#### Form 8879-EO

## THIS IS NOT A FILEABLE COPY \*\*\*\*\* IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning JUL~1~, 2020, and ending JUN~30~, 20 21~

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number THE VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION, INC. 23-7004354 Name and title of officer or person subject to tax JENNIFER GENTRY EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3,150,403. b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_ 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) ..... Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🔣 I am an officer of the above organization or 🔃 I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IAS (a) an acknowledgement of receipt or réason for rejection of the transmissión, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize BROWN, EDWARDS & COMPANY, LLP to enter my PIN ERO firm name Enter five numbers, but as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax > \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 51363859240 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date 📂 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-EO** (2020) LHA For Paperwork Reduction Act Notice, see instructions.

023051 11-03-20

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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 Inspection

<u>A</u>	or th	e 2020 calendar year, or tax year beginning 006 1, 2020 and endi	ng u	UN 30, 2021	
В	Check if applicab	THE VIRGINIA FOUNDATION FOR COMMUNITY		D Employer identif	ication number
	Addre chang				
	Name chang	e Doing business as		23-70043	54
	Initial return Final	Number and street (or P.U. box if mail is not delivered to street address) Roor	m/suite )	E Telephone number 80481949	
_	⊥return termir ated			G Gross receipts \$	6,525,489.
Г	Amen	ded DICUMOND 1/A 22226		H(a) Is this a group r	
F	Application			for subordinate	
	pendi	300 ARBORETUM PARKWAY SUITE 200, RICHMOND	. V	<b>H(b)</b> Are all subordinates in	
Τ.	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or	527	1 ' '	a list. See instructions
		te: WWW.VFCCE.ORG		H(c) Group exemption	
			<b>L</b> Year		M State of legal domicile: VA
	art I	Summary		•	<u> </u>
	1	Briefly describe the organization's mission or most significant activities: TO PROV	7IDE	ACCESS TO	EDUCATION &
Activities & Governance		ENSURE SUCCESS FOR ALL STUDENTS, REGARDLESS			
ja Ja	2	Check this box  if the organization discontinued its operations or disposed o	f more	than 25% of its net as	sets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		з	26
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			25
ο Q	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
/itie	6	Total number of volunteers (estimate if necessary)			27
ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_ <	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		2,751,865.	2,315,742.
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		572,310.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,500.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,326,675.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,196,764.	2,892,112.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
တ္	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		641,428.	667,263.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	. b	Total fundraising expenses (Part IX, column (D), line 25)   395,701.			
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		676,656.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,514,848.	
_	19	Revenue less expenses. Subtract line 18 from line 12		-1,188,173.	-810,474.
Net Assets or	3		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		14,207,630.	14,301,473.
t As	21	Total liabilities (Part X, line 26)		546,601.	361,540.
		Net assets or fund balances. Subtract line 21 from line 20		<u>13,661,029.</u>	13,939,933.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and		•	y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer	has any knowledge.	
		Signature of officer		I Date	
Sig		' -		Date	
Hei	e	JENNIFER GENTRY, EXECUTIVE DIRECTOR Type or print name and title			
			Тг	Date Check	PTIN
Da!		Print/Type preparer's name  Preparer's signature		if	
Pai		M. JAMES HARTSON, JR., CP   Firm's name BROWN, EDWARDS & COMPANY, LLP		self-emplo	
	parer Only	Firm's name BROWN, EDWARDS & COMPANY, LLP Firm's address 100 FLANK ROAD		Firm's EIN ▶	74-0704000
USE	Only	PETERSBURG, VA 23805-9152		Dhone no R	4-733-5566
Mar	v tho !	RS discuss this return with the preparer shown above? See instructions		Filolie IIO. O C	X Yes No
ivid	y uite l	no alboado una fotam with the preparer allown above: Dee Hatructions			100110

COLLEGE EDUCATION, INC.

Par	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 VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION (VFCCE)
	MISSION IS BUILDING STUDENT SUCCESS AND THE COMMONWEALTH'S FUTURE BY
	SUPPORTING VIRGINIA'S COMMUNITY COLLEGES. VFCCE PROVIDES STATEWIDE
	LEADERSHIP IN RAISING FUNDS FOR COMMUNITY COLLEGE STUDENTS,
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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 \$1,518,318. including grants of \$1,441,921. ) (Revenue \$)
	SINCE 2006, THE FOUNDATION HAS SUPPORTED HUNDREDS OF STUDENTS ACROSS
	VIRGINIA'S 23 COMMUNITY COLLEGES THROUGH ITS SCHOLARSHIPS AND
	FELLOWSHIPS PROGRAM. THANKS TO OUR GENEROUS PARTNERS, THE VFCCE HAS
	AWARDED MORE THAN \$5 MILLION IN SCHOLARSHIPS, HELPING STUDENTS INCREASE
	THEIR CHANCES OF SUCCESS. FOR THE 2020-21 ACADEMIC YEAR, 158
	SCHOLARSHIPS WERE AWARDED TOTALING \$648,820. THE PRESTIGIOUS FELLOWS
	PROGRAM AWARDS HIGH ACHIEVING SECOND YEAR STUDENTS WITH FULL
	SCHOLARSHIP SUPPORT TO COMPLETE ASSOCIATE DEGREES AND DEVELOP
	LEADERSHIP SKILLS THROUGH A COHORT MODEL. SINCE ITS LAUNCH IN 2011, 218
	STUDENTS HAVE RECEIVED MENTORING AND LEADERSHIP TRAINING THROUGH THE
	FELLOWS PROGRAM.
	(Code:) (Expenses \$
4b	(Code:) (Expenses \$/18,366. including grants of \$698,868.) (Revenue \$) THE GREAT EXPECTATIONS PROGRAM IMPROVES THE LIKELIHOOD OF COLLEGE
	SUCCESS FOR VIRGINIA'S YOUNG PEOPLE WITH FOSTER CARE EXPERIENCE BY
	PROVIDING SUPPORTS NEEDED TO ACCESS EDUCATIONAL OPPORTUNITIES AND
	TRANSITION TO INDEPENDENCE. GREAT EXPECTATIONS PROVIDES CAMPUS COACHES
	TO HELP YOUNG PEOPLE WHO HAVE EXPERIENCED FOSTER CARE BETTER TRANSITION
	TO AND NAVIGATE THE WORLD OF HIGHER EDUCATION. HAVING MENTORSHIP
	SUPPORT IS THE CRITICAL LINK IN HELPING THESE VULNERABLE YOUTH ACHIEVE
	SUCCESS IN COLLEGE.
	GREAT EXPECTATIONS WAS LAUNCHED IN 2008 TO ADDRESS THE HIGH NUMBER OF
	YOUNG PEOPLE AGING OUT OF THE FOSTER CARE SYSTEM. SINCE THEN, OVER 3500
	AT-RISK STUDENTS HAVE ENROLLED IN COLLEGE AND EARNED 1,253 COLLEGE
4c	(Code:) (Expenses \$249,450 • including grants of \$234,826 • ) (Revenue \$)
	THE RURAL VIRGINIA HORSESHOE INITIATIVE (RVHI), ESTABLISHED IN 2014,
	HAS BEEN RENAMED TO THE GERALD L. BALILES RURAL VIRGINIA HORSESHOE
	INITIATIVE AWARD CONTINUING THE MISSION TO RAISE EDUCATIONAL ATTAINMENT
	LEVELS FOR STUDENTS IN RURAL VIRGINIA. RVHI PROVIDES CAREER COACHES IN
	RURAL HIGH SCHOOLS TO ENCOURAGE HIGH SCHOOL AND COLLEGE COMPLETION AND
	OFFERS FINANCIAL INCENTIVES AND TO ASSIST ADULT LEARNERS RETURN TO
	HIGHER EDUCATION AND TRAINING.
	FOURTEEN RURAL COMMUNITY COLLEGES ARE ELIGIBLE TO PARTICIPATE IN THE
	PROGRAM. IN THE FIRST FIVE YEARS OF THE PROJECT, BOTH THE HIGH SCHOOL
	GRADUATION AND COLLEGE GRADUATION RATES OF RURAL RESIDENTS INCREASED.
	MORE THAN 41,000 STUDENTS WORKED WITH COACHES TO DEVELOP CAREER PLANS
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 638,451. including grants of \$ 516,497.) (Revenue \$ )
4e	Total program service expenses ► 3,124,585.

#### 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	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

## THE VIRGINIA FOUNDATION FOR COMMUNITY

orm 990 (		COLLEGE			INC.			23-7	70043	54	Pa	age <b>4</b>
Part IV	Checklist of	Required Sche	edules $_{(\!c\!)}$	ontinued)								
											Yes	No
							 		Г			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	X	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ <sub>3,7</sub>
	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	24		x
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSa		
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?	200		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	I

032004 12-23-20

Form **990** (2020)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	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 instruction	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account in a foreign country (su	accour	nt)?	4a		X
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	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tay deductible as charitable contributions?			60		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contribut			6a		
b	ware not too deductible		giits	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OB		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a		Х
	TENSOR III III III III III III III III III I			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	.;		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
•	7 7 7			8		
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the constraint and a distribution to a description of the descript			9b		
10	Section 501(c)(7) organizations. Enter:			O.D		
	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:		•			
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	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		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
D	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	I			
c	Enter the amount of reserves on hand	13c		1		
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.				255	
				Forn	₁ 990	(2020)

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
•	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21
	(17) Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		X
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			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)	fic.	sia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	iinand	ial	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 8048194962			
	300 ARBORETUM PARKWAY, NO. 200, RICHMOND, VA 23236			
	tit in the state of the state o			

#### COLLEGE EDUCATION, INC.

23-7004354

<u> Page</u> **7** 

Form 990 (2020) 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

X

#### 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.

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

 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.

(A)  Name and title	(B) Average hours per	(do box	not c	Pos heck i	ition		one n an	( <b>D)</b> Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JENNIFER SAGER GENTRY	35.00							104 110		05 500
DIRECTOR; EXECUTIVE DIRECT	1 50	Х		Х				194,118.	0.	27,582.
(2) STEWART ROBERSON	1.50									•
CHAIR	1 50	Х	_	Х				0.	0.	0.
(3) THE HONORABLE NANCY FIRESTONE	1.50			₩.					_	0
VICE CHAIR (4) JUSTIN BALLARD	1 00	Х		Х				0.	0.	0.
(4) JUSTIN BALLARD DIRECTOR	1.00	Х						0.	0.	0.
(5) DAN R. DIXON	1.50	Λ						0.	0.	<u> </u>
SECRETARY	1.50	Х		х				0.	0.	0.
(6) GRETCHEN C. BYRD	1.00	Λ	$\vdash$	^				0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(7) KAREN I. CAMPBELL	1.50							•		•
ACTING VICE CHAIR	1.30	х		х				0.	0.	0.
(8) BEN DAVENPORT, JR.	1.00							•		
DIRECTOR		Х						0.	0.	0.
(9) GLENN DUBUIS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ELIZABETH EL-NATTAR	1.00								-	
DIRECTOR		Х						0.	0.	0.
(11) CHRIS FRENCH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JULIA GILLIAM STERLING	1.00									
DIRECTOR		Х						0.	0.	0.
(13) DORCAS HELFANT-BROWNING	1.00									
DIRECTOR		Х						0.	0.	0.
(14) RONALD H. HOLMES	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DEBORAH JOHNSTON	1.00									
DIRECTOR		Х						0.	0.	0.
(16) XAVIER BEALE	1.00									_
DIRECTOR	1 2 2 2	Х	_			_		0.	0.	0.
(17) STEPHEN MORET	1.00							_		_
DIRECTOR		Х						0.	0.	0 • Form <b>990</b> (2020)

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(A) Name and title	(B) Average hours per		not c	Pos heck	more	1 than d		(D) Reportable compensation	(E)  Reportable compensation	1	(F) imate	
	week (list any hours for related organizations below line)					Highest compensated complexed employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other	ition e ion ed
(18) CAROLINE PETTERS SAUER DIRECTOR	1.00	Х						0.	0.			0.
(19) JOHN J. RAINONE	1.00	Λ						0.	0.			<u> </u>
DIRECTOR		х						0.	0.			0.
(20) CEDRIC GREEN	1.00											
DIRECTOR		Х						0.	0.			0.
(21) ANNA JAMES	1.00											
DIRECTOR	1 00	Х				_		0.	0.			0.
(22) MAURICE JONES DIRECTOR	1.00	х						0.	0.			0.
(23) A. MICHAEL WILKERSON	1.00	-25						•	•			
DIRECTOR		х						0.	0.			0.
(24) JENNIE REYONDS	1.00											
DIRECTOR	1 00	Х				_		0.	0.			0.
(25) LEAH FRIED SEDWICK DIRECTOR	1.00	Х						0.	0.			0.
(26) ED DALRYMPLE	1.00	^				$\vdash$		0.	0.			<u> </u>
DIRECTOR	1.00	x						0.	0.			0.
1b Subtotal						· ·	<b></b>	194,118.	0.	27	7,5	
c Total from continuation sheets to Part VII							<b>•</b>	0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	194,118.	0.	27	7,5	82.
<ul> <li>Total number of individuals (including but no compensation from the organization</li> </ul>	ot limited to th	ose	liste	d ab	oove	) wh	o re	eceived more than \$100,	000 of reportable			1
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for so	uch individual									3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a										5		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Schedule	3 J T	or su	icn į	oers	on .				<u> </u>		21
Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensa	tion fro	m	
the organization. Report compensation for t	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)		(C		
Name and business	address	NC	ONE	<u> </u>			_	Description of s	ervices	Compen	satio	n 
							-					
2 Total number of independent contractors (in	acluding but a	at lin	nitoo	1+0	thes	o lic	tod	ahove) who received ma	ore than			
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	טנ ווו	iiiteC	י נט	tnos	_	ieu	above) who received mo	DIE UIAII			
+										Form 9	90 (	2020)

Form 990 (2020) COLLEGE
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a respons	e or note to any lin	e in this Part VIII			
			Check ii Conedaic C c	701110	ино и георопо	c or riote to arry iii	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
										Sections 512 - 514
nts tts	1	а	Federated campaigns							
, Grants mounts			Membership dues							
A, C		С	Fundraising events		1c					
Gifts, ilar An		d	Related organizations		1d					
Contributions, Gift and Other Similar		е	Government grants (contri	buti	ons) 1e	117,100.				
e is		f	All other contributions, gifts,	grant	ts, and					
e E			similar amounts not included			2,198,642.				
호텔		_	Noncash contributions included in I			532,311.				
Ö		_	<b>Total.</b> Add lines 1a-1f		•		2,315,742.			
0 10		<u>'''</u>	Total. Add lines 1a-11			Business Code	_,==,,==,			
	_					business code				
<u>8</u>	2		-			-				
Program Service Revenue		b				-				
am Ser		С	-							
an ev		d								
<u>9</u>		е								
ď		f	All other program service r	reve	nue					
			Total. Add lines 2a-2f							
	3		Investment income (includ							
	_		other similar amounts)				156,490.			156,490.
	4		Income from investment o				, -			, -
						•				
	5		Royalties	·····	(i) Real	(ii) Personal				
					(i) Neai	(II) Personal				
			Gross rents	<u>6a</u>						
		b	Less: rental expenses	6b						
		С	Rental income or (loss)	6с						
		d	Net rental income or (loss)			<b>&gt;</b>				
	7	а	Gross amount from sales of		(i) Securities	(ii) Other				
			assets other than inventory	7a	4,053,257	7.				
		b	Less: cost or other basis							
ø		_	and sales expenses	7b	3,375,086	5.				
Ĭ,		_		7c						
Revenue			, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		678,171.			678,171.
			Net gain or (loss)		I .	····	070,171.			070,171.
ther	8	а	Gross income from fundraisin	ig ev	rents (not					
ŏ			including \$							
			contributions reported on	line	1c). See					
			Part IV, line 18		Ε	Ba				
		b	Less: direct expenses		Ε	Bb				
		С	Net income or (loss) from f	fund	Iraising events					
			Gross income from gaming							
			Part IV, line 19	-	<b>I</b>	)a				
		h	Less: direct expenses		I	9b				
					<u></u>	,D				
			Net income or (loss) from (	_						
	10	а	Gross sales of inventory, le		I .					
			and allowances			0a				
		b	Less: cost of goods sold		<u>1</u> 0	0b				
		С	Net income or (loss) from s	sales	s of inventory	<b>&gt;</b>				
,						Business Code				
scellaneous Revenue	11	а								
ne a		b								
scellaneo Revenue		c							1	
Sce			All other revenue						1	
Ξ										
		<del>.</del>	Total Add lines 11a-11d				3,150,403.	0.	0.	834,661.
	12	_	Total revenue. See instructio	115		<b>P</b>	3,130,403.	1 0.	<u> </u>	Form <b>990</b> (2020)
032009	12-2	23-2	20							ruiii 330 (2020)

Form 990 (2020) COLLEGE EDUCA
Part IX Statement of Functional Expenses

	n 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,863,048.	1,863,048.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,029,064.	1,029,064.		
	Grants and other assistance to foreign	1,023,004.	1,023,004.		
(	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees				
	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	667,263.		307,839.	359,424
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
1 1	Fees for services (nonemployees):				
a I	Management				
	Legal	0.5.00.5		0.5.00.5	
C	Accounting	26,085.	100 100	26,085.	
d I	Lobbying	100,100.	100,100.		
	Professional fundraising services. See Part IV, line 17	50.005		50.005	
	Investment management fees	62,026.		62,026.	
_	Other. (If line 11g amount exceeds 10% of line 25,	101 004	61 520	20.206	10 150
	column (A) amount, list line 11g expenses on Sch 0.)	101,084.	61,538.	20,396.	19,150
	Advertising and promotion	33,763.	31,203.	130.	19,150 2,430 347
	Office expenses	16,612.	13,656.	2,609.	34/
	Information technology		+		
	Royalties		+		
	Occupancy		+		
-	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	27,109.	22 754	2 202	6.2
	Conferences, conventions, and meetings Interest	27,109.	23,754.	3,292.	63
1 1	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance				
i	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.)				
	ADMINISTRATIVE EXPENSES	25,257.	1,994.	18,133.	5,130
-	CULTIVATION - STEWARDSH	9,385.	228.		9,157
-	OTHER EXPENSES	81.		81.	- , = 3 /
d .					
-	All other expenses				
	Total functional expenses. Add lines 1 through 24e	3,960,877.	3,124,585.	440,591.	395,701
	Joint costs. 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 990 (2020)

Part X | Balance Sheet

Part	X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		2,505,905.	2	2,287,108
	3	Pledges and grants receivable, net		2,964,132.	3	1,231,648
	4	Accounts receivable, net		18,309.	4	23,091
	5	Loans and other receivables from any current	or former officer, director,			
		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
<u>ب</u>	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
1	10a	Land, buildings, and equipment: cost or other	1 I			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		2 525 222	10c	0.446.000
1	11	Investments - publicly traded securities		8,686,302.	11	9,116,929
1	12	Investments - other securities. See Part IV, line		32,982.	12	1,642,697
1	13	Investments - program-related. See Part IV, lin		13		
1	14	Intangible assets		14		
1	15	Other assets. See Part IV, line 11	11.005.600	15	44 004 450	
	16	Total assets. Add lines 1 through 15 (must ed	14,207,630.	16	14,301,473	
- 1	17	Accounts payable and accrued expenses	403,382.	17	340,574	
- 1	18	Grants payable	115 100	18	^	
	19	Deferred revenue		117,100.	19	0
	20	Tax-exempt bond liabilities			20	
- 1	21	Escrow or custodial account liability. Complet			21	
se   2	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sub				
<u> </u>		controlled entity or family member of any of the	***************************************		22	
'	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelat			24	
2	25	Other liabilities (including federal income tax, p	•			
		parties, and other liabilities not included on lin	· ·	26,119.	.	20 066
۔ ا	00			546,601.		20,966 361,540
-   2	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl		340,001.	26	301,340
ဖွ		and complete lines 27, 28, 32, and 33.	neck nere			
ğ   ,	27	Net assets without donor restrictions		2,850,955.	27	4,022,939
<u>ala</u>	28	Net assets with donor restrictions		10,810,074.	28	9,916,994
<u> </u>	20	Organizations that do not follow FASB ASC		10,010,014.	20	3,310,331
돌		and complete lines 29 through 33.	936, Check here			
ᡖ   ,	29	Capital stock or trust principal, or current fund	de.		29	
s   s	29 30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
ا ب	32	Total net assets or fund balances		13,661,029.	32	13,939,933
_						14,301,473
	33	Total liabilities and net assets/fund balances		14,207,630.	33	14,301 Form

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form 990 (2020)

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#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

THE VIRGINIA FOUNDATION FOR COMMUNITY

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

COLLEGE EDUCATION, 23-7004354 INC. 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: 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). X 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. 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))

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

(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4486489.	5083704.	3330210.	2751865.	2315742.	17968010.
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						
4	Total. Add lines 1 through 3	4486489.	5083704.	3330210.	2751865.	2315742.	17968010.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5490090.
6	Public support. Subtract line 5 from line 4.						12477920.
	ction B. Total Support						
Cale	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	4486489.	5083704.	3330210.	2751865.		17968010.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	134,659.	173,342.	233,702.	239,478.	156,490.	937,671.
9	Net income from unrelated business		-	-	-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						18905681.
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	•	,			01(c)(3)	
	organization, check this box and stor	-		•			
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	66.00 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	68.31 <u>%</u>
16a	33 1/3% support test - 2020. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			<b>&gt;</b> □
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	· ·	•				
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		<b>&gt;</b>
18	Private foundation. If the organization						s▶□
			<u> </u>			edule A (Form 990	

#### 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						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						<u> </u>
6 Total. Add lines 1 through 5				<u> </u>		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</b> Amounts included on lines 2 and 3 received					+	<del> </del>
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						<del> </del>
c Add lines 7a and 7b						<del>                                     </del>
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar 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	(a) 2010	(b) 2017	(6) 2018	(u) 2019	(e) 2020	(i) Total
10a Gross income from interest,						
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						
<b>c</b> 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.)				<u>                                     </u>		<u>                                     </u>
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
check this box and stop here	•		,	•	. , . ,	·
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>20</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
<b>b 33 1/3% support tests - 2019.</b> If the						
line 18 is not more than 33 1/3%, chec	ck this box and <b>st</b>	t <b>op here.</b> The orga	ınization qualifies a	as a publicly suppo	orted organization	
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hov and sec inc	etructions	

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

#### 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
1		
2		
_		
За		
OI:		
3b		
30		
3c		
4a		
Tu		
4b		
4c		
10		
5a		
Ja		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9c		
10a		
40.		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		<u> </u>
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,	_		
800	supervised, or controlled the supporting organization.	2		Щ
360	tion C. Type II Supporting Organizations		V-	A
_			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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	straction	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			
	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			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		0.5		
<b>L</b>	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction ever the policies, programs, and activities of each	3a		
D	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ad Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

_	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	3-7004354 Page
Sect	ion D - Distributions		(007761776		Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot 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 - pri	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	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(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				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	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:				
а	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

#### THE VIRGINIA FOUNDATION FOR COMMUNITY

Schedule A	Form 990 or 990-EZ) 2020 COLLEGE ED	UCATION,	INC.	23-7004354 Page 8
Part VI	<b>Supplemental Information.</b> Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section	e explanations rec 6, 9a, 9b, 9c, 11a Section E, lines 1	uired by Part II, line 10; Part II a, 11b, and 11c; Part IV, Sectio c, 2a, 2b, 3a, and 3b; Part V, I	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ine 1; Part V, Section B, line 1e; Part V,
	(See instructions.)			

#### SCHEDULE C

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat				
Nam		GINIA FOUNDATION	FOR COMMUNI	TY E	mployer identification number
_	COLLEGE	EDUCATION, INC.			23-7004354
Pa	rt I-A Complete if the org	anization is exempt und	er section 501(c) (	or is a section 527	organization.
3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities			<b>\$</b>
Pa	rt I-B Complete if the org	anization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955		<b>&gt;</b> \$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		<b>&gt;</b> \$
	If the organization incurred a sectio				
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.	<del> </del>	504/ )		47. 1/0
	-	anization is exempt und		-	
	Enter the amount directly expended				<b>&gt;</b> \$
2	Enter the amount of the filing organ		· ·		
_	exempt function activities				<b>&gt;</b> \$
3	Total exempt function expenditures		•		•
	line 17b				
4 5	Did the filing organization file <b>Form</b> Enter the names, addresses and en				
3	made payments. For each organiza				
	contributions received that were pro				•
	political action committee (PAC). If	additional space is needed, prov	ride information in Part	IV.	
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds. If none, enter	s contributions received and

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

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#### THE VIRGINIA FOUNDATION FOR COMMUNITY

Schedule C (Form 990 or 990-EZ) 2020 COLLEGE EDUCATION, INC. 23-7004354 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0ighthere is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (a) 2017 (b) 2018 (c) 2019(d) 2020 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2020

f Grassroots lobbying expenditures

#### Schedule C (Form 990 or 990-EZ) 2020 COLLEGE EDUCATION, INC. Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(	b)
f the lobbying activity.	Yes	No	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		100	0,100
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?		X	10	
j Total. Add lines 1c through 1i			100	100
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504/-\//	<u> </u>	- L'	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 504(c)(6)	on 501(c)(	b), or se	ction	
501(c)(6).				
			Yes	No
			+	1
Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
<ul> <li>2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501 (c) (d)</li> </ul>	the prior year on 501(c)(	2 ? 3 5), or se	ction	3, is
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	the prior year on 501(c)(l I "No" OR	2 ? 3 5), or se (b) Part	ction	3, is
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#### **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

THE VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION, INC.

**Employer identification number** 23-7004354

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
	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		
	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
Par	impermissible private benefit?		Yes No
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat Protection of natural habitat	·	of a historically important land area of a certified historic structure
	Preservation of open space	Preservation (	or a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
2	day of the tax year.	led conservation contribution in the form	Held at the End of the Tax Year
а			_
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register	·	I I
3	Number of conservation easements modified, transferred, rele		
	year >		
4	Number of states where property subject to conservation eas	ement is located >	_
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing con	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above	•	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footnorganization's accounting for conservation easements.	•	nents that describes the
Par		Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 958		and balance sheet works
	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	,	•
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L A</b>
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	A		<b>A</b>

032051 12-01-20

Schedule D (Form 990) 2020

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Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tre	asures, or Othe	r Simila	r Assets	(contin	ued)	<u>ago</u>
3	Using the organization's acquisition, accessio						(OOTTENT	<u>uou,</u>	
	collection items (check all that apply):	,	,	3	3				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e							
c	Preservation for future generations	J							
4	Provide a description of the organization's col	llections and explain	how they further th	e organization's exe	mnt nurna	se in Part	XIII		
5	During the year, did the organization solicit or	•	•	ŭ		oc iiii ait	AIII.		
Ŭ	to be sold to raise funds rather than to be mai						Yes		No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Part		3			,	,		
1a	Is the organization an agent, trustee, custodia	ın or other intermed	iary for contributions	s or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount		
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo					$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII.								]
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years	back
1a	Beginning of year balance	4,155,706.	4,100,600.	3,895,941.	3,0	52,762.	2,	874,	268.
b	Contributions	47,025.	50,130.	46,750.	į	587,598.		43,	420.
С	Net investment earnings, gains, and losses	1,008,534.	122,163.	246,127.		362,155.		242,	973.
d	Grants or scholarships	135,760.	117,187.	88,218.	1	106,573.		107,	899.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	5,075,505.	4,155,706.	4,100,600.	3,8	395,942.	3,	052,	762.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment		_%						
	Permanent endowment ► 62.3000	%							
С	Term endowment ▶37.7000 %	6							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiza	ition that are held an	nd administered for t	he organiz	ation	_		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Schedule R?				3b		
4_	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or o basis (investr	` ' '	',	Accumulat epreciation	<b>I</b>	(d) Book	valu	e 
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment	I							
	Other								
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part	X, column (B), line 10	Oc.)		<b>•</b>			0.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X,	line 12.	
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end	-of-year market value
(1) Financ	cial derivatives				
(2) Closel	y held equity interests				
(3) Other					
(A) I		1,610,050.	END-OF-YEAR	MARKET	VALUE
(B) C	ASH VALUE OF LIFE				
(C) I	NSURANCE	32,647.	END-OF-YEAR	MARKET	VALUE
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)	1,642,697.			
Part VI	II Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X,	line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation		-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X,	line 15.	
		Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	lumn (b) must equal Form 990, Part X, col. (B) line	2.15.)		<b>.</b>	
Part X	Other Liabilities.	. 10./			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, F	Part X, line 25.	
1.	(a) Description of liability		,	·	(b) Book value
	ederal income taxes				
	HARITABLE GIFT ANNUITIES	PAYABLE			20,966.
(3)					•
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	lumn (b) must equal Form 990, Part X, col. (B) line	25)		<b></b>	20,966.

Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

COLLEGE EDUCATION, INC.

Par	Reconciliation of Revenue per Audited Financial Statemer  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With	Revenue per Re	turn.	
1	Takah managan pada ang at tikan			1	5,149,641.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•••••		
a	Net unrealized gains (losses) on investments	2a	1,580,705.		
b	Donated services and use of facilities		467,656.		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		12,903.		
e	Add lines <b>2a</b> through <b>2d</b>		-	2e	2,061,264.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,088,377.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	62,026.		
b	Other (Describe in Part XIII.)		,		
	Add lines <b>4a</b> and <b>4b</b>			4c	62.026.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	62,026. 3,150,403.
	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	n Expenses per F		n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,870,737.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	467,656.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		504,230.		
е	Add lines 2a through 2d			2e	971,886.
3	Subtract line 2e from line 1			3	3,898,851.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	62,026.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	62,026.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,960,877.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			; Part )	ζ, line 2; Part XI,
	and 4b, and rait All, lines 2d and 4b. Also complete this part to provide any addition	tional inioi	mation.		
DAE	T X, LINE 2:				
PAR	I A, LINE 2:				
THE	FOUNDATION IS EXEMPT FROM FEDERAL AND STA	TE IN	COME TAXES	AS Z	A
NTON	DDOETH ODGANTGAMTON INDED GEGMTON F01/G\/2	\ OH		. Di	
NOI	PROFIT ORGANIZATION UNDER SECTION 501(C)(3	) OF	THE INTERNA	.ь к	TAFINOF
COI	E AND THE TAX STATUTES OF THE COMMONWEALTH	OF V	IRGINIA. TH	E F	NOITADNUC
מא כ	DETERMINED THAT THERE ARE NO MATERIAL UNR	ECOCN	T760 MXV D6	NEE.	TMC OD
IIA	DETERMINED THAT THERE ARE NO MATERIAL ONK	.ECOGIN	IZED IAK DE	14171.	IID OK
OBI	IGATIONS AS OF JUNE 30, 2021 AND 2020. THE	TAX	YEARS OF 20	18 5	ro 2020
REM	AIN SUBJECT TO EXAMINATION BY THE TAXING A	UTHOR	ITIES.		
PAF	T XI, LINE 2D - OTHER ADJUSTMENTS:				
	NGE IN VALUE OF SPLIT-INTEREST AGREEMENTS				
ONF	EALIZED LOSS ON INVESTMENTS DESIGNATED FOR	. СПАК	TIMDLE		
CIF	T ANNIITTES				

Part XIII   Supplemental Information (continued)
(Continued)
PART XII, LINE 2D - OTHER ADJUSTMENTS:
PLEDGE ADJUSTMENTS
PART V, LINE 4
THE FOUNDATION'S ENDOWMENTS CONSIST OF APPROXIMATELY 20 FUNDS ESTABLISHED
MAINLY FOR SCHOLARSHIPS AND EDUCATION.
PART X, LINE 2:
THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS A
NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE
CODE AND THE TAX STATUTES OF THE COMMONWEALTH OF VIRGINIA. THE FOUNDATION
HAS DETERMINED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS OR
OBLIGATIONS AS OF JUNE 30, 2020 OR 2019.
PART XI LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 13,238

#### SCHEDULE I (Form 990)

**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.

2020

OMB No. 1545-0047

Open to Public ➤ Attach to Form 990. Department of the Treasury Internal Revenue Service Inspection ► Go to www.irs.gov/Form990 for the latest information. THE VIRGINIA FOUNDATION FOR COMMUNITY **Employer identification number** Name of the organization 23-7004354 COLLEGE EDUCATION, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant (b) EIN valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) TO SUPPORT STUDENT NORTHERN VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION -EMERGENCY, GREAT EXPECTATIONS, RURAL 4001 WAKEFIELD CHAPEL ROAD, STE VIRGINIA HORSESHOE 252 - ANNANDALE, VA 22003 51-0249730 501(C)(3) 0 152,800. TO SUPPORT GREAT BLUE RIDGE COMMUNITY COLLEGE EXPECTATIONS, RURAL EDUCATIONAL FOUNDATION - P.O. BOX VIRGINIA HORSESHOE 80 - WEYERS CAVE, VA 24486 54-1328809 501(C)(3) INITIATIVE, AND WORKFORCE 86,478, 0. CENTRAL VIRGINIA COMMUNITY COLLEGE TO SUPPORT STUDENT EDUCATIONAL FOUNDATION - 3506 EMERGENCY AND WORKFORCE WARDS ROAD - LYNCHBURG, VA 24502 54-1268278 115 48,500 0 PROGRAMS DABNEY LANCASTER COMMUNITY COLLEGE TO SUPPORT RURAL VIRGINIA P.O. BOX 1000 HORSESHOE INITIATIVE AND

IGH	WAY - MELFA, VA 23410	54-1865751	501(C)(3)	35,342.	0.	
2	Enter total number of section 501(c)(3) a	nd government orc	anizations listed in the	line 1 table		

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

24.

WORKFORCE PROGRAMS

WORKFORCE PROGRAMS

TO SUPPORT STUDENT

EXPECTATIONS, RURAL VIRGINIA HORSESHOE

EMERGENCY, GREAT

TO SUPPORT RURAL VIRGINIA

HORSESHOE INITIATIVE AND

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

54-1268274 501(C)(3)

54-1213521 501(C)(3)

24541

CLIFTON FORGE VA 24422

DANVILLE COMMUNITY COLLEGE
EDUCATIONAL FOUNDATION - 1008

SOUTH MAIN STREET - DANVILLE, VA

EASTERN SHORE COMMUNITY COLLEGE

FOUNDATION - 29300 LANKFORD

25 679

24 633

0.

0.

Schedule I (Form 990) COLLEGE EI		INC.	011101(111			2	23-7004354 Page
Part II Continuation of Grants and Other A	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</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 non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA HIGHLANDS COMMUNITY							TO SUPPORT STUDENT
COLLEGE EDUCATIONAL FOUNDATION -							EMERGENCY, GREAT
P.O. BOX 828 - ABINGDON, VA							EXPECTATIONS, RURAL
24212-0828	52-1225133	501(C)(3)	107,121.	0.			VIRGINIA HORSESHOE
J. SARGEANT REYNOLDS COMMUNITY COLLEGE - 1651 E. PARHAM ROAD -							TO SUPPORT THE MELLON
RICHMOND, VA 23228	54-1268266	115	131,033.	0.			PROGRAM
JOHN TYLER COMMUNITY COLLEGE 13101 JEFFERSON DAVIS HIGHWAY							TO SUPPORT THE MELLON
CHESTER, VA 23831	54-1268277	115	134,309.	0.			PROGRAM
JOHN TYLER COMMUNITY COLLEGE							TO SUPPORT GREAT
FOUNDATION - 13101 JEFFERSON DAVIS	F2 1200C4C	E01/G\/2\	74.666	0			EXPECTATIONS AND
HIGHWAY - CHESTER, VA 23831	52-1389646	201(C)(3)	74,666.	0.			WORKFORCE PROGRAMS
GERMANNA COMMUNITY COLLEGE							TO SUPPORT STUDENT
EDUCATIONAL FOUNDATION - 2130							EMERGENCY, GREAT
GERMANNY HIGHWAY, P.O. BOX 143 -	54 4050040	504 (5) (0)	101 000				EXPECTATIONS, AND
LOCUST GROVE, VA 22508-0143	54-1379348	501(C)(3)	101,800.	0.			WORKFORCE PROGRAMS
LORD FAIRFAX COMMUNITY COLLEGE							TO SUPPORT STUDENT
EDUCATIONAL FOUNDATION - 173							EMERGENCY, GREAT
SKIRMISHER LANE - MIDDLETOWN, VA							EXPECTATIONS, AND RURAL
22645	51-0247624	501(C)(3)	99,300.	0.			VIRGINIA HORSESHOE
SOUTHWEST VIRGINIA COMMUNITY							TO SUPPORT GREAT
COLLEGE EDUCATIONAL FOUNDATION -							EXPECTATIONS, RURAL
P.O. BOX SVCC - RICHLANDS, VA							VIRGINIA HORSESHOE
24641	54-1168575	501(C)(3)	82,403.	0.			INITIATIVE, AND WORKFORCE
MOUNTAIN EMPIRE COMMUNITY COLLEGE							TO SUPPORT GREAT
EDUCATIONAL FOUNDATION - 3441							EXPECTATIONS, RURAL
MOUNTAIN EMPIRE RD - BIG STONE							VIRGINIA HORSESHOE
GAP, VA 24219	54-1175620	501(C)(3)	70,643.	0.			INITIATIVE, AND WORKFORCE
							TO SUPPORT GREAT
NEW RIVER COMMUNITY COLLEGE							EXPECTATIONS AND RURAL
EDUCATIONAL FOUNDATION - PO DRAWER							VIRGINIA HORSESHOE
1127 - DUBLIN, VA 24084	52-1203686	501(C)(3)	32,748.	0.			INITIATIVE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)											
(a) Name and address of organization or government	<b>(b)</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 non-cash assistance	(h) Purpose of grant or assistance				
PIEDMONT VIRGINIA COMMUNITY											
COLLEGE EDUCATIONAL FOUNDATION -							TO SUPPORT GREAT				
501 COLLEGE DRIVE -							EXPECTATIONS AND				
CHARLOTTESVILLE, VA 22902	54-1241773	501(C)(3)	39,725.	0.			WORKFORCE PROGRAMS				
SOUTHSIDE VIRGINIA COMMUNITY							TO SUPPORT STUDENT				
COLLEGE EDUCATIONAL FOUNDATION -							EMERGENCY, GREAT				
109 CAMPUS DRIVE - ALBERTA, VA							EXPECTATIONS, AND RURAL				
23821	54-1238450	501(C)(3)	36,263.	0.			VIRGINIA HORSESHOE				
							TO SUPPORT GREAT				
PATRICK HENRY COMMUNITY COLLEGE							EXPECTATIONS, RURAL				
EDUCATION FOUNDATION - 645 PATRIOT							VIRGINIA HORSESHOE				
AVENUE - MARTINSVILLE, VA 24112	54-1185803	501(C)(3)	35,800.	0.			INITIATIVE, AND WORKFORCE				
PAUL D CAMP COMMUNITY COLLEGE							TO SUPPORT STUDENT				
FOUNDATION - 100 N. COLLEGE DRIVE							EMERGENCY AND WORKFORCE				
- FRANKLIN, VA 23851	54-1150926	501/C\/3\	49,300.	0.			PROGRAMS				
J. SARGEANT REYNOLDS COMMUNITY	34-1130920	301(0)(3)	49,300.	0.			FROGRAFIS				
COLLEGE EDUCATIONAL FOUNDATION -							TO SUPPORT GREAT				
1651 EAST PARHAM ROAD, SUITE 200 -							EXPECTATIONS AND				
HENRICO, VA 23228-2327	54-1130296	501(C)(3)	25,166.	0.			WORKFORCE PROGRAMS				
HENRICO, VA 23220 2327	34 1130230	301(0)(3)	25,100.	0.			WORKFORCE PROGRAMS				
WYTHEVILLE COMMUNITY COLLEGE							TO SUPPORT STUDENT				
EDUCATIONAL FOUNDATION - 1000 EAST							EMERGENCY AND WORKFORCE				
MAIN STREET - WYTHEVILLE, VA 24382	54-1162381	501(C)(3)	20,800.	0.			PROGRAMS				
,			,				TO SUPPORT GREAT				
RAPPAHANNOCK COMMUNITY COLLEGE							EXPECTATIONS, RURAL				
EDUCATIONAL FOUNDATION - 52 CAMPUS							VIRGINIA HORSESHOE				
DR - WARSAW, VA 22572	51-0252676	501(C)(3)	44,496.	0.			INITIATIVE, AND WORKFORCE				
,			,				· ·				
THOMAS NELSON COMMUNITY COLLEGE							TO SUPPORT GREAT				
FOUNDATION - 99 THOMAS NELSON							EXPECTATIONS AND				
DRIVE - HAMPTON, VA 23666	52-1217532	501(C)(3)	36,250.	0.			WORKFORCE PROGRAMS				
TIDEWATER COMMUNITY COLLEGE							TO SUPPORT GREAT				
EDUCATIONAL FOUNDATION - 121							EXPECTATIONS AND				
COLLEGE PL - NORFOLK, VA 23510	52-1217056	501(C)(3)	68,518.	0.			WORKFORCE PROGRAMS				

Page 1

(a) 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 non-cash assistance  (h) Purpose of grant or assistance  (h) Purpose of grant or assistance  (h) Purpose of grant or assistance  (a) Amount of non-cash assistance  (b) EIN  (c) IRC section if applicable  (d) Amount of non-cash assistance  (e) Amount of non-cash assistance  (d) Amount of non-cash assistance  (e) Amount of non-cash assistance  (d) Amount of non-cash assistance  (e) Amount of non-cash assistance  (d) Amount of non-cash assistance  (e) A	Part II Continuation of Grants and Other			and Domestic Go	overnments (Sch	edule I (Form 990), Pa		13-7004334 Page
EDUCATION FOUNDATION - 3093 COLONIAL AVE SW - ROANOKE, VA 24015  52-1200913 501(C)(3)  135,255.  7URGINIA COMMUNITY COLLEGE SYSTEM 300 ARBORETUM PLACE, SUITE 200  TO SUPPORT THE MELLO	(a) Name and address of		(c) IRC section	(d) Amount of	(e) Amount of non-cash	(f) Method of valuation (book, FMV,	(g) Description of	(h) Purpose of grant or assistance
COLONIAL AVE SW - ROANOKE, VA 14015  TO SUPPORT RURAL VIEW HORSESHOE INITIATIVE FOR THE MELLONGE SYSTEM 100 ARBORETUM PLACE, SUITE 200  TO SUPPORT THE MELLONGE SYSTEM TO SUPPORT THE SYSTEM TO SUPPORT THE SYSTEM SYSTEM TO SUPPORT THE SYSTEM SYSTEM TO SUPPORT THE SYSTEM SYSTE	VIRGINIA WESTERN COMMUNITY COLLEGE							
HORSESHOE INITIATIVE COLLEGE SYSTEM SOO ARBORETUM PLACE, SUITE 200 TO SUPPORT THE MELLO								
VIRGINIA COMMUNITY COLLEGE SYSTEM 300 ARBORETUM PLACE, SUITE 200 TO SUPPORT THE MELLO	-							TO SUPPORT RURAL VIRGINIA
300 ARBORETUM PLACE, SUITE 200 TO SUPPORT THE MELLO	24015	52-1200913	501(C)(3)	135,255.	0.			HORSESHOE INITIATIVE
RICHMOND, VA 23236 54-0759063 115 159,018. 0. LAUGHING GULL PROGR.								TO SUPPORT THE MELLON AND
	RICHMOND, VA 23236	54-0759063	115	159,018.	0.			LAUGHING GULL PROGRAMS.

Page 2

(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
SCHOLARSHIPS TO INDIVIDUALS ATTENDING VIRGINIA					
COMMUNITY COLLEGES	158	1,029,064.	0.		
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	I
PART II, LINE 1, COLUMN (H):					
	п.				
NAME OF ORGANIZATION OR GOVERNMEN	Γ:				
NORTHERN VIRGINIA COMMUNITY COLLE	GE EDUCATI	ONAL FOUNI	DATION		
(H) PURPOSE OF GRANT OR ASSISTANC	E: TO SUPP	ORT STUDEN	T EMERGENC	Y, GREAT	
EVDEOMATIONS DIDAY VIDOINIA HODS	EGUAR TNIC	.T.3.M.T.7.T. 3.N	ID WORKEODO	E DROGRAMG	
EXPECTATIONS, RURAL VIRGINIA HORS	ESHOE INIT	TATIVE, AL	ND WORKFORC	E PROGRAMS	
NAME OF ORGANIZATION OR GOVERNMEN	Г:				
BLUE RIDGE COMMUNITY COLLEGE EDUC.	ATTONAL FO	NOTTACINI			
(H) PURPOSE OF GRANT OR ASSISTANCE	E: TO SUPP	ORT GREAT	EXPECTATIO	NS, RURAL	

Part IV | Supplemental Information

VIRGINIA HORSESHOE INITIATIVE, AND WORKFORCE PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

EASTERN SHORE COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT STUDENT EMERGENCY, GREAT

EXPECTATIONS, RURAL VIRGINIA HORSESHOE INITIATIVE, AND WORKFORCE PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

VIRGINIA HIGHLANDS COMMUNITY COLLEGE EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT STUDENT EMERGENCY, GREAT

EXPECTATIONS, RURAL VIRGINIA HORSESHOE INITIATIVE, AND WORKFORCE PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

LORD FAIRFAX COMMUNITY COLLEGE EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT STUDENT EMERGENCY, GREAT

EXPECTATIONS, AND RURAL VIRGINIA HORSESHOE INITIATIVE PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTHWEST VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GREAT EXPECTATIONS, RURAL

VIRGINIA HORSESHOE INITIATIVE, AND WORKFORCE PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

MOUNTAIN EMPIRE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GREAT EXPECTATIONS, RURAL

VIRGINIA HORSESHOE INITIATIVE, AND WORKFORCE PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

Schedule I (Form 990)

Part IV Supplemental Information
SOUTHSIDE VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT STUDENT EMERGENCY, GREAT
EXPECTATIONS, AND RURAL VIRGINIA HORSESHOE INITIATIVE PROGRAMS
NAME OF ORGANIZATION OR GOVERNMENT:
PATRICK HENRY COMMUNITY COLLEGE EDUCATION FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GREAT EXPECTATIONS, RURAL
VIRGINIA HORSESHOE INITIATIVE, AND WORKFORCE PROGRAMS
NAME OF ORGANIZATION OR GOVERNMENT:
RAPPAHANNOCK COMMUNITY COLLEGE EDUCATIONAL FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GREAT EXPECTATIONS, RURAL
VIRGINIA HORSESHOE INITIATIVE, AND WORKFORCE PROGRAMS
PART I, LINE 2:
THE BOARD OF DIRECTORS MONITORS THE USE OF GRANT FUNDS

#### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. 2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

THE VIRGINIA FOUNDATION FOR COMMUNITY

COLLEGE EDUCATION, INC.

Employer identification number 23-7004354

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			l
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			l
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l
	organization or a related organization:			
а		4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
		5a		X
b	, , ,	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
		6a		X
b	, , ,	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
	, , , , , , , , , , , , , , , , , , , ,	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	1	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(1)(0)	reported as deferred on prior Form 990
(1) JENNIFER SAGER GENTRY	(i)	194,118.	0.	0.	0.	19,495.	213,613.	0.
DIRECTOR; EXECUTIVE DIRECT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

 Go to www.irs.gov/Form990 for instructions and the latest information. THE VIRGINIA FOUNDATION FOR COMMUNITY

Open to Public Inspection

**Employer identification number** 

COLLEGE EDUCATION, INC. 23-7004354 Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 11 528,895. QUOTED MARKET VALUE Х 10 Securities - Closely held stock ..... Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 3,416. FAIR MARKET VALUE OTHER Х 25 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement \_\_\_\_\_29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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Schedule M (Form 990) 2020

#### THE VIRGINIA FOUNDATION FOR COMMUNITY

Schedul	le M (Fo	orm 990)	2020	COLL	LEGE	EDU	JCAT	NOI	, I	NC.								<u>0043</u>		Page 2
Part I	S is	upplen reporting	<b>nental</b> g in Part or any add	<b>Inform</b> I, colum	<b>nation</b> nn (b), th	Provine num	vide th	e infor	matio	n requ	iired b	y Par oer of	t I, lines items re	30b, 32 eceived,	b, and ( or a co	33, and mbination	wheth on of b	er the cooth. Als	rganizati so comp	ion
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THE	ORG	NIZA	TION	REC	EIVE	D N	ONC	ASH	GI	FTS	OF	SE	CURI	TIES	IN	THE	AM	OUNT	OF	
\$44,	220	THAT	WER	E PL	EDGE	PA	YME	NTS	ON	PL	EDG	ES	RECC	RDEL	) AS	REV	ENU:	E IN	_A	
PREV	IOUS	S YEA	R.																	
							_		_		_	_								

Schedule M (Form 990) 2020

032142 11-23-20

#### SCHEDULE O

(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

THE VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION, INC.

Employer identification number 23-7004354

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUPPLEMENTING THE ACTIVITIES OF THE 23 COLLEGES AND SECURING SUPPORT FOR SYSTEM-WIDE INITIATIVES THAT COULD NOT BE UNDERTAKEN BY ANY SINGLE COLLEGE.

PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART III, LINE 4B, CREDENTIALS. APPROXIMATELY 42 PERCENT OF GREAT EXPECTATIONS' STUDENTS ACHIEVE SUCCESS THROUGH GRADUATION OR TRANSFER TO OTHER COLLEGES AND UNIVERSITIES. THROUGH THE SUPPORT OF PASSIONATE DONORS, VFCCE PROVIDES GREAT EXPECTATIONS FUNDING TO STUDENTS AT VIRGINIA'S 23 COMMUNITY COLLEGES, REACHING OVER 30 PERCENT OF THE ELIGIBLE POPULATION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: AND ENROLL IN COLLEGE. SINCE THE PROGRAM BEGAN, EDUCATIONAL ATTAINMENTS LEVELS HAVE RISEN IN RURAL VIRGINIA BOTH HIGH SCHOOL AND COLLEGE ATTAINMENT RATES HAVE INCREASED FOUR PERCENTAGE POINTS RESPECTIVELY. ALMOST 1,000 STUDENTS IN RURAL VIRGINIA HAVE RECEIVED ADDITION, FINANCIAL INCENTIVES TO ASSIST WITH TUITION, FEES, BOOKS, SUPPORTIVE AND OTHER COSTS NOT COVERED BY TRADITIONAL FINANCIAL AID, SUCH AS TECHNOLOGY, TRANSPORTATION, AND CHILDCARE. THANKS TO ENGAGED THE VFCCE PROVIDES MATCH FUNDING THAT IS LEVERAGED BY LOCAL COLLEGE FOUNDATIONS TO SUPPORT THE PROGRAM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BY 2026, THE VIRGINIA EMPLOYMENT COMMISSION EXPECTS THERE TO BE 2.6

MILLION MIDDLE SKILLED JOBS IN VIRGINIA JOBS THAT REQUIRE SOME

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization THE VIRGINIA FOUNDATION FOR COMMUNITY **Employer identification number** 23-7004354 COLLEGE EDUCATION, INC. TRAINING, BUT NOT A FOUR-YEAR DEGREE. IN 2016, VIRGINIA'S GENERAL ASSEMBLY ENACTED LANDMARK LEGISLATION, THE NEW ECONOMY WORKFORCE CREDENTIAL GRANT, PROVIDING STATE FINANCIAL AID FOR UP TO 2/3 OF THE COST FOR STUDENTS PURSUING APPROVED NONCREDIT WORKFORCE DEVELOPMENT PROGRAMS THAT PREPARE STUDENTS FOR HIGH DEMAND CAREERS IN TARGETED INDUSTRIES IN THE COMMONWEALTH. OVER 25,000 STUDENTS HAVE EARNED CREDENTIALS IN THESE HIGH DEMAND TRAINING PROGRAMS IN INDUSTRY SECTORS SUCH AS HEALTHCARE, SKILLED TRADES, TRANSPORTATION AND LOGISTICS, EDUCATION, AND INFORMATION TECHNOLOGY. UPON COMPLETION, STUDENTS SEE AVERAGE WAGE GAINS OF 37 PERCENT AND GAIN ACCESS TO BENEFITS SUCH AS EMPLOYER-PAID MEDICAL INSURANCE, PAID VACATION, AND SICK LEAVE. ALTHOUGH PUBLIC FUNDS SUPPORT TWO-THIRDS OF PROGRAM COSTS, OFTENTIMES, PARTICULARLY FOR THOSE FROM UNDERSERVED COMMUNITIES, THE REMAINING ONE-THIRD OR OTHER NON-TUITION BARRIERS INCLUDING TRANSPORTATION, CHILDCARE, AND EQUIPMENT COSTS, SERVE AS A BARRIER TO STARTING OR COMPLETING A SHORT-TERM CREDENTIAL. EXPENSES \$ 638,451. INCLUDING GRANTS OF \$ 516,497. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE GOVERNING BOARD. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY BOARD MEMBERS SIGN A CONFLICT OF INTEREST FORM AND THE ORGANIZATION KEEPS FORMS ON FILE. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY PROVIDING Schedule O (Form 990 or 990-EZ) 2020

Name of the organization THE VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION, INC.	Employer identification number 23-7004354
COPIES UPON REQUEST.	
FORM 990, PART VII, SECTION A:	
DR. JENNIFER GENTRY IS COMPENSATED BY THE VIRGINIA COMMUNICATION OF THE VIRGINIA COMPUNICATION OF THE VIRGINIA COMPUNICATION OF THE VIRGINIA COMPUNICATION OF THE VIRGINIA COMPUNICATION O	ITY COLLEGE
SYSTEM IN HER ROLE AND CAPACITIES AS EXECUTIVE DIRECTOR TO	O THE
FOUNDATION. THEREFORE, HER COMPENSATION, AS WELL AS THREE	OTHER
EMPLOYEES WITH A SIMILAR ARRANGEMENT, ARE DISCLOSED AS COL	NTRIBUTED
SERVICES FOR FINANCIAL REPORTING PURPOSES.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE FO SPLIT-INTEREST AGREEMENTS	13,238.
PLEDGE ADJUSTMENTS	-504,230.
UNREALIZED LOSS ON INVESTMENTS DESIGNATED FOR CHARITABLE	
GIFT ANNUITIES	-335.
TOTAL TO FORM 990, PART XI, LINE 9	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.	
	_