

Form **990**

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)

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
VIRGINIA MENTORING PARTNERSHIP

Doing Business As _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 843066

City or town, state or country, and ZIP + 4
RICHMOND VA 23284-3066

D Employer identification number
54-1814823

E Telephone number
804-828-1536

G Gross receipts \$ **597,318**

F Name and address of principal officer: _____

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **N/A**

K Type of organization: Corporation Trust Association Other ▶ _____

L Year of formation: _____

M State of legal domicile: **VA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: VIRGINIA MENTORING PARTNERSHIP PROVIDES TRAINING AND PROGRAM ASSISTANCE TO NEW AND DEVELOPING VOLUNTEER MENTOR/TUTOR PROGRAMS IN THE STATE OF VIRGINIA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of employees (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		530,250
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,435
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,513
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,993
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		301,105
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 77,628		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		230,253	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		531,358	
19 Revenue less expenses. Subtract line 18 from line 12		65,833	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	713,151	775,634
	22 Net assets or fund balances. Subtract line 21 from line 20	97,330	94,012
		615,821	681,622

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____
JENNIFER J. SMITH-SLABAUGH, PH.D. EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ **PHILIP G. TIBBS** Date **3/29/10** Check if self-employed Preparer's identifying number (see instructions) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **HARRIS, HARDY & JOHNSTONE, P.C.** EIN ▶ _____
9201 ARBORETUM PKWY STE 200 Phone no. ▶ **804-560-0560**
RICHMOND, VA 23236

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NANNETTE BAILEY DIRECTOR	2	X					0	0	0	
RICHARD CORNWELL DIRECTOR	2	X					0	0	0	
KYM GRINNAGE VICE CH.	2	X					0	0	0	
JAMES KRESGE DIRECTOR	2	X					0	0	0	
MAUREEN MATSEN DIRECTOR	2	X					0	0	0	
CYNTHIA PRICE DIRECTOR	2	X					0	0	0	
HON. RANDOLPH BEALES DIRECTOR	2	X					0	0	0	
TAMMY CUMMINGS DIRECTOR	2	X					0	0	0	
CATHERINE HOWARD, PH.D. DIRECTOR	2	X					0	0	0	
SENATOR BENJAMIN LAMBERT DIRECTOR	2	X					0	0	0	
PAUL NARDO DIRECTOR	2	X					0	0	0	
S. BUFORD SCOTT CH. EMERITAS	2	X					0	0	0	
H.B. THOMSON III CHAIRMAN	2	X					0	0	0	
DR. YVONNE BRANDON DIRECTOR	2	X					0	0	0	
ERIC FINKBEINER DIRECTOR	2	X					0	0	0	
WALTER KENNEY DIRECTOR	2	X					0	0	0	
SARAH MARTIN TREASURER	2	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AMY NISENSON DIRECTOR	2	X					0	0	0	
MARSHA SHULER DIRECTOR	2	X					0	0	0	
JENNIFER J. SMITH-SLABAUGH, EXEC DIR	32			PH.D. X			71,600	0	22,681	
1b Total							71,600		22,681	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	94,465				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	435,785				
	g Noncash contributions included in lines 1a-1f: \$		85,915				
	h Total. Add lines 1a-1f		530,250				
Program Service Revenue	2a PAY FOR SERVICES		21,470	21,470			
	b CONFERENCE FEES		3,965	3,965			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		25,435				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,640			12,640	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.		127			
	c Gain or (loss)		-127				
	d Net gain or (loss)		-127	-127			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
	b Less: direct expenses		b				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a ANNUAL MENTORING CONFERENCE			28,993	28,993			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			28,993				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			597,191	54,301	0	12,640	

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).**

Do not include amounts reported on lines 6b, 7b, 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				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	94,281	66,341	9,428	18,512
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	160,801	102,835	23,890	34,076
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	46,023	27,158	7,728	11,137
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,730		6,730	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	30,379	25,822	3,038	1,519
17 Travel	5,585	5,585		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	679	679		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,602	5,609	663	330
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a UNIVERSITY SERVICES	109,179	92,803	10,917	5,459
b DEVELOPMENT & COUNSELING	37,753	32,918		4,835
c SUPPLIES	9,821	8,168	1,102	551
d TELECOMMUNICATIONS	8,901	7,121	890	890
e STAFF TRAINING	6,226	6,226		
f All other expenses	8,398	5,114	2,965	319
25 Total functional expenses. Add lines 1 through 24f	531,358	386,379	67,351	77,628
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	2	1
	2	Savings and temporary cash investments	654,703	2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	43,378	4
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	546	9
	10a	Land, buildings, and equipment: cost basis	45,211	10a
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	34,693	10b
	11	Investments—publicly traded securities		11
	12	Investments—other securities. See Part IV, line 11		12
	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)	713,151	16	
Liabilities	17	Accounts payable and accrued expenses	90,830	17
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow account liability. Complete Part IV of Schedule D		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		24
	25	Other liabilities. Complete Part X of Schedule D	6,500	25
	26	Total liabilities. Add lines 17 through 25	97,330	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	476,164	27
	28	Temporarily restricted net assets	139,657	28
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	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		32
33	Total net assets or fund balances	615,821	33	
34	Total liabilities and net assets/fund balances	713,151	34	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits?		