Did the organization make any transfers to an exempt non-chantable related organization? 10 Complete this table for the organization is the highest compensation from the organization if there is none, enter "None employees) who each received more than \$10,000 or compensation from the organization if there is none, enter "None part makes and address of seat any part of the organization is the highest compensation of the organization is the highest compensation of the organization is the new part of the organization of the organization is the highest compensation of the organization organization organization organization organization organization organization organizati	Part VI	All section 501(c)(3) organ							stions
Total number of other employees and over \$100,000			l Schedule O to respond	to any question in this F	art VI .		<u></u>		<u> </u>
If Yes, complete Schedule C, Part III 47 No.								Yes	No
### Total number of other employees paid over \$100,000 **Description** **Descrip				ection 501(h) election in	effect during	the tax year?	47		No
16 16 17 17 18 17 18 17 18 18	48 Isthe	e organization a school described	d ın section 170(b)(1)(A)(II)? If "Yes," complete S	Schedule E		48		Νo
So Complete that stable for the organization is set on \$27 organization of the position of the position of the position of the position of the organization of the position of the position of the position of the organization of the position of the positi	19a Did th	ne organization make any transfe	ers to an exempt non-ch	arıtable related organıza	tion?		49a		Νο
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (e) Expense paid more than \$100,000 of compensation from the organization and the organization of the organization organization organization organization organization organization organization organization organization	b If"Ye	es." was the related organization	a section 527 organizat	tion?			49b		No
employees) who each received more than \$100,000 of compensation from the organization. If there is now, enter None (e) Expense paid more than \$100,000 (b) Type of service (c) Compensation (d) Expense account and other allowances. IONE Total number of other employees paid over \$100,000 (c) Compensation (e) Compensation of the state of the organization of the state of the organization org			_		than officers	. directors, trus	tees a	nd kev	
imply see benefit plans & account and deferred compensation of efferred compensation of their allowances of earth position of their allowances. Total number of other employees paid over \$100,000 Total number of other independent contractor paid more than \$100,000 (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (b) Type of service (c) Compensation (d) Total number of other independent contractor paid more than \$100,000 (d) Total number of other independent contractor paid more than \$100,000 Did the organization complete Schedule A **NOTE: All Section \$501(c)(3) organizations and \$4947(a)(1) nonexempt charitable trusts For year in the organization complete Schedule A **NOTE: All Section \$501(c)(3) organizations and \$4947(a)(1) nonexempt charitable trusts For year in the organization of which properer has an ownered paid belief, it is true, correct, and complete. Declaration of propage (other than office) is based on all information of which propage has a nowledge. Signature of officer Double Check if self-employed Propage Prop			han \$100,000 of compe	ensation from the organiz	ation Ifther	e is none, entei	"None	. "	
Total number of other employees paid over \$100,000			hours per week		employee b	enefit plans &	ac	count a	nd
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of the risk of particles of personal contractor paid more than \$100,000 (b) Type of service (c) Compensation in the compensation of the risk of particles of personal complete schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete Schedule A note: Types or particles of person of the particles of person of person of person of the person of person of the person of th	IONE								
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Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation ONE 1 Total number of other independent contractors each receiving over \$100,000 2 Did the organization complete Schedule A? NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A 3 Noneter penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my nowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has an owledge. 3 Onlocality Treasurer Done Collety Treasurer Treasurer Done Collety Treasurer Done Collety Treasurer Treasurer Done Collety Treasurer Done Collety Treasurer Done Collety Treasurer Treasurer Done Collety Treasurer Done Collety Treasurer Treasurer Done Collety Treasurer Treasurer Done Collety Treasurer Done Collety Treasurer Treasurer Done Collety Treasurer Done Collety Treasurer Treasurer Done Collety Treasurer Done Collety Treasurer Done Collety Treasurer Done Collety Treasurer Treasurer Done Collety Treasurer Done Collety Treasurer Treasurer Done Collety Treasurer Done Colle									
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Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation. IONE Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts. Fy tes No. Independent Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts. Fy tes No. Did the organization completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts. Fy tes No. Did the organization completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts. Fy tes No. Did the organization completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts. Fy tes No. Did the organization completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts. Fy tes No. Did the organization completed Schedule A. Note: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts. Fy tes No. Did the organization completed Schedule A. Note: All Section 501(c)(3) o									
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	of con	npensation from the organization	n If there is none, enter	"None "					
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A									
******* Sign lere ****** DON COLLEY Treasurer Type or print name and title Preparer's signature CHRISTINA MONFALCONE CPA Firm's name (or yours if self-employed), address, and ZIP + 4 WILLS & ASSOCIATES PC Type or print name and ZIP + 4 WILLS & ASSOCIATES P	52 Did	the organization complete Sche	dule A? NOTE: All Secti	on 501(c)(3) organizatio					
Signature of officer Don Colley Treasurer Type or print name and title Preparer's signature CHRISTINA MONFALCONE CPA Date Check if self-employed Firm's name (or yours self-employed), address, and ZIP + 4 Preparer's Preparer's taxpayer identification number (See instructions) EIN Firm's name (or yours self-employed), address, and ZIP + 4 Phone no Firm's name (A34) 977-7771	nowledge a								
DON COLLEY Treasurer Type or print name and title Preparer's signature CHRISTINA MONFALCONE CPA Teparer's lace Only Preparer's name (or yours self-employed), address, and ZIP + 4 Date Check if self-employed Firm's name (or yours self-employed), address, and ZIP + 4 Preparer's taxpayer identification number (See instructions) EIN Firm's name (or yours self-employed), address, and ZIP + 4 Phone no Firm's name (or yours self-employed), address, and ZIP + 4	lian								
reparer's Firm's name (or yours WILLS & ASSOCIATES PC f self-employed), address, and ZIP + 4 172 S PANTOPS DR EIN Phone no (434) 977-7771	_	DON COLLEY Treasurer			₽at				
If self-employed), address, and ZIP + 4 172 S PANTOPS DR EIN Phone no 1434) 977-7771	aid aid	CUDICTINA MONEALCO		sel	f			fication n	umber
Phone no • (434) 977-7771	- 1	ıf self-employed),		I	· · · · · · · · · · · · · · · · · · ·	EIN 🕨			
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Form 990-EZ (2011)

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As Filed Data -

DLN: 93492319015972

OMB No 1545-0047

OMB No 1545-004

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

LIONS OF VIRGINIA HEARING FOUNDATION INC

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. Employer identification number

54-1183740

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions										
The	organı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, checl	k only one b	ox)		
1	Γ	A chur	h, convent	on of churches, or a	ssociation of	fchurches s	section 170(b	o)(1)(A)(i).			
2	\sqcap	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Schedi	ule E)				
3	Г			perative hospital se				on 170(b)(1)	(A)(iii).		
4	<u>\</u>	A medi	cal researc	h organization operat ty, and state						(1)(A)(iii). E	nter the
		UNIVE	RSITY OF \	/IRGINIA,							
		<u>C'HARL</u>	OTTESVIL	LE, VA							
5	Γ	An orga	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governmer	ntal unit desc	rıbed ın
		sect ion	170(b)(1)((A)(iv). (Complete P	art II)						
6	Γ	A feder	al, state, or	local government or	r government	tal unit desc	rıbed ın sect i	ion 170(b)(1	L)(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										
_	_			(A)(vi) (Complete P							
8	<u> </u>		•	described in section			•	•			
9	ı	_		at normally receives							-
				ities related to its ex	•	=					
		-	_	oss investment inco				-		tax) from bu	sinesses
	_			ganızatıon after June							
10	<u> </u>	_		ganized and operated	•		•				
11	Γ			ganized and operated							
				ly supported organiz						see section 5	09(a)(3). Check
			Type I	bes the type of supp b Type I			[- Functional			d Type	III - Other
e	\vdash			ox, I certify that the				-			
•	'			on managers and ot							
			509(a)(2)	-		·		-			
f				received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II or Type	III supportir	ng organization,
			his box	2006, has the organi	ization accor	stad any aift	or contributi	on from any	of the		1
g			ig persons?	2000, nas the organi	ization accep	oted any gnt	or contributi	on nom any	or the		
				rectly or indirectly c	ontrols, eith	er alone or t	ogether with	persons des	cribed in (ii)	Yes No
		and (III) below, the	governing body of th	ne the suppor	rted organiza	atıon?			11g	(i)
		(ii) a fa	mily membe	er of a person descri	bed in (i) abo	ove?				11g((ii)
		(iii) a 3	5% control	led entity of a perso	n described i	ın (ı) or (ıı) a	above?			11g(iii)
h		Provide	the followi	ng information about	the supporte	ed organizat	ion(s)				<u> </u>
				(iii)	(iv)					_	
				Type of	Is the	2	(v)		(vi		
(i) Name of supported organization organization organization organization Ilnes 1 - 9 above organization organization organization organization in col (i) listed in your governing organization organization organization in col (i) of your col (i) organized in the U S?					(vii)						
				A mount of							
				support?							
				(see				1			
instructions)) Yes No Yes No				No	Yes	No					
T-4-				l l	I	I	1	1	1	1	1

	(Complete only if ye							
	under Part III. If the							
	ection A. Public Support	_	_			•		
Cale	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1 (f) Total	
1	in) Gifts, grants, contributions, and							
_	membership fees received (Do not	:						
	include any "unusual							
2	grants ") Tax revenues levied for the							
_	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
_	the organization without charge			+				
4	Total. Add lines 1 through 3 The portion of total contributions							
5	by each person (other than a							
	governmental unit or publicly							
	supported organization) included o	n						
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from line 4	ו						
S	ection B. Total Support				<u> </u>	I		
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	L (f) Total	
_	in)	(4) 2007	(2) 2000	(6) 2005	(4) 2010	(0) 2011	(1) 1 ocur	
7 8	A mounts from line 4 Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly carried on							
10	Other income (Explain in Part							
	IV) Do not include gain or loss							
11	from the sale of capital assets Total support (Add lines 7							
	through 10)							
12	Gross receipts from related activit	ies, etc (See inst	cructions)			12		
13	First Five Years If the Form 990 is	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o		
	check this box and stop here						▶ □	
S	ection C. Computation of Pu	blic Support F	Percentage					
14	Public Support Percentage for 201	1 (line 6 column	(f) dıvıded by lıne	11 column (f))		14		
15	Public Support Percentage for 201	0 Schedule A , Pa	rt II, line 14			15		
16a	33 1/3% support test—2011. If the				line 14 is 33 1/3%	∕or more, cl		
h	and stop here. The organization qu 33 1/3% support test—2010. If the	•	, ,,		Sa and line 15 is	33 1/3% or i	more check this	
_	box and stop here. The organization				sa, ana mie 15 io	33 1/3/0 01 1	▶ □	
17a	10%-facts-and-circumstances test							
	is 10% or more, and if the organization me							
	organization			iic organiz	quannes as	a publicly 5	▶□	
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here.							
	15 is 10% or more, and if the orga Explain in Part IV how the organize							
	supported organization	meets the 1	and chedills		- organization qua	ιου αυ α ρι	▶	
18	Private Foundation If the organization	tion did not check	a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	▶ □	
	instructions						 ₹	

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

Software ID: 11000144
Software Version: 2011v1.2

EIN: 54-1183740

Name: LIONS OF VIRGINIA HEARING FOUNDATION INC

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JIM NICHOLS PO BOX 905 WYTHEVILLE, VA 24382	Director 0	0		
DAVID MORRISON PO BOX 763 NORTH TAZEWELL, VA 24630	Director 0	0		
DANIEL BOWLING PO BOX 39 NORTH TAZEWELL, VA 24630	Director 0	0		
NELSON LEFTWICH 1724 GRAND VIEW ROAD BEDFORD, VA 24523	Director 0	0		
STEVE GARRETT 769 LAKESHORE TERRACE ROAD HARDY,VA 24101	Director 0	0		
STAN FURMAN 4004 ATLANTIC AVENUE VIRGINIA BEACH,VA 23451	President 0	0		
BARBARA SENECAL 4241 MANCHESTER ROAD PORTSMOUTH, VA 23703	President O	0		
DR HAUSER WEILER 267 DAWSON LANE WHITE STONE, VA 22578	Director 0	0		
SHARON HART 775 WADESVILLE ROAD BERRYVILLE,VA 22611	Director 0	0		
STAPLETON W WILLS 96 WALDROP ROAD GORDONSVILLE, VA 22942	Director 0	0		
JOEY MCCAFFREY 13412 GREEN ORCHARD DRIVE CHESTER, VA 23936	Director 0	0		
JOHN GALLO 828 FOREST HILL DRIVE SOUTH HILL,VA 23970	Director 0	0		
GROVER E JAEGER 5268 TREVINO DRIVE MASSANUTTEN,VA 22840	Secretary 0	0		
RICH EVANS 10205 NAVARRE COURT HENRICO,VA 23238	Director 0	0		
EMILY CARNES 2600 N NOTTINGHAM STREET ARLINGTON, VA 22207	Director 0	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DENNIS BRINING 5933 FAIRVIEW WOODS DRIVE FAIRFAX STATION,VA 22039	Director 0	0		
DON COLLEY 2515 COMMONWEALTH DRIVE CHARLOTTESVILLE,VA 22901	Treasurer 0	0		
DOUGLAS T CROSS 13334 FIELDSTONE WAY GAINESVILLE.VA 20155	President 0	0		

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As Filed Data -

DLN: 93492319015972

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

LIONS OF VIRGINIA HEARING FOUNDATION INC

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Employer identification number

		54-1183740				
ldentifier	Return Reference	Explanation				
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$1598 Accounts Payable and Accrued Expenses - Ending \$1422				
Form 990-EZ, Part II, Line 24 1002	Other Assets 1002	Furniture and Fixtures - Beginning \$563 Furniture and Fixtures - Ending \$142				
Form 990-EZ, Part I, Line 20 1	Other Changes In Net Assets Or Fund Balances - Other Increases 1	UNREALIZED GAIN \$2543				
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	MISCELLANEOUS \$216				
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	TELEPHONE \$1518				
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$948				
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$421				
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$339				
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$596				
Form 990-EZ, Part I, Line 10 1	Grants and Similar Amounts Paid In Excess of \$5,000 1	Class of Activity GRANTS Donee's Name UNIVERSITY OF VIRGINIA Donee's Address PO BOX 800477 UVA HEALTH SYST CHARLOTTESVILLE, VA 22908 Cash Amount Given \$95266				