Form 8879-TE	***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for a Tax Exempt Entity	OMB No. 1545-0047
	For calendar year 2021, or fiscal year beginning $ JUL 1$, 2021, and ending $ JUN 30$, 2	
Department of the Treesury	Do not send to the IRS. Keep for your records.	²⁰ 22 2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer JOHN T	YLER COMMUNITY COLLEGE FOUNDATION,	EIN or SSN
INC.		52-1389646
Name and title of officer or p	erson subject to tax RACHEL BIUNDO	
	EXECUTIVE DIRECTOR	
Part I Type of	Return and Return Information	
Form 5330 filers may enter or 10a below, and the am whichever is applicable, b than one line in Part I.	In for which you are using this Form 8879-TE and enter the applicable amount, if any, from r dollars and cents. For all other forms, enter whole dollars only. If you check the box on lir bount on that line for the return being filed with this form was blank, then leave line 1b, 2b, lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	ne 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, line below. Do not complete more
	b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL		
4a Form 990-PF che		
5a Form 8868 check		
6a Form 990-T check		
7a Form 4720 check		
8a Form 5227 check		
9a Form 5330 check		
10a Form 8038-CP c		
	tion and Signature Authorization of Officer or Person Subject to Tax	
	, I declare that I I am an officer of the above entity or I I am a person subject to ta	
	, receive that <u>.</u> rain an officer of the above child of <u>.</u> , (EIN) and	
financial institution to deb later than 2 business days payment of taxes to recei personal identification nur	ution account indicated in the tax preparation software for payment of the federal taxes ov it the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financi prior to the payment (settlement) date. I also authorize the financial institutions involved ir ve confidential information necessary to answer inquiries and resolve issues related to the nber (PIN) as my signature for the electronic return and, if applicable, the consent to electr	al Agent at 1-888-353-4537 no n the processing of the electronic payment. I have selected a
PIN: check one box only	.OWN, EDWARDS & COMPANY, LLP to	enter my PIN 89646
		enter my PIN 89646 Enter five numbers, but
	ERO firm name	do not enter all zeros
with a state age on the return's As an officer or return. If I have	on the tax year 2021 electronically filed return. If I have indicated within this return that a concy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afore disclosure consent screen. person subject to tax with respect to the entity, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a state agency(ies) more than 1 will enter my PIN on the return's disclosure consent screen.	ementioned ERO to enter my PIN tax year 2021 electronically filed
Signature of officer or person subje	ct to tax ► **** THIS IS NOT A FILEABLE COPY ****	Date 🕨
	and Authentication	
ERO's EFIN/PIN. Enter y	our six-digit electronic filing identification	_
number (EFIN) followed by	your five-digit self-selected PIN. 51221459240 Do not enter all zeros	
	meric entry is my PIN, which is my signature on the 2021 electronically filed return indicate coordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Au	
ERO's signature BRC	WN, EDWARDS & COMPANY, LLP Date $\rightarrow 05/3$	11/23
	ERO Must Retain This Form - See Instructions	
	Do Not Submit This Form to the IRS Unless Requested To Do S	io
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.	Form 8879-TE (2021)
102521 01-11-22		

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instru JOHN TYLER COMMUNITY COLLEG INC.	Taxpayer identification number (TIN)								
File by the due date for filing your										
return. See instructions.	n. see									
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)							
Applicati	on	Return	Application			Return				
ls For		Code	Is For			Code				
Form 990	or Form 990-EZ	01	Form 1041-A			08				
Form 472	0 (individual)	03	Form 4720 (other than individual)			09				
Form 990	-PF	04	Form 5227			10				
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990	-T (trust other than above)	06	Form 8870			12				
Form 990	-T (corporation) ADAM SMITH	07								
 If the c If this is box ▶ [1 I reaction that the ▶ [▶ [2 If the ▶ [he tax year entered in line 1 is for less than 12 months, c	Group Exe and atta MAX anization's , an heck reaso	mption Number (GEN) I .ch a list with the names and TINs of X 15, 2023 , to file return for: d ending JUN 30, 2022 on: Initial return	f this is fo all memb	r the whole ers the extent opt organiza	group, check this				
	is application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.				
	his application is for Forms 990-PF, 990-T, 4720, or 6069			3b	¢	0.				
	mated tax payments made. Include any prior year overp			30	\$	0.				
	ance due. Subtract line 3b from line 3a. Include your pang EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.				
Caution: instructio	If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84		d Form 887					

123841 01-12-22

			EXTENDED TO MAY 15, 2023		
	Ω	00	Return of Organization Exempt Fron		OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	• • • • •	2021
Depa	rtment (of the Treasury	Do not enter social security numbers on this form as it m		Open to Public
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the la		Inspection
<u>A</u> F	or th			<u>JUN 30, 2022</u>	
B c a	heck if pplicab			D Employer identificat	ion number
_	Addre	SS TITO	I TYLER COMMUNITY COLLEGE FOUNDATION,		
	_chang Name			52-1389646	
]chang ∣Initial		nusiness as r and street (or P.0. box if mail is not delivered to street address) Room/s		
	_return]Final	1310	1 JEFFERSON DAVIS HIGHWAY		76
	⊥return termii ated	0	town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,030,654.
	Amen return		TER, VA 23831	H(a) Is this a group retur	
	Applie		address of principal officer: RACHEL BIUNDO	for subordinates?	
	pendi		AS C ABOVE	H(b) Are all subordinates includ	
ΙT	ax-ex	empt status:		527 If "No," attach a list	
JV	Vebsi	ite: 🕨 WWW .	JTCC.EDU/FOUNDATION	H(c) Group exemption n	
		f organization: [X Corporation	Year of formation: 1967 M S	tate of legal domicile: VA
Pa	rt I	Summary			
•	1	Briefly describ	be the organization's mission or most significant activities: \underline{THE}	I TYLER COMMUNIT	Y COLLEGE
nce		FOUNDAT	ION ACQUIRES VITAL RESOURCES THAT ADV	ANCE THE COLLEGE	I'S
Governance	2		ox 🕨 🛄 if the organization discontinued its operations or disposed of r	nore than 25% of its net assets	
0 V	3				21
ي م	4		dependent voting members of the governing body (Part VI, line 1b)		20
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)		0 19
tivit	6		of volunteers (estimate if necessary)		<u> </u>
Act			d business revenue from Part VIII, column (C), line 12		0.
	a	Net unrelated	business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	570,018.	1,440,471.
anı	9		ice revenue (Part VIII, line 2g)	0.	0.
Revenue		•	come (Part VIII, column (A), lines 3, 4, and 7d)	2,188,895.	141,462.
Re	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,758,913.	1,581,933.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	646,356.	598,225.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ő	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
adx	b		ing expenses (Part IX, column (D), line 25) 28,597.		
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	289,761.	230,949.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	936,117.	829,174.
	19	Revenue less	expenses. Subtract line 18 from line 12	1,822,796.	752,759.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
sset 3ala	20		Part X, line 16)	8,341,769.	8,148,125.
et A ind F	21		s (Part X, line 26)	77,941. 8,263,828.	<u>90,382</u> 8,057,743.
	22 Irt II	Net assets or	fund balances. Subtract line 21 from line 20	0,203,020.	0,001,140.
			I declare that I have examined this return, including accompanying schedules and sta	atements and to the hest of my know	owledge and belief it is
			Declaration of preparer (other than officer) is based on all information of which pre		טיייסטעט מויט אפוופו, וג וא
<u></u> ,	00110				
		Cignatur	e of officer	Date	

Sign	Signature of officer		Date							
Here	RACHEL BIUNDO, EXECUTI	VE DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature Date								
Paid	M. JAMES HARTSON, JR., CE	M. JAMES HARTSON, JR 05/11	/23 self-employed P00590214							
Preparer	Firm's name 🕒 BROWN , EDWARDS &	COMPANY, LLP	Firm's EIN 🕨 54-0565834							
Use Only	Firm's address 🖕 100 FLANK ROAD									
	PETERSBURG, VA 2	3805-9152	Phone no. 804 – 733 – 5566							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									
~										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	JOHN TYLER COMMUNITY COLLEGE FOUNDATION,
Form	990 (2021) INC. 52-1389646 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE JOHN TYLER COMMUNITY COLLEGE FOUNDATION ACQUIRES VITAL RESOURCES
	THAT ADVANCE THE COLLEGE'S MISSION TO PROVIDE SUPERIOR, AFFORDABLE,
	AND ACCESSIBLE EDUCATION. THE FOUNDATION SEEKS THE TIME, TALENT, AND
	FINANCIAL SUPPORT OF ALUMNI, INDIVIDUALS, BUSINESSES, CIVIC GROUPS,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 372,220 . including grants of \$ 315,667 .) (Revenue \$)
	1 - DURING THE FISCAL YEAR, JTCC FOUNDATION PROVIDED MORE THAN \$632,000
	IN SUPPORT TO THE COLLEGE AND STUDENTS, INCLUDING APPROXIMATELY
	\$282,000 IN SCHOLARSHIPS AND GRANTS AND MORE THAN \$315,000 IN SUPPORT
	FOR ACADEMIC PROGRAMS, FACULTY, EQUIPMENT, STUDENT EMERGENCY AID, AND
	OTHER STUDENT SUPPORT PROGRAMS. DURING THE FISCAL YEAR, THE FOUNDATION
	PROVIDED \$35,000 IN EMERGENCY FUND SUPPORT FOR STUDENTS, ASSISTING THEM
	WITH BASIC NEEDS SUCH AS HOUSING, UTILITIES AND FOOD AS WELL AS
	ACADEMIC SUPPORTS INCLUDING BOOKS, INTERNET ACCESS AND TRANSPORTATION.
4b	(Code:) (Expenses \$ 282,558. including grants of \$ 282,558.) (Revenue \$)
	2 - DURING THE YEAR THE FOUNDATION AWARDED APPROXIMATELY \$282,000
	SCHOLARSHIPS THROUGH A COMPETITIVE APPLICATION PROCESS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
τu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 654,778.
	Form 990 (2021)
132002	12-09-21
	2

2021.05080 JOHN TYLER COMMUNITY COLL 17470401

INC.

Part IV Checklist of Required Schedules

Form 990 (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10	х	
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI	11a		
b		446		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	44.		x
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	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		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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. See instructions	17		<u> </u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			Ι.
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
132003	12-09-21	Form	990	(2021)

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2021.05080 JOHN TYLER COMMUNITY COLL 17470401

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52-1389646 Page 4

Form	990 (2021) INC. 52–1389	<u>646</u>	P	age 4
	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
U		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 TU		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization required, errinnate, or dissorve and cease operations: <i>IF Fes, Complete Schedule N, Part F</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Check if Schedule O contains a reconcise or note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V- -	
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32	2	Yes	No
ia b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	х	
132004	1 12-09-21			(2021)
	5			. /

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990 (2021) INC.	52-1389	646	P	age
V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No
		20		
		3a		х
		4a		х
	counts (FBAR).			
		5a		Х
		5b		Х
		5c		
		6a		Х
		6b		
	vices provided to the payor?	7a		х
		7b		
		7c		Х
	7d			
	ontract?	7e		
		7f		
		7g		
		7h		
	-	8		
Did the sponsoring organization make any taxable distributions under section 4966?		9a		
		9b		
Section 501(c)(7) organizations. Enter:				
Initiation fees and capital contributions included on Part VIII, line 12	10a			
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
Section 501(c)(12) organizations. Enter:				
Gross income from members or shareholders	11a			
Gross income from other sources. (Do not net amounts due or paid to other sources against				
amounts due or received from them.)	11b			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
Section 501(c)(29) qualified nonprofit health insurance issuers.				
Is the organization licensed to issue qualified health plans in more than one state?		13a		
Note: See the instructions for additional information the organization must report on Schedule O.				
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			
	13c			
		14a		Х
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
		15		X
	income?	16		Х
	any			
	•	17		
	Image: Statements Regarding Other IRS Filings and Tax Compliance (continued). 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 If a least one is reported on line 2a, did the organization file all required federal employment tax return Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has if lifed a Form 900-1 for this year? If Not 0 line 36, provide a resplanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial a try 'res," in the name of the foreign Country Imployment tax securities account, or other financial account in a foreign country Imployment tax statement that such are replicible tax shelter transaction at any time during the tax year? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac Was the organization nad gross receipts that are normally greater than \$100,000, and did thr any contributions that were not tax deductible contributions under section 170(c). Did the organization include with every solicitation an express statement that such contribution the organization neceive a paymetin in excess of \$75 made parity as a contribution and partly for goods and seri tryes, 'indicate the number of Forms 8282 filed during the year Did the organization notity the donor of the value of the gods or services provider? Did the organization n	Image: Statements Regarding Other IRS Filings and Tax Compliance (continued) Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, the admatary ware anding with or within the year covered by this return Image: Continued Continue Continued Con	Itemports Regarding Other IRS Filings and Tax Compliance (continued) Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 0 If a least one is reported on Ine 2a, duit the equination of the all equired feederal employment tax returns? 2a 0 If a least one is reported on Ine 2a, duit the equination one during the yea? 3a 3a If "Yes," that it filed a Form 890-T for this yea? // 'No' to line 3b, provide an explanation on Schedulo 0 3b A ary 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 If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other authority over, a financial account)? 5a Des inter contration tor filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Uf yes, " other so ary bo, id the organization in at rives are normally greater than \$100,000, and id the organization color the scheder transaction an arypes statement that such contributions or gifts were not tax deductible or threade as rips are normally greater than \$100,000, and id the organization notic the accounts of the account account in a corpora state account in the organization interfere and partials an contributions and partials accontributions or gifts were not tax deductible? 7a If "Yes," (did the organization n	VI Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, life for the calendary sear ending with or within the year overale by this return yes 0 If a least on is reported on line 32, did the organization file all equired fideral employment tax returns? 26 30 If a least on is reported on line 32, did the organization file all equired fideral employment tax returns? 30 30 If a least on is reported on line 32, did the organization have an integet in or a signature or other authority over, a financial account in a forsign country (such as a bank account, ear authorita or other authority over, a financial account in a forsign country (such as a bank account, searching and yrith a prohibited tax shelter transaction any true prohibited tax shelter transaction? 50 Did any taxable party notify the organization file orm 8865 f7 50 56 56 Did any contributors that were not tax diductible is charitable contributions? 7a 7a 7a Tex. Tex. Tex. 7a 7a 7a Tex. Tex. Tex. Tex. 5a 5a 5a

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200	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management	<u></u>		X
Jec	tion A. doverning body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21		165	INC
14	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
h	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval 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	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright VA$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ADAM SMITH - 804-594-1476			
	800 CHARTER COLONY PARKWAY, MIDLOTHIAN, VA 23114			
	<u>600 CHARTER COLONI FARRWAI, MIDLOTHIAN, VA 25114</u>		990	

Form 990 (2		INC.					52-1
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest C	Compensated
	Employees, and	d Independe	ent Contra	ctors			

Check if Schedule O contains a response or note to any line 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.

INC.

List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	erage Position (do not check more than one					ne	Reportable	Reportable	Estimated
	hours per	box,	officer and a director/trustee)				n an	compensation	compensation	amount of
	week					l/iius		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	ompei		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) CATHERINE FOCA	1.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(2) RACHEL BIUNDO	40.00									
EXECUTIVE DIRECTOR		Х		Х				0.	0.	0.
(3) BRIDGET H. WILSON	1.00									
DIRECTOR		Х						0.	0.	0.
(4) RICARDO TORRES	1.00									
2ND VICE PRESIDENT		Х		Х				0.	0.	0.
(5) EDWARD RASPILLER	7.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JON VANCLEAVE	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) PETER ELIADES	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) RODNEY BRAZIEL	1.00									
DIRECTOR		Х						0.	0.	0.
(9) PHILLIP O'CONNOR	1.00									
DIRECTOR		Х						0.	0.	0.
(10) PAMELA COMSTOCK	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ALEX R. O'NEILL	1.00									
DIRECTOR		Х						0.	0.	0.
(12) VANDY JONES, III	1.00									-
DIRECTOR		Х						0.	0.	0.
(13) DAVID LEDBETTER	1.00									-
DIRECTOR		Х						0.	0.	0.
(14) JAMES MYERS	1.00									-
1ST VICE PRESIDENT		Х		х				0.	0.	0.
(15) ANDREW GLOWATSKY	1.00									-
DIRECTOR		Х						0.	0.	0.
(16) RONALD WHITE	1.00								-	
DIRECTOR		Х						0.	0.	0.
(17) KEN MESICK	1.00									-
DIRECTOR		Х						0.	0.	0.
132007 12-09-21					,					Form 990 (2021)

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2021.05080 JOHN TYLER COMMUNITY COLL 17470401

INC.

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	990 (2021) INC.									52-138	396	46	Pa	ge 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not c	(C Posi heck r ss per nd a di	ition more rson i	than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mateo ount o ther	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	/	orga	m the nizatio relate	on d
	EVAN SHRIVER CTOR	1.00	x						0.	().			0.
	KENNETH PRITCHETT	1.00	Λ						0.	, i	·			0.
	EGE BOARD REPRESENTATI	1.00	x						0.	ſ).			Ο.
	DENNY MORRIS	1.00									<u> </u>			••
	CTOR	1.00	х						0.	().			0.
(21)	MELVYN SMITH	1.00												
DIRE	CTOR		Х						0.	().			0.
			-											
			-											
	Subtotal								0.).			0.
	Total from continuation sheets to Part VI								0.).			0.
 2	Total (add lines 1b and 1c)							o re	• •					0.
_	compensation from the organization		000	noto	u us		,	010						0
												`	/es	No
3	Did the organization list any former officer,				•	-		Ŭ	• • •	•				х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su										· -	3		<u> </u>
-	and related organizations greater than \$150											4		х
5	Did any person listed on line 1a receive or a											-		
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or sı	<u>ich p</u>	oers	on .					5		Х
	tion B. Independent Contractors				-+				• • • • • • • • • • • • • • • • • • •	100.000 of common				
1	Complete this table for your five highest co the organization. Report compensation for		-								Isau		1	
	(A) Name and business								(B) Description of s		<u> </u>	(C)		
	Name and business	address	INC	ONE	5				Description of s		00	mpena	sation	
								_						
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organized structure structure).		ot lir	niteo	d to t	thos (ted	above) who received mo	ore than				

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			2021) INC.				52-1389	646 Page 9
Pa	rt \	/111						
			Check if Schedule O contains a response of	or note to any lin		(B)	(0)	
					(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(0.40	4							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a Membership dues 1b					
DOL CL			Membership dues 1b Fundraising events 1c					
fts, r Ai			Related organizations					
, Gi nila			Government grants (contributions)					
ons Sir			All other contributions, gifts, grants, and					
buti		•	similar amounts not included above 1f	1,440,471.				
d Of		g	Noncash contributions included in lines 1a-1f	1,511.				
Col		h	Total. Add lines 1a-1f		1,440,471.			
				Business Code				
e	2	а						
Program Service Revenue		b						
n Se		с						
ran Sevi		d						
rog		е						
٩			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere		136,575.			136,575.
			other similar amounts) Income from investment of tax-exempt bond p		130,373.			130,373.
	4 5							
	5		Royalties	(ii) Personal				
	6	а	Gross rents	(
	Ū		Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	>				
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 1,453,608.					
		b	Less: cost or other basis					
anı			and sales expenses 7b 1,448,721.					
evenue		С	Gain or (loss) 7c 4,887.					
Ě			Net gain or (loss)	•	4,887.			4,887.
Other	8	а	Gross income from fundraising events (not					
ò			including \$ of					
			contributions reported on line 1c). See					
		L	Part IV, line 18 8a Less: direct expenses 8b					
			Less: direct expenses 8b Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
	5	-	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		с	Net income or (loss) from sales of inventory	►				
s				Business Code				
Miscellaneous Revenue	11	а						
land		b						
Sev		с						
Mis			All other revenue					
			Total. Add lines 11a-11d		1 591 022	0.	0.	1/1 /60
10000	12		Total revenue. See instructions	₽	1,581,933.	I ⁰ .	I ⁰ .	141,462. Form 990 (2021)
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Form 990 (2021)

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).

INC.

	Check if Schedule O contains a response		his Part IX		
	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 domestic organizations				
	and domestic governments. See Part IV, line 21	315,667.	315,667.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	282,558.	282,558.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
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)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management	5,000.		5,000.	
b		74,355.		74,355.	
c	Accounting	/4,555.		/4,555.	
d	Lobbying				
e 4	Professional fundraising services. See Part IV, line 17 Investment management fees	40,008.	23,677.	16,331.	
f		40,000.	23,077.	10,331.	
g	column (A), amount, list line 11g expenses on Sch 0.)	2,138.		2,138.	
40	Advertising and promotion	2,130.		2,150.	
12 13	Office expenses	6,123.	4,096.	1,615.	412.
13 14	Information technology	0,123.	4,050.	1,013.	112.
1 4 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	3,690.	1,989.	1,615.	86.
20	Interest	,	,	,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUBSCRIPTIONS AND LICEN	38,072.	6,500.	31,572.	
b	OTHER ADMINISTRATIVE	19,886.	3,702.	13,173.	3,011.
с	DONOR STEWARDSHIP	14,793.			14,793.
d	REIMBURSEMENT OF SALARI	14,704.	14,704.		
е	All other expenses	12,180.	1,885.		10,295.
25	Total functional expenses. Add lines 1 through 24e	829,174.	654,778.	145,799.	28,597.
	Joint costs. Complete this line only if the organization				
26					
26	reported in column (B) joint costs from a combined			I	
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Form **990** (2021)

Pa	rt X	Balance Sheet					5
		Check if Schedule O contains a response or no	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			35,601.	1	34,341.
	2	Savings and temporary cash investments			319,101.	2	827,033.
	3	Pledges and grants receivable, net			196,740.	3	501,430.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe		6			
ts	7	Notes and loans receivable, net		E CONTRACTOR OF CO		7	
Assets	8	Inventories for sale or use				8	
<	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		05 000			
		basis. Complete Part VI of Schedule D			05 000		05 000
	b	Less: accumulated depreciation	25,800.		25,800.		
	11	Investments - publicly traded securities			7,764,527.	11	6,756,617.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14	2 004		
	15	Other assets. See Part IV, line 11			8,341,769.	15	2,904.
	16	Total assets. Add lines 1 through 15 (must eq			75,568.	16	<u>8,148,125.</u> 87,898.
	17	Accounts payable and accrued expenses	75,500.	17 18	07,090.		
	18 19	Grants payable		19			
	20	Deferred revenue Tax-exempt bond liabilities				20	
	20	Escrow or custodial account liability. Complete				20	
	22	Loans and other payables to any current or for				21	
Liabilities	~~	trustee, key employee, creator or founder, sub					
iliq		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unre		F		23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D			2,373.	25	2,484.
	26	Total liabilities. Add lines 17 through 25			77,941.	26	90,382.
		Organizations that follow FASB ASC 958, ch	neck her	re 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			2,495,805.	27	2,022,773.
Ba	28	Net assets with donor restrictions			5,768,023.	28	6,034,970.
pur		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📃			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
ssei	30	Paid-in or capital surplus, or land, building, or e		Г		30	L
tAŝ	31	Retained earnings, endowment, accumulated i		····· -	0 0 0 0 0 0 0	31	
Re	32	Total net assets or fund balances			8,263,828.	32	8,057,743.
	33	Total liabilities and net assets/fund balances			8,341,769.	33	8,148,125.
							Form 990 (2021)

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Form 990 (2021)

	990 (2021) INC •	52-13	89646	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,581	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,174.
3	Revenue less expenses. Subtract line 2 from line 1	3		,759.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,828.
5	Net unrealized gains (losses) on investments	5	-958	,844.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
_	column (B))	10	8,057	,743.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2021)

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Department of the Treasury			Co	omplete if the organ 494 ► A	rity Status an hization is a section 501 47(a)(1) nonexempt cha Attach to Form 990 or F //Form990 for instruction	(c)(3) orga ritable tru orm 990-l	anization (Ist. EZ.	or a section		OMB No. 1545-0047
Nam	e of t	he organizati			MUNITY COLLEC				Employer	identification number
		_	INC.							2-1389646
Pa	rtI	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The of 1 2 3 4		A church, con A school des A hospital or A medical res city, and state	nvention of chi cribed in sect i a cooperative earch organize	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga ation operated in cor	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se njunction with a hospital	in section 990).) ection 170 described	n 170(b)(1 (b)(1)(A)(ii in sectio	i). n 170(b)(1)(A		· · · · ·
5	X				llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
6 7 8 9	 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 									
10	university:									
11 12 a b		An organizati more publicly lines 12a thro Type I. A successful the organizatio Type II. A successful to a successful to a control or morganizatio	on organized a supported org ugh 12d that of upporting orga ted organization n. You must o upporting org nanagement o n(s). You mus	and operated exclusi ganizations describe describes the type of anization operated, so on(s) the power to rec complete Part IV, Se anization supervised f the supporting orga t complete Part IV,	or controlled in connect anization vested in the sa Sections A and C.	perform the section of and composite support of the	he function 509(a)(2). plete lines ported org. of the direct s supporte ns that col	ns of, or to ca See section 12e, 12f, and anization(s), t tors or truste ed organizatio ntrol or mana	509(a)(3). (1 12g. ypically by es of the su n(s), by hav ge the supp	Check the box on giving upporting ving ported
с					g organization operated). You must complete F				lly integrate	ed with,
d e		 Type III no that is not f requiremen Check this 	n-functionally unctionally int t (see instructi box if the orga	r integrated. A supp egrated. The organiz ions). You must con anization received a v	porting organization oper ation generally must sati nplete Part IV, Sections written determination fro nally integrated supportin	ated in cor sfy a distri A and D, m the IRS	nnection w ibution rec and Part that it is a	vith its suppo quirement and V.	an attentiv	
f	Ente									
	Prov		ng informatior orted	(ii) EIN			anization listed	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)
 Tota	1									

Schedule A (Form 990) 2021

INC.

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Part II	Support Schedule for Organizations Described in S	Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v
	Support Soficadie for Sigamzations Described in e	

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

260	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	704,182.	2151556.	904,821.	570,018.	1440471.	5771048.		
2	Tax revenues levied for the organ-								
	ization'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					458,347.			
4	Total. Add lines 1 through 3	1020252.	2871360.	1507224.	958,958.	1898818.	8256612.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						1949627.		
	Public support. Subtract line 5 from line 4.						6306985.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	1020252.	2871360.	1507224.	958,958.	1898818.	8256612.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots	153,695.	124,980.	157,620.	131,826.	136,575.	704,696.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						8961308.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section /	01(c)(3)			
	organization, check this box and stop								
Sec	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2021 (I		•			14	70.38 %		
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	72.28 %		
1 6a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this box			
	stop here. The organization qualifies	as a publicly supp	orted organization				► X		
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟		
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,		
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization				
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is [.]	10% or		
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the			
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions			
						Schedule A	(Form 990) 2021		

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Schedule A (Form 990) 2021

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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

Sec	Alon A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	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 furnished by a governmental unit to the organization without charge						
~	• • …						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
~	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here					-	
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage			, , ,	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box at	-	•				P
b	33 1/3% support tests - 2020. If the	-					ind
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	nis box and see ins		
13202	3 01-04-22		16			Schedule A	A (Form 990) 2021

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INC.

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1

Yes No

Part IV Supporting Organizations

Schedule A (Form 990) 2021

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

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Sche	edule A (Form 990) 2021 INC •	52-138964	6 Ра	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's c directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amon supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	fficers,		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
1 a b				
c		tity (see instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,*
- Do the activities described on the 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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-						
	INC.					52-1
	JOHN	TYLER	COMMUNITY	COLLEGE	FOUNDATION,	

	dule A (Form 990) 2021 INC .			52-1389646 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	_
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2021

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Sche Par	dule A (Form 990) 2021 INC . t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}		2-1389646	Page 7
	on D - Distributions	<u></u>		eu)	Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mot nurnoses		1	Our ofference in the	
2	Amounts paid to perform activity that directly furthers exemp			•		
-	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose		3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.	0		8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributab Amount for 2	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2017					
b	Excess from 2018					
C	Excess from 2019					
d	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

			TYLER	COMMU	NITY	COLLE	GE	FOUNDATION,	
Schedule A Part VI	(Form 990) 2021	INC.	Due viele the				line		52-1389646 Page
	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 3; Part IV, 1	6, 9a, 9b, 9 Section E, I	9c, 11a, 1 lines 1c, 2	1b, and 11c 2a, 2b, 3a, a	; Par Ind 3I	t IV, Section B, lines 1 a b; Part V, line 1; Part V,	and 2; Part IV, Section C, Section B, line 1e; Part V,
2028 01-04-2	22								Schedule A (Form 990) 20
					21				

	HEDULE D n 990)		Complete if the	e org	al Financial Sta anization answered "Yes" 1, 11a, 11b, 11c, 11d, 11e, 1	on Form 990,			омв №. 20	1545-0047 21
	ment of the Treasury	•			Attach to Form 990.				Open Inspec	to Public
	I Revenue Service e of the organizatio				90 for instructions and the TY COLLEGE FOU		101.	Employ	/er identificati	
Mann	e of the organizatio	INC.				112111 ± 011 ;		Employ	52–1389	
Par	rt I Organiza		taining Donor Adv	/ise	d Funds or Other Sim	nilar Funds o	r Ac	counts		
	organization	answered "Ye	es" on Form 990, Part I	V, lir	ie 6.				·	
					(a) Donor advised f	unds	(k) Funds	and other acco	ounts
1	Total number at en	d of year								
2			to (during year)							
3			uring year)							
4										
5					writing that the assets held	in donor advised	fund	S		
	are the organization	n's property, s	ubject to the organizati	on's	exclusive legal control?				🗌 Yes	No
6	Did the organization	n inform all gra	intees, donors, and doi	nor a	dvisors in writing that grant	funds can be us	sed or	ly		
	for charitable purpo	oses and not fo	or the benefit of the do	nor c	r donor advisor, or for any c	other purpose co	nferrir	ng		
	impermissible priva								Yes	No
Par	rt II Conserva	ation Easer	nents. Complete if th	ne or	ganization answered "Yes" of	on Form 990, Pa	urt IV,	line 7.		
1	Purpose(s) of conse	ervation easen	nents held by the organ	nizati	on (check all that apply).					
	Preservation	of land for put	olic use (for example, re	ecrea	tion or education)	Preservation of a	histo	rically imp	portant land ar	ea
	Protection of	natural habita	t		F	Preservation of a	certif	ied histor	ic structure	
	Preservation	of open space	•							
2	•	•	ne organization held a d	quali	fied conservation contribution	on in the form of	a con			
	day of the tax year.							He	ld at the End of	the Tax Year
а	Total number of co	nservation eas	ements					2a		
b	Total acreage restri	cted by conse	rvation easements					2b		
с	Number of conserv	ation easemer	nts on a certified histori	c str	ucture included in (a)			2c		
d	Number of conserv	ation easemer	nts included in (c) acqui	ired a	after 7/25/06, and not on a h	nistoric structure	.			
	listed in the Nationa	al Register					[2d		
3	Number of conserv	ation easemer	ts modified, transferre	d, re	eased, extinguished, or tern	ninated by the o	rganiz	ation dur	ing the tax	
	year 🕨									
4			subject to conservatio							
5	0				riodic monitoring, inspection	n, handling of				
			e conservation easeme							No
6		hours devoted	d to monitoring, inspec	ting,	handling of violations, and e	enforcing conser	vatior	1 easeme	nts during the	year
_	►	<u> </u>								
7	. .	es incurred in r	nonitoring, inspecting,	hand	lling of violations, and enfor	cing conservatio	n eas	ements d	luring the year	
-	►\$		_					,		
8			• • • • •		e satisfy the requirements o					
•									Ves	No No
9	,	Ũ	•		on easements in its revenue	•				
				tootr	note to the organization's fin	iancial statemen	ts tha	t describ	es the	
Par			servation easements.	5 0	f Art, Historical Treas	ures or Oth	or Si	milar A	seate	
1 41			on answered "Yes" on I							
4.										
Ia	0				8, not to report in its revenu					
					olic exhibition, education, or		nerano	ce of pub	lic	
					ncial statements that describ					
D	-				8, to report in its revenue st					
			-	JIIQUIC	exhibition, education, or re	search in further	ance		service,	
	•	•	ating to these items:					•		
•	(ii) Assets included				aguraa, ar athar aimilar agaa			_		
2					asures, or other similar asse		an, p	ovide		
-	-	-	-		SC 958 relating to these ite			•		
								► \$_ ► ¢		
					for Form 990			► \$ \$	hodulo D (Cerr	m 000\ 0004
			lotice, see the Instruc	aon	5 IOI FUIIII 990.			90	hedule D (For	m 990j 2021
13205	1 10-28-21				28					

13570511 700842 1747040.000

2021.05080 JOHN TYLER COMMUNITY COLL 17470401

JOHN	TYLER	COMMUNITY	COLLEGE	FOUNDATION
------	-------	-----------	---------	------------

		LER COMMUNI	TY COLLEGI	E FOUNDATIC	-	F0 10	00040		•
	dule D (Form 990) 2021 INC . t III Organizations Maintaining C	alloctions of Art	- Historical Tra	acuras or Otha		52-13			age 2
							(contin	<u>led)</u>	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant l	use of its			
_	collection items (check all that apply):								
a	Public exhibition	a		hange program					
b	Scholarly research	е	Other						
c	Preservation for future generations								
4	Provide a description of the organization's co	•	•	•		se in Part	XIII.		
5	During the year, did the organization solicit o		•				7		٦
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran						Yes		No
Fai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" or	1 Form 990	, Part IV, I	ine 9, or		
			fau		in altral and				
па	Is the organization an agent, trustee, custodi								7
	on Form 990, Part X?					L	Yes		No
a	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:				Amount		
							Amount		
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance						1		<u> </u>
	Did the organization include an amount on Fe				• • • • • • • • • • • • • • • • • • • •	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.								<u> </u>
I ai	t V Endowment Funds. Complete i	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	voare back	(e) Four	Voore	hack
4.	Device in a factor balance	4,717,752.	3,850,218.	3,784,565.	., ,		. ,	,	675.
-	Beginning of year balance	60,500.	62,575.	123,223.	, í	61,934. 50,845.	¥,		259.
b	Contributions	,	,	,		,			
c	Net investment earnings, gains, and losses	-508,440.	899,241.	41,578.	1	92,324.		207,	225.
d	Grants or scholarships								
е	Other expenditures for facilities	100 005	04.000	00 140		00 500	1	200	205
	and programs	106,695.	94,282.	99,148.	1	20,538.	1,	268,	225.
f	Administrative expenses	42,403.							
g	End of year balance	4,120,714.	4,717,752.		3,7	84,565.	3,	661,	934.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment $\blacktriangleright \frac{64.0800}{25.0000}$	%							
С	Term endowment 35.9200								
	The percentages on lines 2a, 2b, and 2c show	•							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	he organiza	ation	Г		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	$ \rightarrow $	<u>X</u>
	(ii) Related organizations						3a(ii)	$ \rightarrow $	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm		D (N / P) /						
	Complete if the organization answered		· · ·						
	Description of property	(a) Cost or ot	• • •			ed	(d) Book	value	Э
		basis (investm	,	(other) de	epreciation		~		
	Land		500.				25	5,80	10.
	Buildings								
С	Leasehold improvements								
d	Equipment								
-	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part >	K. column (B). line 10	0c.)			25	, 80	00.

Schedule D (Form 990) 2021

INC.

Schedule D (Form 990) 2021 INC .		5	2-1389646 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV, line 1	1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYROLL LIABILITIES			2,484.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	25.)		2,484.
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements	s that reports the

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

	edule D (Form 990) 2021 INC .				1389646 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,041,428.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-958,844.		
b	Donated services and use of facilities	2b	458,347.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-500,497.
3	Subtract line 2e from line 1			3	1,541,925.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,008.		
b	Other (Describe in Part XIII.)	4b			
-	Add lines 4a and 4b			4c	40,008.
C					
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	1,581,933.
5			Expenses per F		<u>1,581,933.</u> n.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)	ements With	Expenses per F		n.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F		1,581,933. n. 1,247,513.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12.	ements With	Expenses per F	Retur	n.
5 Ра 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With	Expenses per F	Retur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	ements With	Expenses per F	Retur	n.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2b 2b	Expenses per F	Retur	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2a 2b 2c	Expenses per F	Retur	n.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	458,347.	Retur	n.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2c 2d	458,347.	1	n. <u>1,247,513.</u>
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d	458,347.	1 2e	n. <u>1,247,513.</u> 458,347.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 12a. 2b 2b 2c 2d	458,347.	1 2e	n. <u>1,247,513.</u> 458,347.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 12a. 2a 2b 2c 2d	458,347.	1 2e	n. <u>1,247,513.</u> 458,347.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1	2a 12a. 2a 2b 2c 2d 4a 4b	458,347. 40,008.	1 2e	n. <u>1,247,513.</u> 458,347.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2a 2b 2c 2d 2d 4a 4b	458,347. 40,008.	1 2e 3	n. <u>1,247,513.</u> <u>458,347.</u> 789,166.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THERE ARE APPROXIMATELY 46 INDIVIDUAL ENDOWMENT FUNDS USED MAINLY FOR

STUDENT SCHOLARSHIPS. A SMALL PORTION IS USED FOR EQUIPMENT PURCHASES.

PART X, LINE 2:

THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE ON ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED THE FOUNDATION'S TAX

POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH THE PROVISIONS OF THIS GUIDANCE. CURRENTLY, THE FOUNDATION'S 2019

THROUGH THE 2021 TAX YEARS ARE OPEN AND SUBJECT TO INCOME TAX EXAMINATIONS

31

BY THE TAXING AUTHORITIES.

132054 10-28-21

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 INC .	52-1389646 Page 5
Schedule D (Form 990) 2021 INC . Part XIII Supplemental Information (continued)	
THE FOUNDATION INCLUDES PENALTIES AND INTEREST AS	SSESSED BY INCOME TAXING
AUTHORITIES IN MANAGEMENT AND GENERAL EXPENSES. T	THE FOUNDATION DID NOT
HAVE PENALTIES AND INTEREST RELATING TO INCOME TA	AXES FOR THE YEAR ENDED
JUNE 30, 2022.	
	Schedule D (Form 990) 2021

SCHEDULE I (Form 990) Department of the Treasury		Go	Grants and Oth vernments, an lete if the organization	d Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047 2021 Open to Public
Internal Revenue Service				s.gov/Form990 fo		nation.		Inspection
Name of the organization	JOHN TYLE. INC.	R COMMUNI	TY COLLEGE 1	OUNDATION	Ν,			Employer identification number $52-1389646$
Part I General Infor	mation on Grants a	nd Assistance						
criteria used to awar	rd the grants or assis	stance?	e amount of the grants			-		
		-	zations and Domestic be duplicated if addition			anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and addre or govern	0	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JOHN TYLER COMMUNITY 13101 JEFFERSON DAVI CHESTER, VA 23831		54-1268277	170(C)(1)	314,155.	1,512.	FMV	EQUIPMENT	SUPPORT FOR THE COLLEGE
2 Enter total number of3 Enter total number of			l ganizations listed in the 1 table	l e line 1 table				↓ <u>1.</u>

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

52-1389646 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					FUNDS ARE DONATED TO THE
					FOUNDATION TO BE USED FOR
					RESTRICTED PURPOSES FOR THE
SCHOLARSHIPS AND GRANTS - PAID TO JTCC	204	282,558.	0.		BENEFIT OF JOHN TYLER
					l

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: FUNDS ARE DONATED TO THE

FOUNDATION TO BE USED FOR RESTRICTED PURPOSES FOR THE BENEFIT OF JOHN

TYLER COMMUNITY COLLEGE. JOHN TYLER COMMUNITY COLLEGE INCURS THE

NECESSARY EXPENSES AND THEN SUBMITS AN INVOICE TO THE FOUNDATION TO BE

REIMBURSED.

Schedule I (Form 990) 2021

 SCHEDULE O (Form 990)
 Supplemental Information to Form 990 or 990-EZ
 OMB No. 1545-0047

 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.
 OMB No. 1545-0047

 Name of the organization
 JOHN TYLER COMMUNITY COLLEGE FOUNDATION,
 Employer identification number

Name of the organization JOHN

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION TO PROVIDE SUPERIOR, AFFORDABLE, AND ACCESSIBLE EDUCATION TO

MEMBERS OF THE COMMUNITY. THE FOUNDATION SEEKS THE TIME, TALENT, AND

FINANCIAL SUPPORT OF INDIVIDUALS, BUSINESSES AND PRIVATE FOUNDATIONS TO

HELP FUND STUDENT SUPPORT INITIATIVES SUCH AS SCHOLARSHIPS AND

EMERGENCY FUNDS; ACADEMIC AND WORKFORCE PROGRAM DEVELOPMENT AND

EXPANSION; AND OTHER CRITICAL STUDENT AND COLLEGE NEEDS.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FOUNDATION WAS VERY SUCCESSFUL IN ENGAGING INVESTMENTS THAT SUPPORT

COLLEGE PROGRAM DEVELOPMENT AND EXPANSION THIS YEAR. IN FY22, THE

FOUNDATION SECURED \$545,000 IN GRANT FUNDING FOR EXPANSION OF IN-DEMAND

HEALTHCARE PROGRAMS AT THE COLLEGE. IN ADDITION, THE FOUNDATION SECURED

\$306,000 IN GRANT FUNDING PLUS \$682,000 MORE IN REIMBURSABLE GRANT

FUNDS TO LAUNCH NEW PHARMACEUTICAL MANUFACTURING WORKFORCE TRAINING AND

EDUCATION PROGRAMS AT THE COLLEGE. THESE PROGRAMS WILL PREPARE STUDENTS

FOR NEW JOBS COMING TO OUR REGION AS A RESULT OF A LARGE, NEW

PHARMACEUTICAL MANUFACTURING CLUSTER DEVELOPING IN THE COLLEGE'S

SERVICE AREA.

EACH YEAR, THE FOUNDATION RAISES AND ADMINISTERS SCHOLARSHIPS TO

INCREASE ACCESS TO COLLEGE EDUCATION FOR OUR STUDENTS. IN FY 22,

THROUGH THE GENEROSITY OF DONORS, THE FOUNDATION PROVIDED MORE THAN

\$283,000 IN SCHOLARSHIPS TO 204 STUDENTS THROUGH A COMPETITIVE

APPLICATION PROCESS. SCHOLARSHIPS ALONE DO NOT MEET OUR STUDENTS'

FINANCIAL NEEDS. MANY STUDENTS WORK, HAVE FAMILIES AND JUGGLE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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52-1389646

Schedule O (Form 990) 2021 Name of the organization JOHN TYLER COMM INC •	UNITY COLLEGE FOUNDATION,	Page 2 Employer identification number 52-1389646
SIGNIFICANT FINANCIAL RESPONS	TRILITTES SOME STUDENTS ARE	1
OR ONE ILLNESS WITH MEDICAL B	ILLS AWAY FROM HAVING TO DROP	OUT OF
SCHOOL. THE FOUNDATION'S EMER	GENCY FUND IS DESIGNED TO ASS	SIST STUDENTS
AT THESE CRITICAL TIMES, PROV	IDING SMALL AWARDS TO ASSIST	THEM IN
MOVING THROUGH THE CRISIS AND	STAYING ON TRACK EDUCATIONAL	LY. THIS
YEAR, THE FOUNDATION AWARDED	\$35,000 IN EMERGENCY AID TO 9	0 STUDENTS,
HELPING THEM WITH BASIC NEEDS	SUCH AS FOOD AND HOUSING INS	ECURITY AND
TRANSPORTATION AS WELL AS ACA	DEMIC SUPPORTS SUCH AS BOOKS.	
THE FOUNDATION CONTINUED TO F	UNDRAISE FOR OTHER INITIATIVE	S SUCH AS
GREAT EXPECTATIONS, A PROGRAM	TO SUPPORT STUDENTS WHO HAVE	AGED OUT OF
THE FOSTER CARE SYSTEM AND AN	NUAL FUND.	
FORM 990, PART III, LINE 1, D	ESCRIPTION OF ORGANIZATION MI	SSION:
AND PRIVATE FOUNDATIONS IN OR		
HELP THE COLLEGE ELEVATE THE		
ILLEF THE COLLEGE ELEVATE THE	COMMONITY 5 QUALITY OF HIPE.	
FORM 990, PART VI, SECTION B,	LINE 11B:	
THE BOARD RECEIVES THE 990 FO		90 IS MADE
AVAILABLE BY MAIL OR EMAIL TO	EACH BOARD MEMBER.	
FORM 990, PART VI, SECTION B,	LINE 12C:	
THE BOARD MEMBERS ARE REQUIRE	D TO SIGN A STATEMENT EACH YE	CAR ACKNOWLEDGING
THAT THEY UNDERSTAND AND AGRE	E TO ABIDE BY THE CONFLICTS C	OF INTEREST
POLICY. IN THE EVENT THAT A B	OARD MEMBER HAS A POTENTIAL C	CONFLICT OF
INTEREST DURING THE YEAR, SUC	H BOARD MEMBER SHALL RECUSE H	IIMSELF/HERSELF
FROM ALL DISCUSSIONS OR VOTE	ON THE MATTER.	
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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021						
Name of the organization		TYLER	COMMUNITY	COLLEGE	FOUNDATION,	Employer identification number
	INC.					52-1389646

FORM 990, PART VI, SECTION B, LINE 15:

THE FOUNDATION ITSELF HAS NO EMPLOYEES. INSTEAD, ALL INDIVIDUALS PERFORMING

SERVICES FOR THE FOUNDATION ARE EMPLOYED BY THE COMMONWEALTH OF VIRGINIA

AND ARE SUBJECT TO THE COMMONWEALTH'S COMPENSATION GUIDELINES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990) 2021

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