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SCANNED DEC 0 4 2010

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

2009 For the 2009 calendar year, or tax year beginning JUL 1. and ending JUN 30, C Name of organization D Employer identification number Check if Please applicable VIRGINIA FOUNDATION FOR COMMUNITY use IRS Address change OLLEGE EDUCATION, INC. pant or Name change type 23-7004354 Doing Business As Initial return See Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Specific 804-819-4962 Termin-01 N. 14TH STREET, 15TH FLOOR Instruc-Amende return City or town, state or country, and ZIP + 4 3,749,793. G Gross receipts \$ Applica-tion pending RICHMOND, VA 23219 H(a) Is this a group return F Name and address of principal officer:DR JENNIFER SAGER GENTRY Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes No Tax-exempt status: X 501(c) (3)◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.VCCS.EDU/FOUNDATION **H(c)** Group exemption number ▶ K Form of organization X Corporation Trust Association L Year of formation 1969 M State of legal domicile VA Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDING ACCESS TO EDUCATION Activities & Governance FOR ALL VIRGINIANS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 25 Number of voting members of the governing body (Part VI, line 1a) 3 25 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. Net unrelated business taxable to complete the property of the state o **Prior Year Current Year** 1,205,924 2,287,415. Contributions and grants (Part VIII, line 1h)
Program service revenue (Part VIII, line 25) 2010 0. 360,000. Investment income (Part VIII..column (A), lines 3, 4, and d) 6,602. 26,351. Other revenue (Part VIII, colum (A) Irea 5, 6d 8c 73,466 11 1,285,992 2,673,766. Total revenue - add lines 8 through 1-1-(must VIII, column (A), line 12) 80,879 92,862. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,800 16a Professional fundraising fees (Part IX, column (A), line 11e) 103,351. b Total fundraising expenses (Part IX, column (D), line 25) 219,396. 1,187,687. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 304,075. 1,280,549. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 981,917. 1,393,217. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,506,587. 3,970,973. 20 Total assets (Part X, line 16) 90,453 65,842 Total liabilities (Part X, line 26) 2,416,134. 3,905,131 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is passed on all information of which preparer has any knowledge. 11.11.10 Sign Signature of officer Here JENNIFER SAGER GENTRY, EXECUTAVE DIRECTOR Type or print name and title Preparer's Identifying number (see Instructions) Date Check if Preparer's Paid enirelte selfsignature employed > Preparer's Firm's name (or HENLEY & HENLEY, EIN ▶ yours if self-employed), Use Only P. O. BOX 180 Phone no ► (804) STUDLEY, VA 23162 779-7145 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

VIRGINIA FOUNDATION FOR COMMUNITY

Form	1990 (2009) COLLEGE EDUCATION, INC.	23-7004354	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: PROVIDING ACCESS TO EDUCATION FOR ALL VIRGINIANS.		
			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
	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? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of allocations to others, the total expenses, and revenue, if any, for each program service reported.	•	
4a	(Code:)(Expenses \$ 335,428. including grants of \$ 82,030.)(R THE COMMONWEALTH LEGACY SCHOLARSHIP PROGRAM PROVIDES ME: TO DESERVING STUDENTS, WITH A FOCUS ON DEVELOPING OUTST. CITIZENSHIP AND LEADERSHIP. SCHOLARSHIPS ARE PROVIDED STUDENTS ATTENDING ONE OF VIRGINIA'S 23 COMMUNITY COLLERECIPIENTS HAVE DEMONSTRATED LEADERSHIP, ACADEMIC EXCEL MENTORING SKILLS, AND PROVIDE MENTORSHIP TO THE FOLLOWING RECIPIENT.	RIT SCHOLARS ANDING TO FIRST-TIM GES. SELECT LENCE AND	E ED
4b	(Code:)(Expenses\$ 756,613. including grants of\$)(R THE GREAT EXPECTATIONS INITIATIVE: FOSTERING POWERFUL EXPECTATIONS INITIATIVE WAS LAUNCHED TO SUPPORT FOSTER AGE-OUT OF VIRGINIA'S FOSTER CARE SYSTEM. THE PROGRAM COMPLETION OF HIGH SCHOOL AND PROVIDES TRANSITIONAL SUP VIRGINIA'S COMMUNITY COLLEGES. THE STRUCTURE AND SUPPO PROGRAM WILL PROVIDE A NECESSARY STEP TO ENSURE FOSTER THROUGH THE EDUCATIONAL SYSTEM AND BECOME VALUABLE AND RESOURCES IN OUR WORKFORCE.	CHILDREN WHO ENSURES THEI PORT INTO RT OF THIS CHILDREN MAK	R
4c	(Code:) (Expenses \$ 10,832. including grants of \$ 10,832.) (R VARIOUS OTHER SCHOLARSHIPS TO DESERVING STUDENTS ATTEND COMMUNITY COLLEGES.	evenue \$ ING VIRGINIA) .'S
	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ 360,0	00.)	
4e	Total program service expenses ▶\$ 1,102,873.		
93200 02-04	12 -10	Form 9	90 (2009)

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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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 term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable	11	X	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
4-	located outside the United States? If "Yes," complete Schedule F, Part III	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l		v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	\vdash	<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا		v
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
10	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	10		v
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		<u>x</u>
	Signification operate one of more nospitals in Tes, complete scriedule in		990 (2	
		1 01111	220 (A	-00a)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
	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) and 501(c)(4) 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		<u>X</u>
þ	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		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			17
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
	Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	:		
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a		28a		$\frac{x}{x}$
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
Ç	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	00-		X
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	X	
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
J 1	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	\ <u>-</u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	990	2009)

Form 990 (2009) COLLEGE EDUCATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

10. Einer the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter 0- if not applicable 1a	<u> </u>				Yes	No
U.S. Information Returns. Enter 0- if not applicable Enter the number of Forms W.2G included in line 1a. Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 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. 8 If at least one is reported on line 2a, did the organization file all required federal employment tax return? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, see instructions) 9 If at least one is reported on line 2a, did the organization file all required federal employment tax return? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, see instructions) 9 If Yes, is at filed a Form 990-T for this year? If *No*, provide an explanation in Schedule 0 14 A any time during the calendar year, did the organization share an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 9 If Yes, either the name of the foreign country is beset the instructions for exceptions and filing requirements for Form TD F90·22.1, Report of Foreign Bank and Financial Accounts. 9 Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 10 If Yes, 1 to the 5a or 5b, did the organization file Form 88861, Disclosure by Trax-Exempl Entity Regarding Prohibited Tax Shelter Transaction? 10 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 10 Did the organization seems of the payor? 11 Did the organization in the vertice of the payor than the payor to the foreign to the payor? 12 Did the organization in th	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			.03	
b. Enter the number of Forms W/3 included in the 1a. Enter 0-fi not applicable Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to pize winners? 2a. Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements. [1be of for the celendary year ending with or within the year covered by this return. It leads one is reported on line 2a, clid the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-fibth than return, dee instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4b. If 1'Yes, 1'as it filed a form 900-Tor the year 1'M-0's provide an explanation in Scheduls 0' 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; level. See the instructions for exceptions and filing requirements for Form 1D F 90:22.1, Report of Foreign Bank and Financial Accounts. 5b. Was the organization a party to a prohibited tax shelter transaction? 6c. If 1'Yes, 1'do line 5a of 5b, clid the organization that it was or is a party to a prohibited tax shelter transaction? 6c. If 1'Yes, 1'do line 5a of 5b, clid the organization that it was or is a party to a prohibited tax shelter transaction? 6c. If 1'Yes, 1'do line organization miclude with very selbicitation an express statement that such contributions or grifts were not tax deductible? 6c. If 1'Yes, 1'do line organization miclude with very selbicitation an express statement that such contributions or grifts were not tax deductible? 6c. If 1'Yes, 1'do line organization miclude with very selbicitation an express statement that such contributions or grifts were not tax deductible? 6c. If 1'Yes, 1'do line organization miclude with very selbicitation an express statement that such con		•	1a 0			1
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Seminary with the calendar year endingers reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account)? If if 'Yes, 'Yes if the foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. If Yes if Yes if yes if the reganization that it was or is a party to a prohibited tax shelter transaction? If Yes if Yes in oline 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If Yes if Yes in oline 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If Yes if Yes in oline 3a or 5b, did the organization file Form 88861, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? If Yes		•••	eportable gaming			ĺ
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filed for the calendary year ending with or within the year covered by this return? Note. If the sum of lines is and 2 als greater than 250, you may be required to e-file this return. (see instructions) 30. Dot the organization have unrelated bissness gross income of \$1,000 or more during the year covered by this return? Note. If the sum of lines is and 2 als igreater than 250, you may be required to e-file this return. (see instructions) 30. Dot the organization have unrelated bissness gross income of \$1,000 or more during the year covered by this return? 10. If Yes, it is a titled a Form 990 Port of this year? If Yes, "provide an explanation is Schedule 0 11. Yes, "enter the name of the foreign country: Image as a bank account, a country or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account)? 12. See the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 13. See the organization aparty to a prohibited tax sheller transaction? 14. See the organization aparty to a prohibited tax sheller transaction? 15. Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 15. Did any taxable party notify the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 15. Did the organization and unclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 16. If Yes, "indicate the number of tax shelter transaction and party for goods and services provided to the payor? 16. If Yes, "indicate the number of Forms 8282 filed during the year. 17. Did the organization need the year pay premium, directly or indirectly, to pay premiums on a personal benefit contract? 17. Did the organizations maintaining donor advised funds and section 590(a)(3) supporting organizations. Did the supporting organiza	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife this return, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country; besee the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. S Was the organization party to a prohibited tax sheller transaction? b If "Yes," to line 5a or 5b, did the organization that if was or is a party to a prohibited tax sheller transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," to line 5a or 5b, did the organization that if was or is a party to a prohibited tax sheller transaction? c If "Yes," to the 6a or 5b, did the organization that if was or is a party to a prohibited tax sheller transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction? c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions of the value developed by the contributions of the party receive deductible contributions under section 170(e). b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? b If "Yes," did the organization on endity the donor of the value of the			2a 0			ĺ
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benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 11a 6 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10	Section 501(c)(7) organizations. Enter:	1 1			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	а	Gross income from members or shareholders	11a			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	b	·				ſ
		•	·			1
b It "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1 1	12a	ļ	ļ
Form 990 (2009)	<u>b</u>	It "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u>1</u> 2b	Ļ		

Section A. Governing Body and Management

Page 6

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 in Schedule O. See instructions

			Yes	No								
1a	Enter the number of voting members of the governing body 1a 25											
b	Enter the number of voting members that are independent 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		<u>X</u>								
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision											
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X								
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X								
6	Does the organization have members or stockholders?	6		X								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the											
	governing body?	7a		X								
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year											
	by the following:											
а	a The governing body?											
b	b Each committee with authority to act on behalf of the governing body?											
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Does the organization have local chapters, branches, or affiliates?	10a		X								
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>								
11												
11A	A Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	L								
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise											
	to conflicts?	12b	X									
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			ł								
	in Schedule O how this is done	12c	Х	<u> </u>								
13	Does the organization have a written whistleblower policy?	13	X									
14	Does the organization have a written document retention and destruction policy?	14		X								
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?			İ								
а	The organization's CEO, Executive Director, or top management official	15a		X								
b	Other officers or key employees of the organization	15b	<u> </u>	X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	ŀ										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1								
	taxable entity during the year?	16a	ļ	X								
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	İ										
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			1								
	exempt status with respect to such arrangements?	16b		L								
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ► NONE											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for										
	public inspection. Indicate how you make these available. Check all that apply.											
	Own website Another's website X Upon request											
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	nd fina	incial									
	statements available to the public.											
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	-									
	JENNIE REED - 804-819-4962											
	101 N. 14TH STREET, 15TH FLOOR, RICHMOND, VA 23219		_									
		Form	990	(2009)								

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average				2)			(D) Reportable	(E) Reportable	(F) Estimated
	hours	(с	heck	c all 1	that	арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Кеу епріоуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOHN T. CASTEEN III										
DIRECTOR	1.00	X			ĺ			0.	0.	0.
GLENN DUBOIS		ľ								
DIRECTOR	1.00	X			İ			0.	0.	0.
JAMES W. DYKE, JR.						1				
DIRECTOR	1.00	X						0.	0.	0.
JENNIFER SAGER GENTRY										
DIRECTOR/EXEC DIRECTOR	24.00	X		Х				0.	0.	0.
PHILIP H. GOODPASTURE										
DIRECTOR	1.00	X				ì		0.	0.	0.
HUGH F. GOULDTHROPE, JR.				-						
DIRECTOR	1.00	X						0.	0.	0.
WILLIAM C. HALL, JR.										
DIRECTOR	1.00	X						0.	0.	0.
BARBARA A. JOHNSEN										
DIRECTOR	1.00	X						0.	0.	0.
CONSTANCE R. KINCHELOE										
DIRECTOR	1.00	X						0.	0.	0.
CHRIS A. LUMSDEN						Ī				
DIRECTOR	1.00	X						0.	0.	0.
BERNARD F. MCGINN										
DIRECTOR	1.00	X					İ	0.	0.	0.
DEAN C. MERRILL										
DIRECTOR	1.00	X						0.	0.	0.
JANET M. OSBORN										
DIRECTOR	1.00	X						0.	0.	0.
JULIEN G. PATTERSON										
DIRECTOR/CHAIRMAN	5.00	X		X				0.	0.	0.
MICHAEL J. QUILLEN										
DIRECTOR	1.00	X		L	<u> </u>			0.	0.	0.
CAROLINE H. RAPKING										,
DIRECTOR	1.00	X		L	L			0.	0.	0.
LAURENS SARTORIS										
DIRECTOR/PAST CHAIRMAN	5.00	X		X	1	1		0.	0.	0.

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Form 990 (2009)

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(A)	(B) (C) Average Position							(D)	(E)		(F)	
Name and title	Average hours	(ci		rosi all t			ly)	Reportable compensation	Reportable compensation		Estimate amount	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W·2/1099-MISC)	c	other ompensa from the organizate and relaterganizate	ation e tion ted
P. MARTIN SHARPLESS, JR DIRECTOR	1.00	х						0.	0			0.
MICHAEL A. SMITH DIRECTOR/TREASURER	5.00	х		х				0.	0			0.
RICHARD R. TEAFF DIRECTOR	1.00	х						0.	0	•		0.
RONALD L. TILLETT DIRECTOR/VICE CHAIRMAN	5.00	х		х				0.	0	•		0.
SUSAN T. TIMMONS DIRECTOR	1.00	х						0.	0	_		0.
DONNA M. VANCLEAVE DIRECTOR DOTTIE S. WHITT	1.00	х						0.	0	•		0.
DIRECTOR/SECRETARY ROBERT W. WOLTZ, JR	5.00	X		х				0.	0	•		0.
DIRECTOR	1.00	Х						0.	0	•		0.
											 -	
1b Total	<u> </u>	<u> </u>	l				<u> </u>	0.	0	-		0.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wl	no re	eceived more than \$100	,000 in reportable			C
3 Did the organization list any former officer,	director or tru	stee	, ke	y em	plog	yee,	or h	nighest compensated en	nployee on		Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su			qmo	ensa	ation	n and	d oth	her compensation from	the organization	3		X
and related organizations greater than \$150Did any person listed on line 1a receive or a			-						ices rendered to	4		X
the organization? If "Yes," complete Sched Section B. Independent Contractors	ule J for such	pers	on							5		Х
Complete this table for your five highest co the organization. NONE	mpensated in	depe	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of compe	nsatio	n from	
(A) Name and business	address							(B) Description of s	ervices	Com	(C) pensatio	'n
			_									
												
							_					
2 Total number of independent contractors (i	ncludina but a	of h	nıte	d to	the	ال مع	sted	l above) who received m	ore than			

COLLEGE EDUCATION, INC.

Pa	rt VII	Statement of Rever	nue					
	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
윤원	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					,
an (s)	С	Fundraising events	1c					,
<u>Pa</u>	d	Related organizations	1d					
S.E	е	Government grants (contribut	tions) 1e	965,000.				
흥리	f	All other contributions, gifts, gran						
들힘		similar amounts not included abo		322,415.	[
5 5	9	Noncash contributions included in lines	1a-1f \$	270,992.				
2 6	h	Total. Add lines 1a-1f			2,287,415.	,	, , , , , , , , , , , , , , , , , , ,	<u> </u>
		ED!/ORETON !!!		Business Code		260 000		
<u>i</u>	2 a	VA EDUCATION WI	LZARD	611710	360,000.	360,000.		
E S	b							
len S	С							
ega Ba	đ						· · ·	<u> </u>
Program Service Revenue	e	All						
_	, T	All other program service reve	enue	•	360,000.			
\dashv	3	Total. Add lines 2a-2f Investment income (including	dividends inter		300,000.			
	3	other similar amounts)	dividends, intere	551, and	23,683.			23,683.
	4	Income from investment of ta	v.evemnt bond r		23,003.			23,003.
	5	Royalties	c exempt bond p	>				
		1107411100	(ı) Real	(II) Personal				
	6 a	Gross Rents	V/ 1.542.	(ii) i diddina:				
	b							
		Rental income or (loss)						
		Net rental income or (loss)		•	1			
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1078695.]			
	b	Less cost or other basis						
		and sales expenses	1076027.					
- 1	c	Gain or (loss)	2,668.					
	d	Net gain or (loss)			2,668.			2,668.
e	8 a	Gross income from fundraising	g events (not					
e e		including \$						
æ		contributions reported on line	1c). See					Í
Other Revenue		Part IV, line 18	а					
ਰ		Less: direct expenses	. b	L	-			
		Net income or (loss) from fund	-	<u> </u>				·····
	уа	Gross income from gaming ad						
		Part IV, line 19	а		-			
1		Less: direct expenses Net income or (loss) from gan	b b		-			,
		Gross sales of inventory, less	-				·	
		and allowances	a					
	b	Less: cost of goods sold	b					
		Net income or (loss) from sale	_		†			
İ		Miscellaneous Revenu		Business Code				······································
	11 a				ĺ			
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•				
0000	12	Total revenue. See instructions		<u> </u>	2,673,766.	360,000.	0.	26,351.
93200 02-04	-10							Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) All other organizations must comp	and 501(c)(4) organizat			(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	92,862.	92,862.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.			ĺ	
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	205 042	204 001	141	
a	Management	205,042.	204,901.	141.	
Ь	Legal	41,430.	35,650.	5,780.	
C	Accounting	41,430.	33,630.	5,780.	
d	Lobbying Restaurant fundaments converse Con Boot IV. Iron 47		-,.,-,		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	43,740.	41,840.	1,900.	
9	Other Advertising and promotion	193,166.	192,280.	886.	
12	Advertising and promotion	6,836.	1,485.	5,231.	120.
13 14	Office expenses Information technology	2,842.	2,495.	345.	2.
15	Royalties	2,042.	2/473.	343.	
16	Occupancy				
17	Travel	11,334.	6,147.	194.	4,993.
18	Payments of travel or entertainment expenses	11,331.		171.	175536
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,082.	1,694.	8,388.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below)	460 400	463 405	, , , , ,	
а	PROGRAMS/EVENTS	468,429.	461,406.	4,953.	2,070.
b	CONTRIBUTED SERVICES	182,016.	55,758.	43,108.	83,150.
С	CULTIVATION-STEWARDSHIP	10,910.	6,355.	1,639.	2,916.
d	BAD DEBTS	10,100.		1 (40	10,100.
е	INSURANCE	1,642.		1,642.	
f	All other expenses	118.	1 100 073	118.	102 251
25	Total functional expenses. Add lines 1 through 24f	1,280,549.	1,102,873.	74,325.	103,351.
26	Jaint costs. Check here				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

Form **990** (2009)

Pa	τX	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		396,931.	1	
	2	Savings and temporary cash investments		552,569.	2	1,046,123.
	3	Pledges and grants receivable, net	<u>.</u>	299,707.	3	939,070.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete			
		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		215.	9	157.
)	Land, buildings, and equipment: cost or other	I I		· •	······································
		basis. Complete Part VI of Schedule D	10a			
	Ь	Less: accumulated depreciation	10b	† 1	10c	
	11	Investments - publicly traded securities		1,172,084.	11	1,899,196,
	12	Investments - other securities. See Part IV, line	85,081.	12	1,899,196. 86,427.	
	13	Investments - program-related. See Part IV, line	00,0010	13	00/12/1	
	14	• •		14		
	15	Intangible assets Other assets. See Part IV, line 11			15	
	16	·	2,506,587.	16	3 970 973	
	17	Total assets. Add lines 1 through 15 (must equ	ai line 34)	23,800.	17	3,970,973. 2,061.
	1	Accounts payable and accrued expenses	23,000.	18	2,001.	
	18 19	Grants payable		19		
		Deferred revenue				
_	20	Tax-exempt bond liabilities	David IV at Oak a skyla D		20	
<u> </u>	21	Escrow or custodial account liability. Complete			21	
	22	Payables to current and former officers, directo				
Liabilities		highest compensated employees, and disqualif	led persons. Complete Part II		-	
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate	d third parties	66 652	24	62 701
	25	Other liabilities. Complete Part X of Schedule D		66,653.	25	63,781.
	26	Total liabilities. Add lines 17 through 25	► [V]	90,455.	26	65,842.
	1	Organizations that follow SFAS 117, check h	ere 🕨 🔼 and complete		1	
ces		lines 27 through 29, and lines 33 and 34.		Z201 024		ZO2 077 ·
<u>ë</u>	27	Unrestricted net assets		<301,824.		<83,077.
Ba	28	Temporarily restricted net assets		863,472.	28	2,130,928.
힏	29	Permanently restricted net assets	. —	1,854,486.	29	1,857,280.
ξ.	ŀ	Organizations that do not follow SFAS 117, c	heck here 🕨 🔛 and			
ŏ	Ì	complete lines 30 through 34.			- 1	
ĕ	30	Capital stock or trust principal, or current funds			30	
AS	31	Paid-in or capital surplus, or land, building, or ed	• •		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		2,416,134.	33	3,905,131.
	34	Total liabilities and net assets/fund balances		2,506,587.	34	3,970,973.

Form **990** (2009)

VIRGINIA FOUNDATION FOR COMMUNITY

Form 990 (2009)

COLLEGE EDUCATION, INC.

23-7004354 Page **12**

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			,
2a		2a	ļ	X
b		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
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 in Schedule O and describe any steps taken to undergo such audits.	3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Form	99	0

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

COLLEGE EDUCATION

VIRGINIA FOUNDATION FOR COMMUNITY

Employer identification number 23-7004354

				7110.						7001	<u> </u>	
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
he organ	ızatıon ıs not a	private foundation l	oecause it is: (For lines	1 through 1	11, check o	only one b	ox.)					
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	-				
2 🗌	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospit	al service organization (described	n section	170(b)(1)(A)(iii).					
4 🔲	A medical res	earch organization of	perated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	ii). Enter th	e hospital	's nan	ne,
	city, and state	e:										
5			benefit of a college or ui	niversity ov	vned or op	erated by	a governr	nental uni	t described	d in		
		(b)(1)(A)(iv). (Comple	•									
6	•		ent or governmental uni									
7 🗀	-	on that normally reco	eives a substantial part i te Part II.)	of its supp	ort from a	governme	ntal unit o	r from the	general pu	ublic desc	nbed	in
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗌	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support fr	om contri	butions, m	embershi	p fees, and	d gross red	eipts	from
			nctions - subject to certa									
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	inization af	ter June 3	0, 19	75.
		509(a)(2). (Complete	•									
10			perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4)).				
11 X	_		perated exclusively for the	-				-	v out the p	urposes o	f one	or
			itions described in secti									
			organization and compl				,		/(-/			
	a Type I		¬ ·	с 🗶 Тур	-		egrated		d 🗀	Type III - C	Other	
e X			t the organization is not			-	-	more dis		,,		an
•	-	•	han one or more publich		-	•	•					
f		_	ten determination from	• • •	•				υ(α)(1) U1 U1	2011011 000	(α/(ε).	
•	_	rganization, check th		ine mo inc	ж н в а ту	pe i, Type	ii, or Type	7 111				
~		~	rganization accepted ar	ov alft or o	ontribution	from any	of the follo	nuina nor	00002			
9	-		rganization accepted at irectly controls, either al			•		• ,				TNa
	•		•	ione or tog	ettier with	persons c	iescribed i	ii (ii) aiiu ((III) Delow,	44 = /3\	Yes	No X
	-	• •	upported organization?	,						11g(i)		X
		· ·	n described in (i) above?		. •					11g(ii)		X
			person described in (i)	• •						11g(iii)	<u> </u>	<u> </u>
h	Provide the to	ollowing information	about the supported or	ganization	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) is the c	rganization	(v) Did you	ı notify the	(vi) !:		(vii) An	nount (of
• •	anization	, ,	organization (described on lines 1-9		sted in your			organizati (i) organiz	zed in the l		port	
			above or IRC section	governing	document?	(i) of you	r support?	``` [*]	2			
			(see Instructions))	Yes	No	Yes	No	Yes	No			
VIRGI												
COMMU	NITY CO	54-0759063	6		X	Х		Х		9	2,8	862.
			- · - ·									
		,										
				1								
				1								
_				1								
									 			
Total										9	2,8	862.

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Section A. Public Support						
Calendar year (or fiscal year beginning in)▶∟	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to				1		
or expended on its behalf		<u></u>				<u> </u>
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support		1			T	1
Calendar year (or fiscal year beginning in)▶∟	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4				<u> </u>	<u> </u>	
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties					1	
and income from similar sources						
Net income from unrelated business						
activities, whether or not the					Ì	
business is regularly carried on						
10 Other income Do not include gain			1		1	
or loss from the sale of capital						
assets (Explain in Part IV.)						<u> </u>
11 Total support. Add lines 7 through 10		<u></u>		<u>l </u>		
12 Gross receipts from related activities, e	etc. (see instruct	ions)			12	
13 First five years. If the Form 990 is for t	he organization'	s first, second, th	ırd, fourth, or fıfth t	ax year as a section	on 501(c)(3)	_
organization, check this box and stop						<u> </u>
Section C. Computation of Public					1 1	
14 Public support percentage for 2009 (lin			column (f))		14	
15 Public support percentage from 2008					15	
16a 33 1/3% support test - 2009.If the org				14 is 33 1/3% or r	nore, check this bo	ox and
stop here. The organization qualifies a		-				▶ L
b 33 1/3% support test - 2008. If the org	•		•	l line 15 is 33 1/39	6 or more, check th	nis box
and stop here. The organization qualif		•				►L
17a 10% -facts-and-circumstances test	•					
and if the organization meets the "fact			· ·	•	art IV how the orga	nization ► F
meets the "facts and circumstances" t	_	•		-		▶ L
b 10% -facts-and-circumstances test	_					
more, and if the organization meets the						e ⊾「
organization meets the "facts-and-circu		=	•			₽ L ⊾「
18 Private foundation. If the organization	cia not check a	nox on line 13. 1	na inn 1/2 011/	D CDECK THIS DOX	and see instruction	18 📂 📗

Part III Support Schedule for	Organizations	Described in	Section 509(a)(2) (Complete only	rf you checked th	e box on line 9 of Part I
Section A. Public Support			1	T		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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					<u> </u>	1
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				<u> </u>		
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			1			
3 received from disqualified persons	i e	<u>.</u> .				
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,					
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	or the organization'	s first, second, thi	rd, fourth, or fifth t	tax vear as a section	on 501(c)(3) org	anization.
check this box and stop here		,, (111		,	· (-/(-/ -/ 9	▶ □
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2009			column (f))		15	9
16 Public support percentage from 200	• • • • • • • • • • • • • • • • • • • •	•			16	9
Section D. Computation of Inve			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
17 Investment income percentage for 2					17	9
18 Investment income percentage from			,,,		18	9
19a 33 1/3% support tests - 2009. If th			on line 14, and lin	e 15 is more than	33 1/3%, and li	ne 17 is not
more than 33 1/3%, check this box						. ▶□
b 33 1/3% support tests - 2008. If th						1%, and
line 18 is not more than 33 1/3%, ch	neck this box andst	t op here. The orga	anization qualifies	as a publicly supp	orted organizat	ion . ►
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶□
				Sch	hedule A (Forn	n 990 or 990-EZ) 200

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION, INC.

Employer identification number 23-7004354

Pa	Organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, Im-		s or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?	51.7	Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	on (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an h	storically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	•	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	•	
	treasures, or other similar assets held for public exhibition, e		ublic service, provide, in Part XIV, the text o
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	•	•
	or other similar assets held for public exhibition, education, or	or research in furtherance of public service	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	ial gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. \$
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2009

· VIRGINIA FOUNDATION FOR COMMUNITY

		EDUCATION						23-70			
Pai	性脚 Organizations Maintaining C	ollections of A	t, His	torical Tr	easures, c	or Oth	er Simi	lar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	it are a s	ignifican	t use of its	collection	n item	s
	(check all that apply):										
а	Public exhibition	d		Loan or excl	hange progra	ams					
b	Scholarly research	е		Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	he organizati	on's exe	mpt pur	oose in Part	XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical treas	sures, or oth	er sımıla	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?				Yes		No
Pai	Escrow and Custodial Arran		ete if org	ganization ar	nswered "Ye	s" to For	m 990, F	art IV, line	9, or		
	reported an amount on Form 990, Par	t X, line 21.						-			
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other as	sets not	included	t	_	_	_
	on Form 990, Part X?								Yes	L	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table:				- ₁ .			
									Amount	<u>t</u>	
С	Beginning balance						1c	ļ			
d	Additions during the year						1d	ļ			
е	Distributions during the year						1e	ļ			
f	Ending balance						1f	<u> </u>			
2a	Did the organization include an amount on Fo		21?						Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Pa	TV Endowment Funds. Complete in										
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	1,855,372.									
b	Contributions	100 101									
C	Net investment earnings, gains, and losses	122,131.				<u></u>					
d	Grants or scholarships	82,030.									
е	Other expenditures for facilities	2 070									
	and programs	3,870.									
f	Administrative expenses	1 001 602									
9	•	1,891,603.			<u> </u>						
2	Provide the estimated percentage of the year	r end balance held a									
а	Board designated or quasi-endowment		_%								
Ь	Permanent endowment ► 98.00 Term endowment ► 2.00	%									
C		%									
за	Are there endowment funds not in the posse	ssion of the organiza	ation the	at are held a	nd administe	ered for t	he organ	ilzation	ſ		
	by:								[-]	Yes	No
	(i) unrelated organizations								3a(i)		X
_	(ii) related organizations		- O-b-	auta Do					3a(ii)		
_	If "Yes" to 3a(ii), are the related organizations	•							3b		
Pai	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				Port V Jino	10					
7,50	Description of investment	(a) Cost or o						4.04	(a) D = =		
	Description of investment	basis (investr		basis	or other (other)		ccumula preciatio		(d) Boo	k valu	B
1a	Land							····			
	Buildings										—
c	Leasehold improvements					-					—
d	Equipment						-				
_ е	Other										
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c).)			•			0.

Schedule D (Form 990) 2009

COLL	FCF	ומם	וור א	TON	TNC

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	od of valuation: if-year market value
Financial derivatives			
Closely-held equity interests			
Other			
		 	
Total (Col./h) must squal Form 000. Part V. col./h) line 12.)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ► Part VIII Investments - Program Related. S	loo Form 000 Port V line	12	
			od of valuation:
(a) Description of investment type	(b) Book value		of-year market value
			·····
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)	<u></u>		
Part IX Other Assets. See Form 990, Part X, line			(h) Dealtacha
(a _i	Description		(b) Book value
		 -	
Total. (Column (b) must equal Form 990, Part X, col (B) lim	e 15.)		>
Part X Other Liabilities. See Form 990, Part X	, line 25.		
(a) Description of liability		(b) Amount	
Federal income taxes			
CHARITABLE GIFT ANNUITIES PAY	YABLE	63,781.	,
			,
			•
			,
			•
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 25.)	63,781.	
LATAL II OU MO IN MUST AGUAL FORM QUIT DORT Y COLIR LIN		** ** / (3 *	•

COLLEGE EDUCATION, INC.

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financia	l State	ment	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			2,673,766.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			1,280,549.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			1,393,217.
4	Net unrealized gains (losses) on investments	•	4			95,780.
5	Donated services and use of facilities		5			
6	Investment expenses		. 6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8	\rightarrow		
9	Total adjustments (net). Add lines 4 through 8		9			95,780.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	d 9	10			1,488,997.
	t XII Reconciliation of Revenue per Audited Financial Stateme				eturr	
1	Total revenue, gains, and other support per audited financial statements			-	1	2,769,546.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	95,	780.		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d]	
е	Add lines 2a through 2d		•		2e	95,780.
3	Subtract line 2e from line 1				3	2,673,766.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
ь	Other (Describe in Part XIV.)	4b			1	
С	Add lines 4a and 4b				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	2,673,766.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents \	With Expense	es per	Retu	
1	Total expenses and losses per audited financial statements		••		1	1,280,549.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b]	
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d			1	
е	Add lines 2a through 2d				2e	0.
3	Subtract line 2e from line 1				3	1,280,549.
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				
b	Other (Describe in Part XIV.)	4b			1	
C	Add lines 4a and 4b				4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	1,280,549.
Pa	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I					
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				ditional	information.
PAI	RT X: THE FINANCIAL ACCOUNTING STANDARDS B	OARI	ISSUED	NEW		
GU.	DANCE ON ACCOUNTING FOR UNCERTAINTY INCOM	$\mathbf{E} \mathbf{T}^{\mathbf{P}}$	XES. TH	E OR	GAN	IZATION
3.00			22 22	1.0		
ADC	PTED THIS NEW GUIDANCE FOR THE YEAR ENDED	JUN	IE 30, 20	10.	MA	NAGEMENT
13573	THE PROTECTION OF THE PROTECTI					
EVE	ALUATED THE ORGANIZATION'S TAX POSITIONS A	ND C	CONCLUDED	THA	T T.	HE
ODC	TANTER TO THE TANKEN AND THE TOTAL THE TANKEN	m T () \	muam n		D .	3 D TIIOMWS\\m
ORC	SANIZATION HAD TAKEN NO UNCERTAIN TAX POSI	TION	IS THAT R	EQU1	RE_	ADJUSTMENT
ШΟ	MUE EINANGIAI CMAMEMENIMO MO COMDIN MINU M	.	DOUTGION			T.O.
TO	THE FINANCIAL STATEMENTS TO COMPLY WITH T	HE F	ROVISION	S OF	TH.	15
<u>GU</u>	DANCE. WITH FEW EXCEPTIONS, THE ORGANIZA	TION	IS NO L	ONGE	R S	UBJECT TO
INC	COME TAX EXAMINATIONS BY THE U.S. FEDERAL,	S ጥጀ	TE OR LO	CAT.	ጥልሄ	
	The summation of the vice thought	UIF	OK 110			lule D (Form 990) 2009
93205- 02-01-	10				JU.100	5 (1 51111 660) 2009

% Employer identification number 23-7004354 APPLICATION TO THE GRANT PROVIDE SCHOLARSHIPS TO OMB No 1545-0047 Open to Public 2009 Inspection (h) Purpose of grant DESERVING STUDENTS. ORGANIZATION MAKES or assistance _____Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. (d) Amount of 92,862 cash grant VIRGINIA FOUNDATION FOR COMMUNITY (c) IRC section of applicable Enter total number of section 501(c)(3) and government organizations INC COLLEGE EDUCATION, 54-0759063 **General Information on Grants and Assistance** (P) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization VIRGINIA COMMUNITY COLLEGE SYSTEM 101 N. 14TH STREET, 15TH FLOOR or government Name of the organization RICHMOND, VA 23219 Internal Revenue Service SCHEDULE (Form 990) Parti Part

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

Schedule I (Form 990) 2009

VIRGINIA FOUNDATION FOR COMMUNITY

INC. COLLEGE EDUCATION,

Page 2

23-7004354

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009
Part III Grants and Oth

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. OF STUDENTS. ORGANIZATION MAKES APPLICATION TO THE GRANT FUNDER SUGGESTING ONCE A GRANT IS RECEIVED, A FILE IS ESTABLISHED AND THE USE SYSTEM (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE SCHOLARSHIPS TO DESERVING NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA COMMUNITY COLLEGE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of FILE recipients IS NOTED IN THE FUNDER'S COLUMN (H): (a) Type of grant or assistance LINE 1, GRANT FUNDS OUTCOMES. PART II,

932102 02-02-10

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

2009 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.
VIRGINIA FOUNDATION FOR COMMUNITY

Inspection
Employer identification number

COLLEGE EDUCATION, INC. 23-7004354 Types of Property (a) (d) (c) Revenues reported on Method of determining Check If Number of Form 990, Part VIII, line 1o applicable contributions revenues Art · Works of art Art · Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property X 270,992. NYSE Securities · Publicly traded Securities - Closely held stock 10 Securities · Partnership, LLC, or trust interests Securities · Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 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 IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2009

32a

X

33

contributions?

describe in Part II.

b If "Yes," describe in Part II.

SCHEDULE O \cdot

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION, INC.

Employer identification number 23-7004354

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
VIRGINIA EDUCATIONAL WIZARD - A STATEWIDE PORTAL FOR CAREER AND
EDUCATIONAL PLANNING IN VIRGINIA.
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 360000.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE
EXECUTIVE DIRECTOR. THE ORGANIZATION PROVIDES COPIES OF THE 990 TO THE
GOVERNING BOARD UPON REQUEST.
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 COPIES UPON REQUEST.
FORM 990, PART XI, LINE 2C:
THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT
OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT ACCOUNTANT. THE ORGANIZATION HAS NOT CHANGED EITHER ITS
OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

Schedule R (Form 990) 2009 Employer identification number 23-7004354 Open to Public Inspection OMB No 1545-0047 2009 Direct controlling Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets status (if section Public charity 501(c)(3)) e ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total income section চ 501(C)(6) ► See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) VIRGINIA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. VIRGINIA FOUNDATION FOR COMMUNITY ► Attach to Form 990. PROMOTE VIRGINIA'S 23 Primary activity Primary activity COMMUNITY COLLEGES INC. COLLEGE EDUCATION, 54-0759063, 101 N. 14TH STREET, 15TH FLOOR, VIRGINIA COMMUNITY COLLEGE SYSTEM Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization RICHMOND, VA 23219 Department of the Treasury Internal Revenue Service SCHEDULE R Form 990) Par = Part

VIRGINIA FOUNDATION FOR COMMUNITY

Schedule R (Form 990) 2009 COLLEGE EDUCATION, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

23-7004354

General or managing partner? Yes No Schedule R (Form 990) 2009 Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 6 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets $\boldsymbol{\epsilon}$ ate allocations? Disproportion-Yes No Share of total income $\boldsymbol{\varepsilon}$ Share of end-of-year assets Type of entity (C corp, S corp, or trust) e Share of total Income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত <u>e</u> Legal domicile (state or foreign country) O Direct controlling entity Primary activity ᡚ 9 Legal domicile (state or foreign country) ত Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization e) 932162 07-21-10 Part IV

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Schedule R (Form 990) 2009

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a X
b Gift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan quarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		14 X
g Purchase of assets from other organization(s)		Y Bt
		th X
i Lease of facilities, equipment, or other assets to other organization(s)		i-
j Lease of facilities, equipment, or other assets from other organization(s)		1
k Performance of services or membership or fundraising solicitations for other organization(s)		
I Performance of services or membership or fundraising solicitations by other organization(s)	٠	
m Sharing of facilities, equipment, mailing lists, or other assets		\dashv
n Sharing of paid employees		T _n X
		_
 Reimbursement paid to other organization for expenses 	:	
p Reimbursement paid by other organization for expenses		Tp X
		-
q Other transfer of cash or property to other organization(s)		4
r Other transfer of cash or property from other organization(s)		1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	transaction thresholds	
(a)	Q	(0)
Name of other organization(s)	Transaction type (a-r)	Amount involved
WINDOWNING COLLEGE SYSTEM	2	182.016.
Columnati Complete		
(2) VIRGINIA COMMUNITY COLLEGE SYSTEM	α	92,862.
(3)		
(4)		
34	Sch	Schedule R (Form 990) 2009

Page 4

VIRGINIA FOUNDATION FOR COMMUNITY

Schedule R (Form 990) 2009 COLLEGE EDUCATION, INC.

part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of- year assets	Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner/ Yes No
							-
					ı	Schedule R (Form 990) 2009	n 990) 2009