#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number JOHN TYLER COMMUNITY COLLEGE FOUNDATION, Address change INC. Name change 52-1389646 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 804-594-1476 13101 JEFFERSON DAVIS HIGHWAY 9,044,565. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return CHESTER, VA 23831 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: RACHEL BIUNDO for subordinates? ..... Yes X No SAME AS C ABOVE \_\_Yes **H(b)** Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.JTCC.EDU/FOUNDATION **H(c)** Group exemption number ▶ **K** Form of organization:  $\overline{X}$  Corporation Association Other > L Year of formation: 1967 M State of legal domicile: VA ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE JOHN TYLER COMMUNITY COLLEGE **Activities & Governance** FOUNDATION ACQUIRES VITAL RESOURCES THAT ADVANCE THE COLLEGE'S if the organization discontinued its operations or disposed of more than 25% of its net assets. 24 3 Number of voting members of the governing body (Part VI, line 1a) 23 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 570,018. 905,765. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) 189.874. 2,188,895. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 1,095,639. 2,758,913. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,010,668. 646,356. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 3,421. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 370,383. 289,761. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 936,117. 2,384,472. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,288,833. 1,822,796. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 7,167,171. 8,341,769. 20 Total assets (Part X, line 16) 29,366. 77,941. 21 Total liabilities (Part X, line 26) 三年 137,805. 263,828 22 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign RACHEL BIUNDO, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 01/14/22 self-employed P00590214 M. JAMES HARTSON, JR., Paid Firm's name ▶ BROWN, EDWARDS & COMPANY, LLP Firm's EIN ▶ 54-0565834 Preparer Firm's address 100 FLANK ROAD Use Only Phone no. 804-733-5566 PETERSBURG, VA 23805-9152

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

Pai	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?  Yes X No
3	· · · · · · · · · · · · · · · · · · ·
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  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 \$ 413, 998 • _ including grants of \$ 273, 235 • ) (Revenue \$)
	1 - DURING THE FISCAL YEAR, JTCC FOUNDATION PROVIDED MORE THAN \$646,000
	IN SUPPORT TO THE COLLEGE AND STUDENTS, INCLUDING APPROXIMATELY
	\$373,000 IN SCHOLARSHIPS AND GRANTS AND MORE THAN \$273,000 IN SUPPORT
	FOR ACADEMIC PROGRAMS, FACULTY, EQUIPMENT, STUDENT EMERGENCY AID, AND
	OTHER STUDENT SUPPORT PROGRAMS. DURING THE FISCAL YEAR, THE FOUNDATION
	CONTINUED TO SOLICIT COMMUNITY SUPPORT FOR EMERGENCY AID TO HELP
	STUDENTS PERSIST IN THEIR ACADEMIC PURSUITS DESPITE PANDEMIC-RELATED
	HARDSHIPS. DURING THE FISCAL YEAR, THE FOUNDATION PROVIDED \$37,000 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.
	INCLUDING BOOKS, INTERNET ACCESS AND TRANSPORTATION.
4b	(Code:) (Expenses \$373,121. including grants of \$373,121. ) (Revenue \$)
1.0	2 - DURING THE YEAR THE FOUNDATION AWARDED APPROXIMATELY \$373,000
	SCHOLARSHIPS THROUGH A COMPETITIVE APPLICATION PROCESS.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
<u></u>	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 787,119.
40	Total program service expenses ► 787,119 • Form <b>990</b> (2020)

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# Form 990 (2020) INC . Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l		٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
125	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
120	· · ·	12a	х	
h	Schedule D, Parts XI and XII	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	I

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Form 990 (2020) INC.
Part IV Checklist of Required Schedules (continued) INC.

	i (continued)		ı	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	23		x
04-	Schedule J	23		Α_
<b>24</b> a	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	24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds or tax-exempt bonds beyond a temporary period exception:  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	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	34		x
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	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?	330		
00	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			
٠.	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 in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
_	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	x	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)									
				Yes	No					
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	0 ,									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
	b If "Yes," enter the name of the foreign country ►									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A									
			<u>5a</u>		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?		6a		_X_					
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	•								
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).				37					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X					
			7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	l _		v					
	to file Form 8282?	1 1	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e							
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h							
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.									
	Didd		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								
11	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								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	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.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a										
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?		15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.									
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X					
	If "Yes," complete Form 4720, Schedule O.			990						
			Farn	. uui i	$(\Omega \Omega \Omega \Omega)$					

Form 990 (2020)

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Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 24 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 23 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶VA 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 only) available for public inspection. Indicate how you made these available. Check all that apply Own website | X | Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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.

Form 990 (2020) INC.

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

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

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

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			_ (0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			n an	compensation	compensation	amount of		
	week		Ler an	uau	recid	I / ii us	iee)	from	from related	other 
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	truste	al trus		yee	mper		(** 27 1000 141100)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instii	Officer	Key	High	Former			
(1) CATHERINE FOCA	1.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(2) RACHEL BIUNDO	40.00	1								_
DIRECTOR		Х		Х				0.	0.	0.
(3) CHUCK HOPE	1.00									
DIRECTOR	1	Х						0.	0.	0.
(4) RICARDO TORRES	1.00	ļ								
2ND VICE PRESIDENT		Х		X				0.	0.	0.
(5) EDWARD RASPILLER	7.00								_	•
SECRETARY	1 00	Х		X				0.	0.	0.
(6) JON VANCLEAVE	1.00	.,		7.7					_	0
TREASURER	1 00	Х		Х				0.	0.	0.
(7) PETER ELIADES	1.00	<b>.</b> ,		37					_	0
PRESIDENT (8) RODNEY BRAZIEL	1.00	Х		Х				0.	0.	0.
	1.00	Х						0.	0.	0.
(9) TAMMY COLATRUGLIO	1.00	Λ						0.	U •	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(10) PAMELA COMSTOCK	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(11) BRYCE JEWETT, JR.	1.00	22						•	<u> </u>	
DIRECTOR	1.00	х						0.	0.	0.
(12) VANDY JONES, III	1.00								0.1	
DIRECTOR		х						0.	0.	0.
(13) DAVID LEDBETTER	1.00								•	
DIRECTOR		Х						0.	0.	0.
(14) BRENDA MILLER	1.00									
FACULTY REPRESENTATIVE		Х						0.	0.	0.
(15) JAMES MYERS	1.00									
1ST VICE PRESIDENT		Х		Х				0.	0.	0.
(16) ANDREW GLOWATSKY	1.00									
DIRECTOR		Х						0.	0.	0.
(17) RONALD WHITE	1.00	1								
DIRECTOR		Х						0.	0.	0.

Form 990 (2020)

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees: continued (A)   Average   Average   Compensation   Average   Compe	Form 990 (2020) INC.	Form 990 (2020) INC. 52-1389646 Page 8												
Name and title    Average   Pourse   Po	Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
Week   Olst any betweek   Ols	• •	Name and title Average		Average Position (do not check more than one				Reportable	Reportable	,		timate		
DIRECTOR  1.00  X  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		(list any hours for related organizations below	offi	cer ar	nd a di	recto	or/trus	tee)	from the organization	from related organizations		com fro	other pensatiom the anization relate	tion e on ed
1.00   X		1.00	<b>.</b> ,						0					^
DIRECTOR    X		1.00	X						0.		0.			0.
1.00   X		1.00	х						0.		0.			0.
(22) KENNETH PRITCHETT  1.00 X  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1.00									0.			
(22) EXENDETH PRITCHETET  COLLEGE BOARD REPRESENTATI  1.00  X  0.0.0.0.  (24) MELVYN SMITH  1.00  X  0.0.0.0.0.  (24) MELVYN SMITH  1.00  X  0.0.0.0.0.0.  (24) MELVYN SMITH  1.00  X  0.0.0.0.0.0.0.  (25) Total from continuation sheets to Part VII, Section A  1.00  1.00  2.00  3.00  4.00  4.00  4.00  5.00  5.00  6.00		1.00												
COLLEGE BOARD REPRESENTATI  X  0.0.0.0.0.  DIRRECTOR  X  0.0.0.0.0.0.0.  14 MEDYNN SMITH  1.00  DIRRECTOR  X  0.0.0.0.0.0.0.  15 Subtotal  C Total from continuation sheets to Part VII, Section A  D C Total from continuation sheets to Part VII, Section A  D C Total quality of the organization is to Part VII, Section A  D C Total from continuation sheets to Part VII, Section A  D C Total from continuation sheets to Part VII, Section A  D C Total from continuation sheets to Part VII, Section A  D C Total quality of the organization is to Part VII, Section A  D C Total quality of the organization is the organization is quality of the organization of the organization is quality of the organization of part villages of the organization of services  NONE  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is tax year.  (c)  Name and business address  NONE  Description of services  Compensation from the organization is the organization of services organiza	STUDENT REPRESENTATIVE		Х						0.		0.			0.
1.00   X		1.00	ļ											^
DIRECTOR    X		1 00	X				┢		0.		0.			0.
1b Subtotal	DIRECTOR		х						0.		0.			0.
1b Subtotal	, ,	1.00	x						0.		ا ، ٥			0.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    O			-											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    O														
d Total (add lines 1b and 1c)														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      Ves   No														
compensation from the organization      Yes   No								o re			• • 1			
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person   6 Section B. Independent Contractors   1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.    (A)							,							0
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is perviced.  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  • O											,		Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  1 Compensation of services  (A)  None and business address  None  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \( \bar{\text{P}} \)		•		•		•		•	•	•		2		x
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶  0											···			
rendered to the organization? If "Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		,		•								4	$ \rightarrow $	X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Name and business address NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  0	• •	-				-			-			_		v
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (B)  (C)  Compensation  None and business address None Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0	•	<u>iplete Schedul</u>	e <i>J f</i>	or si	ıch r	oers	on					5		Λ
(A) Name and business address NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	1 Complete this table for your five highest co	•	•							•	ensat	ion fro	m	
Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0		trie Caleridai y	eai e	<del>JI IUII</del>	ig w	ıııı	JI VVI			eai.		(C		
\$100,000 of compensation from the organization   0		address	N	INC	3					ervices	С			<u> </u>
\$100,000 of compensation from the organization   0														
\$100,000 of compensation from the organization   0														
\$100,000 of compensation from the organization   0														
\$100,000 of compensation from the organization   0														
\$100,000 of compensation from the organization   0														
Ţ	2 Total number of independent contractors (i	ncluding but n	ot lir	nite	d to t	_	_	ted	above) who received me	ore than				
	\$100,000 of compensation from the organi	zation >				(	)					Form	990 "	2020/

Form 990 (2020) INC .
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ية إق									
ons,			Government grants (contributions)	1e					
utic		T	All other contributions, gifts, grants, and	1 1	570,018.				
ĕ			similar amounts not included above	1f					
ont		_	Noncash contributions included in lines 1a-1f	1g \$	22,788.	E70 010			
O g		n	Total. Add lines 1a-1f			570,018.			
					Business Code				
ce	2	а							
ervi		b							
Program Service Revenue		С							
ran Sev		d							
.0g		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			131,826.			131,826.
	4		Income from investment of tax-exem						
	5		Royalties						
			(1	) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (less)		•				
			` '	ecurities	(ii) Other				
	•	_		342,721.	. ,				
		h	Less: cost or other basis	,					
ø				285,652.					
her Revenue		c		057,069.					
eve			Net gain or (loss)		<b>b</b>	2,057,069.			2,057,069.
<u>~</u>			Gross income from fundraising events (r			2,007,0051			2,007,005.
	0	а							
Ò				-					
			contributions reported on line 1c). S						
		L-	Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising		·····				
	9	а	Gross income from gaming activities	<b>I</b>					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns	<b>I</b>					
			and allowances						
			Less: cost of goods sold						
$\rightarrow$		С	Net income or (loss) from sales of in	ventory					
တ					Business Code				
e e	11	а							
Miscellaneous Revenue		b							
cell Seve		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d		<b></b>				
	12		Total revenue. See instructions	<u></u>		2,758,913.	0.	0.	2,188,895.

#### Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	273,235.	273,235.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	373,121.	373,121.		
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):				
а	Management				
b	Legal				
С	Accounting	69,400.		69,400.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	37,375.	21,793.	15,582.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	26,488.	26,488.		
12	Advertising and promotion				
13	Office expenses	2,329.	885.	1,107.	337.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	646.	19.	627.	
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	REIMBURSEMENT OF SALARI	85,078.	85,078.		-
b	SUBSCRIPTIONS AND LICEN	40,801.	6,500.	32,501.	1,800.
С	OTHER ADMINISTRATIVE	13,481.		11,465.	2,016.
d	DIRECT MAIL	8,515.			8,515.
	All other expenses	5,648.	707 110	285.	5,363.
25	Total functional expenses. Add lines 1 through 24e	936,117.	787,119.	130,967.	18,031.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2020

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Form 990 (2020)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	276,604.	1	35,601.		
	2	Savings and temporary cash investments			223,947.		319,101.
	3	Pledges and grants receivable, net		280,130.	3	196,740.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantia	l contributor, or 35%			
		controlled entity or family member of any of t	these pe	rsons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	ibed in s	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10	b	25,800.	10c	25,800. 7,764,527.
	11	Investments - publicly traded securities	6,360,690.	11	7,764,527.		
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	2 2 1 1 - 2 2
	16	Total assets. Add lines 1 through 15 (must e			7,167,171.		8,341,769.
	17	Accounts payable and accrued expenses		1	19,924.	17	75,568.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
jab		controlled entity or family member of any of t	-	······		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-2	(4). Complete Part X	0 442		2 272
					9,442. 29,366.		2,373. 77,941.
	26	Total liabilities. Add lines 17 through 25		<b>V</b>	49,300.	26	//,941.
ý		Organizations that follow FASB ASC 958, o	спеск п	ere 🕨 🔼			
nce		and complete lines 27, 28, 32, and 33.			2,018,076.	07	2,495,805.
ala	27				5,119,729.	27	5,768,023.
g B	28			haak bara 🔊	5,119,129.	28	3,700,023.
Ë		Organizations that do not follow FASB ASC	C 958, C	neck nere			
٩		and complete lines 29 through 33.					
şt	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		e, or other funds	7,137,805.	31	8,263,828.
ž	32	Total net assets or fund balances  Total liabilities and net assets/fund balances	7,167,171.	32	8,341,769.		
	33	TOTAL HADINIES AND HEL ASSELS/TUTIO DAIGNIES			,, _ , , , , , , , , , ,	JJ	Form <b>990</b> (2020)

INC.

Form **990** (2020)

Pai	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	2	, 758	3,9	<u>13.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		930	5,1	17.		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	, 822	2,7	96.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	,13'	7,8	05.		
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8		-80	0,0	00.		
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	, 263	3,8	28.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
	•				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<del></del> Э.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	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	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	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	audit.						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing							
	Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit	3a		X		
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3h				

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

JOHN TYLER COMMUNITY COLLEGE FOUNDATION. **Employer identification number** Name of the organization INC 52-1389646 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	ction A. Public Support		<u> </u>	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		( )	` ,	. ,	( )	,
	membership fees received. (Do not						
	include any "unusual grants.")	646,583.	704,182.	2151556.	904,821.	570,018.	4977160.
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	702,960.	316,070.	719,804.	602,403.	388,940.	2730177.
4	Total. Add lines 1 through 3	1349543.	1020252.	2871360.	1507224.	958,958.	7707337.
	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)						1637344.
6	Public support. Subtract line 5 from line 4.						6069993.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1349543.	1020252.	2871360.	1507224.	958,958.	7707337.
	Gross income from interest,	20130101		20,2000	200,2210	33373333	77070070
Ü	dividends, payments received on						
	•						
	securities loans, rents, royalties, and income from similar sources	119 440	153,695.	124 980	157,620.	131 826	687,561.
•		110,440.	133,033.	124,500.	131,020	131,020.	007,3011
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	3,376.					3,376.
	assets (Explain in Part VI.)	3,370.					8398274.
	<b>Total support.</b> Add lines 7 through 10	-1- (	1			40	0330214.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the			•		. , . ,	. □
Sac	organization, check this box and stop ction C. Computation of Public						
				actions (f)		44	72.28 %
	Public support percentage for 2020 (lin					14	<u> </u>
	Public support percentage from 2019					15	
ıba	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies a						
D	33 1/3% support test - 2019. If the o	-					
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts					VI how the organiz	ation
	meets the facts-and-circumstances tes	-	•	*	-		
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets th				•		. —
	organization meets the facts-and-circu		-				<b>.</b>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		or 000 EZ\ 0000

Schedule A (Form 990 or 990-EZ) 2020

### 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	ow, piease com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6		(2)==::	(=, == : =	(,	(-,	(7)
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						-
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Public						
15 Public support percentage for 2020 (lin			column (f))		15	%
Public support percentage from 2019 S					16	%
Section D. Computation of Invest					т т	
17 Investment income percentage for 202					17	%
18 Investment income percentage from 20					18	9/
<b>19a 33 1/3% support tests - 2020.</b> If the o						17 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2019. If the co	-	-	•			
line 18 is not more than 33 1/3%, check	k this box and s	top here. The orga	nization qualifies a	as a publicly suppo	orted organization	<b>▶</b> □
20 Private foundation. If the organization						▶

### Part IV | Supporting Organizations

(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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.)

	Yes	No
	163	140
1		
2		
3a		
3b		
3c		
4a		
4a		
4b		
1.5		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ol-		
9b		
9c		
90		
10a		
,,,,,		
10b		
990 or 99	0-EZ)	2020

Pa	t IV Supporting Organizations (continued)			J
			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 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 one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
300	tion 6. Type it supporting organizations		V	
_			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	1		
Sec	the supported organization(s). 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		100	110
-	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 in 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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	1	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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	20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 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			
		2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	ZU		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
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.	3b		

Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 C	heck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	ll other Type III non-functionally integrated supporting organizations mu		·	_
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recover	ries of prior-year distributions	2		
3 Other gr	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
<b>5</b> Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collection	on of gross income or for management, conservation, or			
mainten	nance of property held for production of income (see instructions)	6		
7 Other ex	xpenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - M	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instructi	ions for short tax year or assets held for part of year):			
<b>a</b> Average	e monthly value of securities	1a		
<b>b</b> Average	e monthly cash balances	1b		
<b>c</b> Fair mar	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
<b>7</b> Recover	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	85 of line 1.	2		
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gr	reater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions).	6		
$\overline{}$	heck here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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 (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 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) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i_</u>	Carryover from 2015 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

#### JOHN TYLER COMMUNITY COLLEGE FOUNDATION.

Schedule A	(Form 990 or 990-EZ) 2020	INC.		11 0022202			Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D,	<b>mation.</b> Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Par	, 5a, 6, 9a, 9b, 9c, 1 <sup>.</sup> t IV, Section E, lines	1a, 11b, and 11c; Par 1c, 2a, 2b, 3a, and 3	t IV, Section B, lines 1 b; Part V, line 1; Part \	r 17b; Part III, line 12; I and 2; Part IV, Section /, Section B, line 1e; Pal	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Sed	ction E, lines 2, 5, an	d 6. Also complete th	nis part for any additio	nal information.	

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**2020** 

Name of the organization			Employer identification number
JOHN TYLER COMMUNITY	COLLEGE	FOUNDATION,	
INC.			52-1389646

Filers of:	s	Section:			
Form 990 or 9	90-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 990-PF		501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
•	-	overed by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule					
	-	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or e contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules	;				
section any c	ons 509(a)(1) and one contributor, o	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under d 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it <b>must</b> an	swer "No" on Pa	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), art IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of	organization	1			Employer identification number
JOHN	TYLER	COMMUNITY	COLLEGE	FOUNDATION,	
INC.					52-1389646

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	Hame, address, und Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d) Total contributions Type of contribution
No. 3	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of	organization	1			Employer identification number
JOHN	TYLER	COMMUNITY	COLLEGE	FOUNDATION,	
INC.					52-1389646

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	* \$ \$ \$ 25,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Name of organization

JOHN TYLER COMMUNITY COLLEGE FOUNDATION,

INC. 

Employer identification number

52-1389646

i ait ii	(See instructions). Ose duplicate copies of Part	ii ii additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** JOHN TYLER COMMUNITY COLLEGE FOUNDATION, INC. 52-1389646 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

JOHN TYLER COMMUNITY COLLEGE FOUNDATION, INC.

**Employer identification number** 52-1389646

Par	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Si	milar Funds	or Ac	coun	ts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line	e 6.						
		(a) Donor ad	vised	l funds	(	(b) Funds and other accounts		
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in v	-						
	are the organization's property, subject to the organization's e						Yes No	
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that	t gra	nt funds can be i	used o	nly		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or fo	r any	other purpose of	conferr	ing		
Da	impermissible private benefit?							
Par				" on Form 990, F	Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization		ly).					
	Preservation of land for public use (for example, recreat	tion or education)				-	important land area	
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure	
	Preservation of open space				_			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	of a co	nserva		
	day of the tax year.						Held at the End of the Tax Year	
a	Total number of conservation easements					2a		
b						2b		
С	Number of conservation easements on a certified historic stru					2c		
d	Number of conservation easements included in (c) acquired a				re			
•	listed in the National Register					2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax	
4	year ▶ Number of states where property subject to conservation eas	oment is leasted						
5	Does the organization have a written policy regarding the peri		—	on handling of				
3	violations, and enforcement of the conservation easements it						Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing cons				
Ū	b	narialing of violations	, and	a critorollig cons	oi vatio	ii casc	mente daring the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcing conservat	ion eas	sement	ts during the year	
-	<b>▶</b> \$			oromig comes rul			is daming and your	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(	า)(4)(B)	(i)		
	and section 170(h)(4)(B)(ii)?						Yes No	
9	In Part XIII, describe how the organization reports conservation						d	
	balance sheet, and include, if applicable, the text of the footn							
	organization's accounting for conservation easements.	J						
Par	t III Organizations Maintaining Collections of	Art, Historical 1	rea	sures, or Ot	her S	imila	r Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement a	nd bala	ance sh	neet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fu	rtheran	ice of p	oublic	
	service, provide in Part XIII the text of the footnote to its finan	icial statements that	desc	ribes these item	S.			
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and b	alance	sheet	works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furth	erance	of pub	olic service,	
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1						\$	
							\$	
2	If the organization received or held works of art, historical treat	asures, or other simila	ar as	sets for financial	gain, p	orovide	•	
	the following amounts required to be reported under FASB AS	SC 958 relating to the	ese i	tems:				
а	Revenue included on Form 990, Part VIII, line 1						\$	
b	Assets included in Form 990, Part X						\$	

032051 12-01-20

Schedule D (Form 990) 2020

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

			,	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	25,800.			25,800.
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990 Part X colun	on (B) line 10c )	•	25,800.

Schedule D (Form 990) 2020

INC.

	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
) Financia	al derivatives			
	held equity interests			
) Other	. ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.	<u> </u>		
	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)				•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>(9)</b> F <b>otal</b> . (Col. (	b) must equal Form 990, Part X, col. (B) line 13.)			
	b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.  Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
otal. (Col. (	Other Assets.  Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (Part IX)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (Part IX)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"  (a)	Description		<b>&gt;</b>
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"  (a)  (a)  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.	Description		<b>&gt;</b>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Other Assets.  Complete if the organization answered "Yes"  (a)  (a)  (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes"	Description		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columnation	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		25.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (7) (7) (8) (9) (7) (7) (7) (8) (9) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  Ideral income taxes	Description		25. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X)  (1) Fed (2) PA	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  Ideral income taxes	Description		25. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columnation (	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  Ideral income taxes	Description		25. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Cotal. (Column (C	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  Ideral income taxes	Description		25. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columbia) (2) PArt X  (1) Feed (2) PA (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  Ideral income taxes	Description		25. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Cotal. (Columbia)  (1) Fed (2) PA (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  Ideral income taxes	Description		25. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columbia) (Part X)	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  Ideral income taxes	Description		25. <b>(b)</b> Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) PA (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets.  Complete if the organization answered "Yes"  (a)  Imm (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  Ideral income taxes	Description  e 15.)  on Form 990, Part IV, line		25. <b>(b)</b> Book value

032053 12-01-20

Schedule D (Form 990) 2020

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,493,705.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-616,773. 388,940.		
b	Donated services and use of facilities	2b	388,940.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	1 1			
е	Add lines 2a through 2d			2e	-227,833.
3	Subtract line 2e from line 1			3	2,721,538.
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		37,375.	-	
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	37,375. 2,758,913.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	2,758,913.
Pai	rt XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	<b>tetur</b> i	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				1 005 600
1	Total expenses and losses per audited financial statements			1	1,287,682.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	200 040		
а	Donated services and use of facilities		388,940.	-	
b	Prior year adjustments			-	
С	Other losses			-	
d	Other (Describe in Part XIII.)				200 040
_	Add lines 2a through 2d			2e	388,940.
3	Subtract line 2e from line 1			3	898,742.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	25 255		
а	Investment expenses not included on Form 990, Part VIII, line 7b		37,375.	-	
b	Other (Describe in Part XIII.)	4b			27 275
	Add lines <b>4a</b> and <b>4b</b>			4c	37,375.
5 Day	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	936,117.
		N.C. Connected by	and Ob. Dart V. Eng. 4	. D	/ Para Or David VII
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part )	K, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional inforr	nation.		
DΔE	RT V, LINE 4:				
1 711	(I V, DIND I.				
тнв	ERE ARE APPROXIMATELY 46 INDIVIDUAL ENDOWME	יווד ייות	NDS HSED MA	TNT	Y FOR
STU	JDENT SCHOLARSHIPS. A SMALL PORTION IS USED	FOR I	EOUIPMENT P	URC	HASES.
PAF	RT X, LINE 2:				
	·				
THE	E FINANCIAL ACCOUNTING STANDARDS BOARD ISSU	JED GU	DANCE ON A	.CCOI	UNTING FOR
UNC	CERTAINTY IN INCOME TAXES. MANAGEMENT EVALU	JATED !	THE FOUNDAT	ION	'S TAX
POS	SITIONS AND CONCLUDED THAT THE FOUNDATION H	IAD TAI	KEN NO UNCE	RTA:	IN TAX
<u>P0</u> 8	SITIONS THAT REQUIRE ADJUSTMENT TO THE FINA	NCIAL	STATEMENTS	TO	COMPLY
<u>WI</u> 1	TH THE PROVISIONS OF THIS GUIDANCE. CURRENT	LY, TI	HE FOUNDATI	ON'	S 2018
					<u> </u>

Schedule D (Form 990) 2020

THROUGH THE 2020 TAX YEARS ARE OPEN AND SUBJECT TO INCOME TAX EXAMINATIONS

BY THE TAXING AUTHORITIES.

#### JOHN TYLER COMMUNITY COLLEGE FOUNDATION,

Schedu	ule D (Fo	orm 990	) 2020	tal lafa	IN	C.										52	-138	39646	Page 5
rait	AIII S	uppie	men	lai inic	rmauc	on <sub>(con</sub>	tinued)												
THE	FOUI	NDAT:	ION	INC	LUDES	S PEI	IALT	IES	AND	IN	rere	ST .	ASSE	SSED	BY :	INCO	ME I	AXIN	G
AUTI	IORI	ries	IN	MANZ	AGEME	ENT A	AND (	GENE	ERAL	EXI	PENS	ES.	THE	FOUI	NDAT:	ION	DID	NOT	
HAVI	PEI	NALT:	IES	AND	INTE	EREST	r RE	LATI	NG '	TO I	INCC	ME	TAXE	S FO	R TH	E YE	AR E	ENDED	
JUNE	30	, 20	21.																

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

JOHN TYLER COMMUNITY COLLEGE FOUNDATION,

2020

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule I (Form 990) 2020

INC.							52-1389646
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assi	stance, and the selection	
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pre-	ocedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domesti	c Governments. C	complete if the org	ganization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	ional space is need		(0.14.1)	_	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JOHN TYLER COMMUNITY COLLEGE							
13101 JEFFERSON DAVIS HIGHWAY							
CHESTER, VA 23831	54-1268277	170(C)(1)	251,197.	22,038.	FMV	EQUIPMENT	SUPPORT FOR THE COLLEGE
			_				
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table				<u> </u>
3 Enter total number of other organization	s listed in the line	1 table					• • • • • • • • • • • • • • • • • • •

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

INC.

Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.					
(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	232	373,121.	0.		BENEFIT OF JOHN TYLER				
		, , , , , , , , , , , , , , , , , , , ,							
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.					
(F) DESCRIPTION OF NON-CASH ASSISTA	ANCE: FUN	DS ARE DON	ATED TO TH	E					
FOUNDATION TO BE USED FOR RESTRICTE									
TOOMSHITON TO BE OBED TON NEBINION	ID TOREOD	20 1 011 1112		1 001111					
TYLER COMMUNITY COLLEGE. JOHN TYLER COMMUNITY COLLEGE INCURS THE									
NECESSARY EXPENSES AND THEN SUBMITS AN INVOICE TO THE FOUNDATION TO BE									
REIMBURSED.									

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

JOHN TYLER COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 52-1389646

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 INITIATIVES SUCH AS STUDENT SCHOLARSHIPS, STAFF AND FACULTY

INNOVATION GRANTS, STUDENT SUPPORT INITIATIVES AND ACADEMIC PROGRAMS.

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

AND PRIVATE FOUNDATIONS IN ORDER TO BUILD RELATIONSHIPS THAT ULTIMATELY

HELP THE COLLEGE ELEVATE THE COMMUNITY'S QUALITY OF LIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD RECEIVES THE 990 FOR REVIEW, AND A COPY OF THE 990 IS MADE AVAILABLE BY MAIL OR EMAIL TO EACH BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS ARE REQUIRED TO SIGN A STATEMENT EACH YEAR ACKNOWLEDGING
THAT THEY UNDERSTAND AND AGREE TO ABIDE BY THE CONFLICTS OF INTEREST
POLICY. IN THE EVENT THAT A BOARD MEMBER HAS A POTENTIAL CONFLICT OF
INTEREST DURING THE YEAR, SUCH BOARD MEMBER SHALL RECUSE HIMSELF/HERSELF
FROM ALL DISCUSSIONS OR VOTE ON THE MATTER.

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.

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

Schedule O (Form 990 or 990-EZ) 2020