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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

ĺ	2009
	Open to Rublic Inspection

	For the	2009 calen	dar year,	or tax year b	eginning 7/	01	, 2	009, and endin	g 6/	30	,	2010	
В	Check if a	pplicable		С						D Employ	er Identif	ication Number	
	Addre	ess change	Piease use IRS label	J.S. REY	YNOLDS COM	MUNITY	COLLEGI	E ED FNDTN	J	54-	11302	296	
	\vdash	-	or print		PARHAM RC		002220.		•	E Telepho			
	\vdash	e change	or type See		D, VA 2322					,			
	Instia	l return	specific instruc-		,					804-523-5181			
	Term	ination	tions.										
	Amer	nded return								G Gross r	eceipts \$	3,749,046.	
	Appli	cation pending	F Name a	and address of pr	incipal officer E	LIZABETH	S. LITTL	EFIELD	H(a) Is this	a group retur	n for affili	ates? Yes X No	
	_		Same As	C Above						affiliates incl		Yes No	
$\overline{}$	Tax-e	xempt statu	s X 501	1(c) (3) ◀ (insert no	<u>, П</u>	1947(a)(1) o	r 527	It 'No,'	attach a list	(see inst	ructions)	
÷		ite: N/		. (6)) (moon ma		.5 (5)(1) 0		H(c) Group	exemption no	umbar 🕨		
-			X Corpora	ation Trust		0.5.		L Year of Format				gal domicile VA	
K		organization	• •	ation 1 rust	Association	Other •		L Year of Format	ion 197	9 W S	State of le	gal domicile VA	
12.9	rt们课			 									
					mission or most		nt activities	PROVIDE 1	FINANC	<u>IAL SU</u>	IPPOR'	<u>T_TO_J</u>	
e	<u>-</u> ي	<u>ARGEAN</u> T	<u>REYNC</u>	<u> LDS_COMM</u>	UNITY COL	LEGE.							
Governance	_			- 									
E	-		 -										
ò					zation discontin			disposed of mo	re than 2	25% of its	assets		
ত ক			-		governing body		•				3	22	
S)	1		-	_	nbers of the go	verning bo	ody (Part VI,	line 1b)			4	20	
ŧ				oyees (Part V							5	14	
Activities &	1			•	te if necessary)						6	24	
⋖	1	•			enue from Part			12			7 a	0.	
	b N	et unrelated	business	s taxable inco	ome from Form	990-T, lin	e 34	-,			7ь	0.	
									F	Prior Year		Current Year	
a.	8 C	ontributions	and gran	nts (Part VIII,	line 1h)		•			932,7	725.	709,895.	
ž	9 P	9 Program service revenue (Part VIII, line 2g)								23,2	219.	21,090.	
Revenue	10 Ir	nvestment ir	ncome (Pa	art VIII, colur	nn (A), lines 3,	4, and 7d)		-:	1,148,2	248.	299,206.	
ď	11 0	ther revenu	ie (Part V	'iil, column (A	A), lines 5, 6d, 8	Bc, 9c, 10	c, and 11e)			1,6	550.	73,711.	
	12 T	otal revenue	e – a do Ti	ines-8-throug	իլ]∤ _(լրս st equ	l Part VI	II, column (A	A), line 12)		-190,6	554.	1,103,902.	
					art IX, column					687,7	738.	624,113.	
					art IX, column								
					ayed banefits			lines 5,10)		70,7	770	117,794.	
69	1		4		- 10	31		11103 3-10).	1		, , , , , 	111,134.	
Expenses			1 4		IX, column (A)	- 1	1		#1-24 P	Late St. C.	5: #s - 3	Material Services and the service of	
Š	b⊤	otal fundrai	sıng expe	inseg 医切巴	(Molfing)	ine 25) 🟲		31,036.	有大學	持持	44	斯勒·森 森(145)	
w	17 0	ther expens	ses (Part-	IX; column (A), lines 11a-11	d, 11f-24f).		Ì	124,0	057.	137,153.	
	18 T	otal expens	es. Add li	ines 13-17 (n	nust equal Part	IX, colum	n (A), line 2	5)		882,5	565.	879,060.	
	1	•			ine 18 from line			•		1,073,2		224,842.	
k 8													
Not Assets or Fund Balanco	20 1	otal accate	(Part V I	uno 16)						nning of Y		End of Year 6, 875, 076.	
38	1	otal assets	-							2,889,9			
35		otal liabilitie	-									22,609.	
					act line 21 from	line 20		 	(<u>6,395,2</u>	<u> 299. </u>	6,852,467.	
Pa	artill <i>a</i> ti	Signat	ure Blo	<u>ck</u>									
		Under penalti	es of perjury.	, I declare that I h	nave examined this re	eturn, includii	ng accompanying	g schedules and stat	tements, and	d to the best of	of my kno	wledge and belief, it is	
		line coneci,	and complete	II C	proper (outer o	- CCI) 13 59	SCO ON BIT IIIIOTTI	ation of which prepa	inci ilas aliy	Miomic Due	. 1		
Sig			4Wb	<u>uh 0</u>	Metalo	der	<u>ノ</u>			1111	1110		
He	re	Signature	o officer) ,	10	,	<u>م</u>	ate	_	-	
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Pa	id		W.	Gar	///	21		11/11	İs	setf employed	. 🖂 'se	ee instructions)	
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Or	ıly	employed), address, and			ke Drive					EIN P	100	1) 246 6626	
_	=	ZIP + 4			VA 23060				F	Phone no	(804		
Ma	v the IR	S discuss t	nıs return	with the pre	parer shown ab	ove7 (see	instructions	;)				X Yes No	

TEEA0113L 12/29/09

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

	JMMUNITY COLLEGE ED FNDIN	54-1130296	Page 2
Part III Statement of Program S	ervice Accomplishments		
Briefly describe the organization's miss PROVIDE FINANCIAL SUPPOR	T TO J. SARGEANT REYNOLDS COMMUNIT	ry college.	
2 Did the organization undertake any sign	nificant program services during the year which were	not listed on the prior	
Form 990 or 990-EZ? If 'Yes,' describe these new services or	a Schedule O	Ye	s X No
3 Did the organization cease conducting,	or make significant changes in how it conducts, any p	program services? Ye	es X No
 If 'Yes,' describe these changes on Sch Describe the exempt purpose achievem and 501(c)(4) organizations and section expenses, and revenue, if any, for each 	nents for each of the organization's three largest progr n 4947(a)(1) trusts are required to report the amount	ram services by expenses. Section of grants and allocations to others	n 501(c)(3) s, the total
	421,399. including grants of \$ 42. MATERIALS AND EXPENSES IN SUPPORT)
4b (Code) (Expenses \$ GRANTS AND ALLOCATIONS -	235,681. including grants of \$ 23. SCHOLARSHIPS FOR STUDENTS TUITION	5,681.)(Revenue \$)
A- (O-d- (V A	inalisting system of the) (D-115-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<u></u> .
4c (Code 1 - 1) (Expenses \$	including grants of \$) (Revenue \$)
Ad Other program garages. (December of	Schodulo O)		
4d Other program services (Describe in S (Expenses \$	including grants of \$	(Revenue \$)
4e Total program service expenses ►	657,080.		<u>-</u>

Part IV **Checklist of Required Schedules** Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? 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 Х 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. 4 X 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 Х environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X 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 Х 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If V is a complete Schedule D, Part V10 Х Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D. Parts VI. VIII. IX. or 11 Х X as applicable • 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 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12 A Was the organization included in consolidated, independent audited financial statement for the tax Yes No 12 A Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 X 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 X 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 X lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 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 Х 19 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 Х Part IV : Checklist of Required Schedules (continued) Yes No 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 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 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 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, and 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 Χ 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a 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 25 a Х 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 25b Х Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b X Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х **28**c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 30 X Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II. 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х 34 line 1 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 35 Х 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 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 Note. All Form 990 filers are required to complete Schedule O 38

BAA

Form **990** (2009)

Statements Regarding Other IRS Filings and Tax Compliance

Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US 56 1 a Information Returns Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 10 (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 14 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a X this return? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 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 (such as a bank account, securities account, or other financial account) X 42 **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter 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? 50 6a Does 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? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 d If 'Yes.' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e X benefit contract? 7 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? 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 8 holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11_b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

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Part V

Form 990 (2009)

Section A. Governing Body and Management

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
1 a		2		'
b	Enter the number of voting members that are independent	0 -		
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	ı 🗀		_
	of officers, directors or trustees, or key employees to a management company or other person?	4	_	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	 	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
	Does the organization have members or stockholders?	6		Х
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Х
t	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1
ē	a The governing body?	8a	X	
Ł	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or 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 Intern		1	1
Reve	enue Code)			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		Х
t	of 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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11/	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 $$			
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
i	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
•	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See .Schedule O	120	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does 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?		,	
	a The organization's CEO, Executive Director, or top management official	15 a	X	
ı	Other officers of key employees of the organization See Schedule 0	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxab entity during the year?	le 16a		X
I	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participati in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exemp	t		,
	status with respect to such arrangements?	16b		<u> </u>
	ction C. Disclosures			
	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) inspection. Indicate how you make these available. Check all that apply	availat	ole for	public
	Own website X Upon request			_
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest patternents available to the public See Schedule O			ancıal
	State the name, physical address, and telephone number of the person who possesses the books and records of the compact of the ROSE BURROWS 1701 E. PARHAM ROAD, RICHMOND, VA 23228 804-523-5181	rganıza 	tıon — — —	

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

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

Check this box if the organization did no	ot compen	sate a	ny c	curre	ent (officer	, dır	ector, or trustee		
(A)	(B)			((:)			(D)	(E)	(F)
Name and Title	Average hours		tion (allt	hat appl		Reportable	Reportable	Estimated
	per week	Individual trustee or director	insti	Officer	Key	Higt emp	Forme	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation
		rect la	Institutional trustee	ĕ	Key employee	Highest compensated employee	ner	(W-2 1033-WI3C)	(W-2/1055-W13C)	from the organization and related
		2 5	nal t		loye	e om				organizations
		stee	ruste		е) ens				
			ř			ated				
IVOR MASSEY, JR.										
President	5	Х		X				0.	0.	0.
R. ROLAND REYNOLDS										
Vice President	5	X		Х				0.	0.	0.
PAMELA J. ROYAL										
Secretary	5	X		Х				0.	0.	0.
JERRY P. FOX	ļ									
Treasurer	5	X		Х				0.	0.	0.
AMELIA M. BRADSHAW	↓ _									
Assistant Treas	5	X	<u> </u>	Х	<u> </u>			0.	0.	0.
L. MICHAEL GRACIK, JR.	∤ _							_	_	
Past President	5	X		X	<u> </u>		_	0.	0.	0.
GIANNA C. CLARK	↓ _	١			į			_	_	_
Director	5	X		_			_	0.	0.	0.
KERRY T. DEPEW	-	١,,								_
Director	5	X	\vdash		<u> </u>		_	0.	0.	0.
PATRICK W. FARRELL	∤ _									•
Director	5	X	H		┝	<u> </u>	<u> </u>	0.	0.	0.
RANJIT SEN	5	X						ا		•
Director	1 3	 ^	-		-		<u> </u>	0.	0.	0.
J. DOUGLAS FREEMAN, SR. Director	5	X								•
DIMITRI B. GEORGIADIS	1 3	^				 - -	\vdash	0.	0.	0.
Director	5	х		ļ			Ì	0.	0.	0
DEBORAH J. JOHNSTON	 	<u> </u>	-	 				0.	0.	0.
Director	5	x		İ		ĺ		0.	0.	0.
MICHELLE A. WILLIAMS	 	1 A	╁		-		 	0.	0.	<u> </u>
Director	1 5	Х					Ì	0.	0.	0.
JOSEPH C. HUTCHISON	 	 ^	\vdash		\vdash	- -		0.	0.	
Director	1 5	Х						0.	0.	0.
NEIL S. KESSLER	ऻ ॕ	† :-	 	<u> </u>	 	 	 		<u> </u>	<u> </u>
Director	5	X	1			ļ		0.	0.	0.
BENJAMIN J. LAMBERT III	 	 	T	 			t		-	<u> </u>
Director	1 5	X						0.	0.	0.
DAA					٠	42.0400	-		<u> </u>	

Tart vir Section A. Officers, Directors, 1143						,				
' (A)	(B)	<u>.</u>		-	c) 			(D)	(E)	(F)
Name and Title	Average hours per week			Officer		Mighest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
CONNIE MOSLOW Director	5	Х						0.	0.	0.
GARY L. RHODES	_									
Director MAUREEN MOSLOW-BENWAY	5	X	-	-				10,000.	0.	0.
Director	5	Х						0.	0.	0.
E. MASSIE VALENTINE, JR.	5	v						0	0	
Director JAMES F. WOODWARD, SR.	-	Х		-		\vdash		0.	0.	0.
Director	5	X			_	_		0.	0.	0.
ELIZABETH S. LITTLEFIELD Executive Direc	40			Х				5,000.	0.	0.
		Ļ						_		
1 b Total .							>	15,000.	0	0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se I	ste	d ab	ove) wh	o re	ceived more than	\$100,000 in repor	table compensation
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such the organization and related organizations greater individual. 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Schedule 1 and 1 a	individua eportable than \$15 compens	al e co 50,00 satio	mpe 20?	ensa If '} om	tion 'es' anv	and com	i oth	er compensation e Schedule J for	from such	3 X 4 X 5 X
Complete this table for your five highest compensa compensation from the organization	ted inde	pen	den	t co	ntra	ctors	s tha	it received more t	han \$100,000 of	
(A) Name and business address	ss							Description	of Services	(C) Compensation
2 Total number of independent contractors (including \$100,000 in compensation from the organization >		l lım	ıted	to t	hos	e lis	ted a	above) who receiv	red more than	

Pai	t VIII Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SIS	1a Federated campaigns 1a					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b					
R Š	c Fundraising events 1c					
IR A	d Related organizations 1 d					-
ν. Ε Ω	e Government grants (contributions) 1 e					
SIS	- · · · · · · · · · · · · · · · · · · ·			4		
돌빌	f All other contributions, gifts, grants, and similar amounts not included above	709,895.				1
E C	g Noncash contribus included in lns 1a-1f \$	15,844.				
N N	h Total. Add lines 1a-1f	13,044.	709,895.			1
		siness Code				
- 8	2a SPECIAL PROGRAMS		21,090.	21,090.		·
ای			21,050.	21,030.		
3	~ 					
<u> </u>	Ğ			<u>.</u>	<u> </u>	
Z S	<u></u>					
ΨŽ	f All other program service revenue					
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	•	21,090.			
-			21,090.			-
	3 Investment income (including dividends, inte other similar amounts).	erest and	103,612.			103,612.
	4 Income from investment of tax-exempt bond	t proceeds ►	103,012.			103,012.
	5 Royalties	proceeds -				
	(i) Real	(ii) Personal				
	6a Gross Rents	(17)				_
	b Less rental expenses	•		İ		
	c Rental income or (loss)		,			
	d Net rental income or (loss)					
	(1) Securities	(ii) Other				1
	7a Gross amount from sales of assets other than inventory 2,840,738.					
	assets other than inventory 2,040,730.					
	b Less cost or other basis and sales expenses 2,645,144.		·			
				• 1		
	c Gain or (loss) 195,594.	•	195,594.			105 504
		-	133,334.			195,594.
Ē	8a Gross income from fundraising events		}	1		
OTHER REVENU	of contributions reported on line 1c)					
REV	· · · · · · · · · · · · · · · · · · ·					
ÆR	See Part IV, line 18 a					
οŢ	b Less direct expenses b	. ▶				
	c Net income or (loss) from fundraising event	, ,				ļ
	9a Gross income from gaming activities See Part IV, line 19					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities			·		
	10 a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory	, >				
		usiness Code				
	11a OTHER INCOME		73,711.			73,711.
	b		. 5, , 11.			13,111.
	c			-	·	-
	d All other revenue.					
i	e Total. Add lines 11a-11d	>	73,711.		·	
	12 Total revenue. See instructions	>	1,103,902.	21,090.	0.	372,917.
			-, -00, 702.	44,020.		1 314,311.

Part IX | Statement of Functional Expenses

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

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	388,432.	388,432.								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	235,681.	235,681.	7							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				, }						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	15,000.	0.	15,000.	0.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages	102,794.	26,673.	76,121.	<u></u>						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)										
9 10	Other employee benefits . Payroll taxes										
11	Fees for services (non-employees)										
á	a Management		- <u>.</u>								
ŀ	Legal L				· · · · · · · · · · · · · · · · · · ·						
	Accounting	9,000.		9,000.							
	Lobbying										
	Prof fundraising svcs See Part IV, In 17		· · · · ·								
	Investment management fees	-									
	g Other		·								
	Advertising and promotion	5,119.		F 110	·· ······						
13	Office expenses Information technology	16,135.		5,119.	· · · · · · · · · · · · · · · · · · ·						
14 15	Royalties	10,133.	· · · · · · · · · · · · · · · · · · ·	16,135.	·						
16	Occupancy	8,000.		8,000.							
17	Travel	0,000.		6,000.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	7,918.		7,918.							
23	Insurance	2,017.		2,017.							
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)			-							
4	FUNDRAISING	31,036.	-		31,036.						
ı	MEETINGS	26,772.		26,772.	,						
	c OTHER	24,614.	6,252.	18,362.							
	d BAD DEBTS	6,542.	42.	6,500.							
•	•										
1	f All other expenses										
	Total functional expenses. Add lines 1 through 24f	879,060.	657,080.	190,944.	31,036.						
26	Joint costs. Check here Inf following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										
BAA			·	——————————————————————————————————————	Form 990 (2009)						

12	<u>ırt X</u>	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	200.	1	200.
	2	Savings and temporary cash investments	3,835,796.	2	866,462.
	3	Pledges and grants receivable, net	2,083,647.	3	1,418,050.
	4	Accounts receivable, net .		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))	·		
^		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
Ś	9	Prepaid expenses and deferred charges	14,694.	9	11,815.
	10 a	Land, buildings, and equipment. cost or other basis. 10a 42, 253.	· · ·		
		Complete Part VI of Schedule D			·
	b	Less accumulated depreciation 10b 6, 992.	29,727.	10 c	35,261.
	11	Investments – publicly-traded securities .	3,321,192.	11	4,543,288.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	9,285,256.	16	6,875,076.
	17	Accounts payable and accrued expenses	13,616.	17	22,609.
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
- 1		of Schedule L		22	
S	23	Secured mortgages and notes payable to unrelated third parties	73,711.	23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities Complete Part X of Schedule D	2,802,630.	25	
	26	Total liabilities. Add lines 17 through 25	2,889,957.	26	22,609.
N E T		Organizations that follow SFAS 117, check here X and complete lines	5		<u>-</u>
		27 through 29 and lines 33 and 34.	600 444		202 ((1
S S	27	Unrestricted net assets	-680,444.	27	-283,661.
Ĕ T S	28	Temporarily restricted net assets	2,141,303.	28	1,777,751.
Q R	29	Permanently restricted net assets	4,934,440.	29	5,358,377.
		Organizations that do not follow SFAS 117, check here ►and complete	•		,
FUZD		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Ā	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
BALANCES	32	Retained earnings, endowment, accumulated income, or other funds	C 205 202	32	C 050 465
Ĕ	33	Total net assets or fund balances.	6,395,299.	33	6,852,467.
BA	34_	Total liabilities and net assets/fund balances	9,285,256.	34	6, 875, 076. Form 990 (2009)

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Form 990 (2009)	J.S.	REYNOLDS	COMMUNITY	COLLEGE	ED	FNDTN

54-1130296

Page **12**

Part XI Financial Statements and Reporting			
.,		Yes	No
1 Accounting method used to prepare the Form 990 $^{\circ}$ Cash $\overline{\mathrm{X}}$ Accrual $\overline{\mathrm{C}}$ Other			-
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		-,	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c 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?	2 c	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:		٠ .	
X Separate basis Consolidated basis Both consolidated and separate basis		ļ ,	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
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.	3 b		

BAA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2009 Open to Public Inspection

OMB No 1545-0047

Name o	of the organization							Employe	r identifica	ition number
	. REYNOLDS COM								13029	
Part	I Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See ı	nstruct	tions
The o	<u> </u>		use it is (For lines 1 thro			•				
1	A church, conventi	on of churches or ass	ociation of churches desc	cribed in	section	170(b)	(1)(A)(i)			
2	A school described	in section 170(b)(1)(/	A)(ii). (Attach Schedule E	Ξ)						
3	A hospital or coope	erative hospital service	e organization described	ın secti	on 170(l	b)(1)(A)(īii).			
4	A medical research	organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii). E	nter the hospital's
	name, city, and sta									•
5	170(b)(1)(A)(iv). (C	Complete Part II)	of a college or university			_	•	nmenta	l unit de	escribed in section
6			governmental unit descri							
7	in section 170(b)(1)(A)(vi). (Complete Part II)									
8			170(b)(1)(A)(vi). (Comple							
9	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)									
10	_	•	exclusively to test for pu		-			• •		
11	more publicly supp	orted organizations o	exclusively for the benef described in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	ctions o 2) See	of, or ca section	rry out t 509(a)(3	the purposes of one or 3). Check the box that
	a Type I b Type II c Type III — Functionally integrated d Type III — Other									
е	By checking this bothan foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	rganization is not controll in one or more publicly si	led direc upportec	tly or in d organi	directly zations	by one describe	or more ed in se	disqua ction 50	lified persons other 9(a)(1) or section
f	If the organization check this box	received a written det	termination from the IRS	that is a	a Type I	, Type I	or Typ	e III sup	porting	organization,
g	Since August 17, 2	006, has the organiza	ation accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	person	s ²
										Yes No
	(i) a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribed	d ın (ıı)	and (III)	11 g (i)
	(ii) a family men	nber of a person desc	cribed in (i) above?							11 g (ii)
	(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) a	bove?						11 g (iii)
h	Provide the following	ng information about	the supported organization	ons						<u> </u>
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister	Is the tion in col d in your erning ment?	the organ	rou notify nization in (i) of upport?	organizat (i) organi	Is the tion in col zed in the S ?	(vii) Amount of Support
				Yes	No	Yes	No	Yes	No	
Total						•				

Schedule A (Form 990 or 990-EZ) 2009 J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN 54-1130296

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)

Sac	tion A. Public Support	ed the box on line	5, 7, 01 8 01 Pan				
			-				
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	4,450,929.	1,987,195.	1,907,717.	932,725.	709,895.	9,988,461.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4	Total. Add lines 1-through 3	4,450,929.	1,987,195.	1,907,717.	932,725.	709,895.	9,988,461.
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).				-	-	1,895,101.
	Public support. Subtract line 5 from line 4	•	·				8,093,360.
<u>Sec</u>	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	4,450,929.	1,987,195.	1,907,717.	932,725.	709,895.	9,988,461.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	201,073.	288,793.	107,747.	118,729.	103,612.	819,954.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part IV			31,262.	1,650.	73,711.	106,623.
11	Total support. Add lines 7 through 10		·				10,915,038.
12	Gross receipts from related activ	rities, etc. (see in	structions)			12	83,932.
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth, o	or fifth tax year as	s a section 501(c)	(3) ▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
15	Public support percentage for 20 Public support percentage from	2008 Schedule A.	Part II, line 14			. 14 15	74.2%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	ox on line 13, and organization	I the line 14 is 33	-1/3 % or more, c	heck this box ► X
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box blicly supported o	on line 13, or 16a rganization.	a, and line 15 is 3	3-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Éxplain in Part	IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organi	s' test, check this zation qualifies as	box and stop he i a publicly suppo	re. Explain in Part rted organization	IV how the
18	Private foundation. If the organ	zativii ulu not che	sun a bux on line,	13, 10a, 10D, 1/a	i, or 170, check th	iis box and see in	Structions

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

	(Complete only if you chec	lead the her on he	on G of Port I \				
Sact		ked the box off in	le 9 01 Fait i)	_		 ·	
	ion A. Public Support	(-) 200E	(h) 2006	(-) 2007	(4) 2000	(-) 2000	(f) Total
1	dar year (or fiscal yr beginning in) S Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2						
	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line	<u> </u>	· · · · · ·	<u>, 19 1 - 1</u>		, · ·	
	7c from line 6)		- 1, -	· · · · · ·	1	-	
Sect	tion B. Total Support						
Caler	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				:		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b						
	Net income from unrelated business activities not included inline 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 14	Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	is for the organized	ation's first, seco	nd, third, fourth,	or fifth tax year as	s a section 501(c)	(3) <u> </u>
Sec	tion C. Computation of Pu						
15				ne 13, column (f))	15	%
16	Public support percentage from					16	%
	tion D. Computation of Inv			e			
17					umn (f))	17	%
18	Investment income percentage t					18	%
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	oox and stop here	. The organization	n qualifies as a p	oublicly supported o	organization	
	33-1/3 support tests - 2008. If t is not more than 33-1/3%, check	k this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organizatioi	%, and line 18 n ►
20	Private foundation. If the organ	<u>ization did not che</u>	eck a box on line	14, 19a, or 19b,	check this box and	see instructions	. ▶

Schedule	Α (Form	990 o	r 990)-EZ)	2009	J.	S.	RE'	YNOL	JDS	COI	MMU	YTI	CC	LLEC	GE :	ED	FND	ΓN	54-1	1130	296		Р	age 4
PartilV	<u> </u>	upp	leme	nta	Info	orma	tion.	Co	mpl	ete t	his	pari	t to p	provi	de t	he ex	xpla	nat	ions	requ	ııred	by P	art I	, line	10;	
	 	art	II, lin	e 1/	a or	1/b	anc	l Pa	rt II	I, Iin	e i	2. P	rovi	de ai	ту о	ther	add	itior	nal ir	itorn	natior	1. Se	e in	struct	tions.	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. h to Form 990. ► See separate instructions

OMB No 1545-0047

10 penito Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Employer Identification number J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN 54-1130296 Partel Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV. line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Partili Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year - 郑章 英 Held at the End of the Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. Partill! 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2009 J.S. J Part III Organizations Maintain					54-11.		Page 2
						· · · · · ·	
3 Using the organization's acquisition items (check all that apply)	n accession and of	ner records, che	ck any	of the following	that are a significant u	ise of its co	llection
a Public exhibition		d Loan	or exc	hange programs			
b Scholarly research		e Other					
c Preservation for future genera	tions						_
4 Provide a description of the organ Part XIV		and explain ho	w they	further the organ	nization's exempt purpo	ose in	
5 During the year, did the organizate assets to be sold to raise funds ra	on solicit or receive	e donations of ar intained as part	t, historial	orical treasures, o organization's co	or other similar illection?	Yes	No
Part IV Escrow and Custodial 9, or reported an amount	Arrangements	Complete if c	rgan 21.	ızatıon answe	red 'Yes' to Form 9	990, Part	IV, line
1a is the organization an agent, trust		· · · · · · · · · · · · · · · · · · ·		ontributions or otl	her assets not		
included on Form 990, Part X?						Yes	No
b If 'Yes,' explain the arrangement in	n Part XIV and con	nplete the follow	ing tat	ole			
						Amount	
c Beginning balance					1c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1f		
2a Did the organization include an ar	nount on Form 990	Part X, line 21	7			Yes	No
b If 'Yes,' explain the arrangement	n Part XIV						
Part V Endowment Funds Con		ation answer	ed 'Y	es' to Form 99	90. Part IV. line 10),	
	(a) Current year	(b) Prior yea		(c) Two years bac			ır years back
1 a Beginning of year balance	4,378,974.	4,974,0		,	(a) Three years buch	- (0)100	ii yours back
b Contributions	423,937.	121,2		• 5			 1
b contributions	423,337.	121,2	., 0.	<u> </u>			- 1
c Net Investment earnings, gains, and losses	370,995.	-601,1	60.		<u> </u>		
d Grants or scholarships	97,052.	83,2	250.			,	í
e Other expenditures for facilities and programs				- · · · · · ·	_	_	- {
f Administrative expenses	35,651.	31,9	26.	,	**		1
q End of year balance.	5,041,203.	4,378,9					
2 Provide the estimated percentage		· · · · · · · · · · · · · · · · · · ·					
a Board designated or quasi-endow	=	*					
b Permanent endowment ►	100.00%						
c Term endowment	*						
3a Are there endowment funds not in		the organization	that a	are held and adm	inistered for the	_	
organization by						`	res No
(i) unrelated organizations						3a(i)	X
(ii) related organizations						3a(ii)	X
b If 'Yes' to 3a(II), are the related of	rganizations listed a	as required on S	chedui	le R?		3b	
4 Describe in Part XIV the intended	uses of the organiz	zation's endowm	ent fu	nds	See	Part XI	v
Part VI Investments-Land, Bu	uildings, and Ed	uipment. Se	e For	m 990, Part X	, line 10.		
Description of investment		st or other basis nvestment)		Cost or other pasis (other)	(c) Accumulated Depreciation	(d) Bo	ok Value
1 a Land							
b Buildings		, - ,					
c Leasehold improvements			<u> </u>	·			·
d Equipment	 			42,253.	6,992.	 	35,261.
e Other					0, 332.	†	33,201.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) BAA

35, 261. Schedule **D** (Form 990) 2009

Part VII	Investments-Other Securities See F	<u>orm 990, Part X, lin</u>	e_12. N/A	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	n value
Financial (derivatives			
Closely-he	eld equity interests		_	
				
Total. (Colu	ımn (b) must equal Form 990 Part X, col (B) line 12)			
	I Investments-Program Related (See	Form 990, Part X, Ii	ne 13) N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valuation	n
			Cost or end-of-year market	value
		<u> </u>		
		<u> </u>		
		 		
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			· · · · · · · · · · · · · · · · · · ·	
				
	mn (b) must equal Form 990, Part X Col (B) line 13)	15)		
Part IX	Other Assets (See Form 990, Part X,			
	(a) De	escription		(b) Book value
		<u> </u>		
				
				
				····
		.		,
				
	olumn (b) must equal Form 990, Part X, col (B),		<u> </u>	
Part X	Other Liabilities (See Form 990, Part			
	(a) Description of Liability	(b) Amount		
Federal In	ncome Taxes			
Total. (Colu	ımn (b) must equal Form 990, Part X. col. (B) line 25)		<u> </u>	
	Controls In Dark VIV provide the tout of the for			

Schedule D (Form 990) 2009 J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN

54-1130296

Page 3

Sche	dule D (Form 990) 2009 J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN 54-	-1130296	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	1,	103,902.
2	Total expenses (Form 990, Part IX, column (A), line 25)		879,060.
3	Excess or (deficit) for the year Subtract line 2 from line 1		224,842.
4	Net unrealized gains (losses) on investments		232,326.
5	Donated services and use of facilities .		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)	ļ	
9	Total adjustments (net) Add lines 4 through 8		232,326.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		457,168.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret Total revenue, gains, and other support per audited financial statements		252 072
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1,	352,072.
	Net unrealized gains on investments 2a 232, 326.		
	Donated services and use of facilities 2b 15,844.		
	Recoveries of prior year grants 20 21,044.		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d .	2e	248,170.
	Subtract line 2e from line 1		103,902.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		100,002.
7	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b.	4c	
-	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		103,902.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F		
1	Total expenses and losses per audited financial statements		894,904.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
ā	Donated services and use of facilities 2a 15,844.		
ŧ	Prior year adjustments 2b		
(Other losses 2c		
•	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2 e	15,844.
3	Subtract line 2e from line 1 .	3	<u>879,060.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
ä	Investments expenses not included on Form 990, Part VIII, line 7b		
ł	Other (Describe in Part XIV)		
	Add lines 4a and 4b .	4c	
_	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	879,060.
Pai	t XIV Supplemental Information		
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this par mation Part V, Line 4 - Intended Uses Of Endowment Fund	lines 1b and 2l t to provide an	b, Part V, ny additional
	THE MAIN PURPOSE OF THE FOUNDATION IS TO SUPPORT J. SARGEANT REYNOLDS	COMMUNIT	Y
	COLLEGE, AN EDUCATIONAL INSTITUTION. SCHOLARSHIPS ARE AWARDED TO INDI	VIDUALS B	ASED ON
	ACADEMIC EXCELLENCE AND NEED IN ORDER FOR THEM TO ATTEND THE COLLEGE.	OTHER AC	ADEMIC
	NEEDS OF THE COLLEGE ARE IDENTIFIED AND FUNDS ARE PROVIDED TO COVER T	HESE NEED	S. ALL
	DISBURSEMENTS ARE MADE ON THE BASIS THAT THEY SUPPORT AND BENEFIT THE	COLLEGE	AND
	THAT THEY ENCOURAGE AND ENABLE INDIVIDUALS TO ATTEND THE COLLEGE.		

Sche	edule D	(Form	990) 200	9 J	.s.	REYNO	LDS	COMMUN nued)	ITY	COLI	EGE	ED I	FNDTN		54-	11302	96	Pa	ge 5
Par	rt}XIV ·	Sup	olemen	ital In	torm	ation ((conti	nuea)				-							
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SCHEDULE I

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 2009

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

Open to Public

2 (h) Purpose of grant or assistance SEE PART IV Part II. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Employer identification number X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 54-1130296 (g) Description of non-cash assistance EYE GLASSES, 1 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 criteria used to award the grants or assistance? MISC. (f) Method of valuation (book, FMV, appraisal, other) See Part IV 15,844. FMV (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 388,432 3 Enter total number of other organizations .

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section of applicable Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance 54-1268266 N/A REYNOLDS COMMUNITY COLLEGE ED FNDTN (b) EIN Enter total number of other organizations SARGEANT REYNOLDS COMMUNITY 1 (a) Name and address of organization 1651 E. PARHAM RD. RICHMOND, VA 23228 Name of the organization

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

Page 2 Schedule I (Form 990) 2009 J. S. REYNOLDS COMMUNITY COLLEGE ED FNDTN

| Part III. | 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(c) Method of valuation (book, FMV appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIPS	260	235, 681.			
Part,IV.* Supplemental Information. Complete this part to		provide the information required in Part I, line	tion required in Pai	\sqr	and any other additional information.
Part I, Line 2 - Grantmaker's Description of How Grant	on of How Grants	ts are Used	! ! ! ! !		
ALL_GRANT_FUNDS_ARE_TO_BE_USED_FOR_SCHOLARSHIPS_AND_PROGRAMS_FOR_JSARGEANT_REYNOLDS	_FOR_SCHOLARSE	IIPS AND PROGRA	MS FOR J. SARG	EANT REYNOLDS	
COMMUNITY_COLLEGEONLY_ENROLLED_STUDENTS		RECEIVE SCHOLARSHIPS. PROGRAM EXPENDITURES	HIPS. PROGRAM.	EXPENDITURES	
ARE_MADE_DIRECTLY_TO_THE_COLLEGE_OR_VENDORS	GE OR VENDORS.		1 1 1 1 1		
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Schedule I (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN

Employer identification number

54-1130296

Par	Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Metho	od of o	ietermır	 ning
1	Art-Works of art							
2	Art—Historical treasures							
3	Art-Fractional interests							
4	Books and publications		enfa to the				·	
	Clothing and household goods		7,1 7 ps					
5	Cars and other vehicles		,					
6	**************************************							
7	Boats and planes							
8	Intellectual property	X	2	CE 35C				
9	Securities—Publicly traded	^		65,356.				
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution— Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate-Residential							
16	Real estate—Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X	3	11,334.	FMV			
21	Taxidermy							
22	Historical artifacts.							
23	Scientific specimens				Ì			
24	Archeological artifacts							
25	Other ► (VARIOUS)	X	9	4,510.	FMV			
26	Other ► (
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done	on during the e Acknowle	ne tax year for contribut dgement	ions for which the	29			
							Yes	No
							, 1	
30 a	During the year, did the organization receive by cohold for at least three years from the date of the i	ontribution a nitial contril	any property reported ir bution, and which is not	n Part I, lines 1-28 that t required to be used fo	it must r exempt	20.		v
ı.	purposes for the entire holding period?					30 a		X
	If 'Yes,' describe the arrangement in Part II	ou that so-	ures the review of and	ann standard an taile d			v	
	Does the organization have a gift acceptance poli-	•	•		ons '	31	X	
32 a	Does the organization hire or use third parties or noncash contributions?	related orga	anizations to solicit, pro-	cess, or sell		32 a		Х
	If 'Yes,' describe in Part II							
33	If the organization did not report revenues in colu	mn (c) for a	a type of property for wh	nich column (a) is chec	ked,			l .

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

describe in Part II

Schedule M (Form 990) 2009

Schedule	M (Form	990) 2009	J. <u>S.</u>	REYNOLDS	COMMUNITY	COLLEGE	ED FNDTN	54-1130296	Page 2
Partill	Supple	mental	Informa	tion. Compl	ete this part	to provide	the information	required by Part I, lines 30b	, 32b,
•	and 33	. Also co	ompiete	this part for	any addition	iai informa	tion.		
				-					
									-
	 _		- <i></i>						
	. 				. 			·	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

S.

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Open to Public Inspection Employer identification number 54-1130296 Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. REYNOLDS COMMUNITY COLLEGE ED FNDTN Name of the organization

Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.)

Schedule R (Form 990) (2009) (F)
Direct controlling entity (F)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of 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.) N/A (E)
Public charity status (if section 501(c)(3)) **(E)** End-of-year assets 11a (D) Exempt Code section (**D)** Total income 501(c)(3) TEEA5001L 02/05/10 (C) Legal domicile (state or foreign country) Legal domicile (state or foreign country) ٧A ပ ASPECTS OF REAL BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. TO DEAL WITH JSRCC EDU FD BENEFITING (B)
Primary activity (B) Primary activity ESTATE (A)
Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity SRCC REAL ESTATE FOUNDATION, I RICHMOND, VA 23228 701 E. PARHAM RD. ١ 54-2030304 Part II

Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because of had one or more related organizations treated as a partnership during the tax year.) 54-1130296 Schedule R (Form 990) 2009 J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN

Part III

Page 2

(J) General or managifig partner? ŝ Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H)
Disproportionate
allocations? ŝ Yes Share of total income Share of end-of-year assets (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (D) Direct controlling entity Legal domicile (state or foreign (B) Primary Activity (A)
Name, addiess, and EIN of related organization

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, Inne 34 because of had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Col	rporation or Trust (Corrected as a corpora	omplete if the o	rganization answered 'Y	es' to Form 990, Pa	r IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile Dir (state or foreign controllicountry)	ect Type of Type of Octob (C corp. §	(C) (D) (D) (E) Type of entity (Share of total income share of end-of-year (state or foreign controlling entity (C corp, S corp, country) (C corp, S corp, country)	(G) Share of end-of-year assets	(H) Percentage ownership
			• • • • • • • • • • • • • • • • • • • •			
	··					
	T T T					
ВАА		TEEA5002L 02/05/10			Schedule R (Form 990) (2009)	90) (2009)

54-1130296

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

Note Complete line 1 if any parties before it III or IV of this schooling			Yes	2
Note Complete mile in any entity is instead in that in, or it of the following transactions with one or more related organizations listed in Parts II-IV			ا ــــــــــــــــــــــــــــــــــــ	2
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		_ _ _ _	1	×
b Gift, grant, or capital contribution to other organization(s)		1 b		×
c Gift, grant, or capital contribution from other organization(s)		٦٥		×
d Loans or loan quarantees to or for other organization(s)		p_	<u> </u>	×
e Loans or loan guarantees by other organization(s)		1e	_	×
		- j		,
f Sale of assets to other organization(s)				×
g Purchase of assets from other organization(s)		1g		×
		1 h		×
i Lease of facilities, equipment, or other assets to other organization(s)		į.	+	\times
		-	-	-
j Lease of facilities, equipment, or other assets from other organization(s)		=		×
k Performance of services or membership or fundraising solicitations for other organization(s)		녹	-	×
I Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		Jm		×
n Sharing of paid employees		- L		×
			- 1	
o Reimbursement paid to other organization for expenses		10	1	×
a Bambirreament haid by other organization for expenses		10	×	
	-		+	
a Other transfer of cash or property to other organization(s)		Ja L		×
r Other transfer of cash or property from other organization(s)		-		×
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	ransaction threshold	S		
1	6	9		
Name of other organization	ction a-r)	Amount involved	volved	_
(1) JSRCC REAL ESTATE FOUNDATION, INC.	d		52	525.
(2)				
(3)				
(4)				
(9)			,	
(9)				
BAA TEEA5003L 02/05/10	Schedule R (Form 990) (2009)	(Form 95	30) (20	606

Part VI Unrelated Organizations Taxable as a Partnership (Complete of 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 asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

SCHEDULE, O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

(**Openito)Public **

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN	54-1130296
Form 990, Part VI, Line 11 - Form 990 Review Process	
FORM 990 IS REVIEWED BY THE FULL BOARD OF DIRECTORS AND	THE SIGNATORY OFFICER PRIOR
TO SIGNING.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforceme	nt of Conflicts
WHENEVER A MATTER ARISES FOR ACTION BY THE BOARD, OR THE	E JSRCC EDUC. FDN. ENGAGES IN
AN ACTIVITY WHERE THERE IS A POSSIBLE CONFLICT OR THE AF	PPEARANCE OF CONFLICT BETWEEN
THE INTERESTS OF THE JSRCC EDUC. FDN. AND AN OUTSIDE OR	PERSONAL INTEREST OF A
DIRECTOR OR A FAMILY MEMBER, THE OUTSIDE INTEREST OF THE	E DIRECTOR SHOULD BE
DISCLOSED TO THE JSRCC EDUC. FDN. BOARD. IN THOSE CASES	WHERE THE DIRECTOR IS
PRESENT WHEN A VOTE IS TAKEN IN CONNECTION WITH SUCH A C	QUESTION, THE DIRECTOR SHALL
ABSTAIN. IN SOME CIRCUMSTANCES THE DIRECTOR SHOULD AVOID	D DISCUSSING ANY PLANNED
ACTIONS, FORMALLY OR INFORMALLY, FROM WHICH THE DIRECTOR	R MIGHT APPEAR TO BENEFIT.
SOMETIMES NEITHER DISCLOSURE NOR ABSTENTION IS SUFFICIEN	NT, AND THE ONLY APPOPRIATE
SOLUTION IS RESIGNATION. THE AUDIT COMMITTEE WILL CONDUC	CT A PERIODIC REVIEW OF THE
DISCLOSURE STATEMENTS AND MAKE RECOMMENDATIONS TO BOARD	AND COMMITTEES AS
APPROPRIATE. A DISCLOSURE STATEMENT MUST BE UPDATED NO I	LESS THAN ANNUALLY, OR
WHEREVER SIGNIFICANT CHANGES OCCUR. THE JSRCC EDUC. FDN.	. BOARD PRESIDENT AND CHAIR
OF THE AUDIT COMMITTEE SHALL HAVE THE PRIMARY RESPONSIBI	LITY TO OVERSEE COMPLIANCE
WITH THESE STANDARDS AND PROCEDURES.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for	or Officers & Key Employees
THE ORGANIZATION DETERMINES COMPENSATION FOR ALL EMPLOYE	EES, INCLUDING THE EXECUTIVE
DIRECTOR, USING COMPARABILITY DATA. SUCH PROCESS IS CONT	TEMPORANEOUSLY DOCUMENTED AND
INCLUDES A REVIEW AND APPROVAL BY THE CHIEF EXECUTIVE OF	FFICER.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Av	vailable
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	r of interest policy, and
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON RECUE	TΩ

2009 Schedule A, Part IV - Supplemental Information						Page 5
lient 75300	J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN				54-1130296	
/27/10						01·32P
Part II, Line 10 - Ot	her Income					
Nature and Sour	ce	2009	2008	2007	2006	2005
MISCELLANEOUS INC SPECIAL EVENTS	NCOME	73,711.	1 650	21 262		
	Total 🖺	73,711. \$	1,650. 1,650.	31,262. 31,262.	<u>\$ 0.</u> <u>\$</u>	0.

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