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DLN: 93493314026365

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

ZUIT

Inspection

A Fo	r the	2014 ca	lendar year, or tax year beginni	ng 07-01-2014 , and ending 06-30-201	5			
		pplicable	C Name of organization THE VIRGINIA FOUNDATION FOR	COMMUNITY		D Emplo	yer iden	tification number
_	dress ch me cha	_	COLLEGE EDUCATION INC			23-70	004354	
_	tial retu	_	Doing business as					
Fir		minated	Number and street (or P O box if 300 ARBORETUM PARKWAY NO 20	mail is not delivered to street address) Room/su	ııte		one numb	
•	um, ten nended		City or town state or province or	ountry, and ZIP or foreign postal code		(804)	819-4	962
		n pending	RICHMOND, VA 23236	antify, and zir or foreign postar code		G Gross i	eceipts \$	10,383,851
			F Name and address of p	rincipal officer	H(a) Is t	- ∎ hıs a group	return	for
			MITZI REYNOLDS 300 ARBORETUM PARKW	/AY NO 200		ordinates?		┌ Yes 🗸 No
			RICHMOND, VA 23236			all subord	nates	┌ Yes ┌ No
Ta	ıx-exem	npt status	✓ 501(c)(3)	(insert no)		uded? No," attach	ı a lıst ((see instructions)
	ebsite	e: ► WV	VW VCCS EDU/FOUNDATION		1	oup exempt		
			Corporation Trust Associa		1 (- /	formation 19		State of legal domicile VA
	rt I		nmary	other P	_ rear or r	omaton 1	.03	orace or regar dormene. 471
				sion or most significant activities				
a	:	TO PRO	VIDE ACCESS TO EDUCATION	ON FOR ALL VIRGINIANS				
ă B								
Ē	2	Check t	his box 🛏 if the organization	discontinued its operations or disposed o	of more than	25% of its	net ass	sets
Governance			,					
25				rning body (Part VI, line 1a) s of the governing body (Part VI, line 1b)			3	23
Activities				n calendar year 2014 (Part V , line 2a)			5	1
FCT.				necessary)			6	0
•	1			Part VIII, column (C), line 12			7a	0
	Ь	Net unre	elated business taxable income	from Form 990-T, line 34		· ·	7b 	0
	8	Contr	ibutions and grants (Part VIII.	line 1h)	Pri	ior Year 3,407,	599	2,189,820
ΞĒ	9			line 2g)		630,	_	390,000
Revenue	10	Inves	tment ıncome (Part VIII, colur	nn (A), lines 3, 4, and 7d)		119,	495	1,177,271
ш.	11), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	-4,	327	6,207
	12			1 (must equal Part VIII, column (A), line	e	4,152,	767	3,763,298
	13	Grant	s and sımılar amounts paıd (Pa	rt IX, column (A), lines 1-3)		227,		1,048,962
	14			: IX, column (A), line 4)	•		0	0
\$	15	5-10		yee beliefits (Part 1X, Column (A), illies		76,	776	648,148
Expenses	16a			X, column (A), line 11e)	·		0	0
ਡੌ	b	Total fu	undraising expenses (Part IX, column	(D), line 25) • 172,895				
	17), lines 11a-11d, 11f-24e)		1,616,		737,655
	18 19			e 18 from line 12		1,920, 2,232,		2,434,765 1,328,533
<u>ም</u>		Rever	ide less expenses subtract in			ng of Curre		End of Year
Not Assets or Fund Balances		+ · ·	nearly (Part V. L. 15)			Year	000	
d Br	20 21		assets (Part X, line 16)			9,546, 290,		9,846,766
2 2 2 3	22			ct line 21 from line 20	`	9,256,		9,499,047
Pa	rt II	Sigr	nature Block					
my k	nowled	dge and		xamined this return, including accompar omplete Declaration of preparer (other th				
		****				2015-11-08		
Sign		Sign	ature of officer			Date		
Her	e		ZI REYNOLDS EXECUTIVE DIRECTOR e or print name and title					
		11	Print/Type preparer's name		Date Ch	neck 🗀 ıf	PTIN	0.50
Pai	d	<u> </u>	JOSEPH S NADDER III CPA Firm's name F DIXON HUGHES GOO	JOSEPH S NADDER III CPA DDMAN LLP		lf-employed m's EIN ► 5	P012409 6-074798	
	pare	er	Firm's address • 901 EAST CARY STRI			one no (804		
Use	On	ly ˈ	RICHMOND, VA 232			ione no (our	, 202-70	55
		1	MICHIONIO, VA ZJZ					

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Νo
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
f	contract?	76 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	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			
1	Section 501(c)(12) organizations. Enter			
	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)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	 _{1/1~}	 	NI a
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a 14b		No

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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	Check if Schedule (contains a response or note to a	v line in this Part VI											_	.マ
-----------------------------------------------------------------------------	---------------------	----------------------------------	------------------------	--	--	--	--	--	--	--	--	--	--	---	----

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			re Cod Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		•
10a b	Did the organization have local chapters, branches, or affiliates?			No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ O wn website ☐ Another's website ☐ U pon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ORGANIZATION

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	۰			
d	Total (add lines 1b and 1c)	۰	94,716	0	7,768

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section	R Ind	anandant	Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part V.	***	Check if Schedi	i t Revenue ule O contains a respor	nse or note to any lir	ne in this Part VIII			
	1a	Federated cam		130 01 11000 00 411, 11	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ.इ.								
ons, Gifts, Grants Similar Amounts	b	Membership du	es 1b					
. ₽ ₽ ₽	c	Fundraising eve	ents 1c					
iffs ar	d	Related organiz	ations 1d					
∃ 3. ∃ 3.	e	Government grants	s (contributions) 1e	390,000				
iğ iz	f		ons, gifts, grants, and 1f	1,799,820				
tributio Other		similar amounts no						
Contributions, Gifts, Grants and Other Similar Amounts	g	1a-1f \$	ons included in lines					
Con	h	Total. Add lines	s 1a-1f	🗼	2,189,820			
				Business Code				
illa	2a	VIRGINIA EDUCATI	ON WIZ	611710	390,000	390,000		
æ	b	-	-					
93	C							
Xer v	d							
Program Serwce Revenue	e							
∑ Gr8	f	All other progra	im service revenue					
ΔŤ	g	Total. Add lines	s 2a – 2f		390,000			
	3		ome (including dividen		149,903			149,903
	4		ar amounts)	l l	2.7,200			
	5							
		•	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	7,647,921					
	b	Less cost or other basis and sales expenses	6,620,553					
	C	Gain or (loss)	1,027,368					
	d o-		s)	· · · · >	1,027,368			1,027,368
Other Revenue	oa -	Gross income f events (not inc \$ of contributions See Part IV, lin	luding reported on line 1c)					
jer	b	Less directer	penses b					
ರ			(loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b	Less direct ex	penses b					
			(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b c	=	oods sold b (loss) from sales of invo	entory 🛌				
į		Miscellaneous	s Revenue	Business Code				
	11a	OTHER INCOM	1E	611710	6,207	6,207		
	b							
	C							
	d	All other revenue						
	е		s 11a-11d		6,207			
	12	Total revenue.	See Instructions .	🕨	3 763 298	396 207		1 177 271

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. A	All other organizations must complete column (A)
--------------------------------------------------------------------------------	------------------------------------------------	----

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All		•		
	Check if Schedule O contains a response or note to any line in this of include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	670,315	670,315		
2	Grants and other assistance to domestic individuals See Part IV, line 22	378,647	378,647		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				_
5	Compensation of current officers, directors, trustees, and key employees	100,449		100,449	
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	546,771	362,547	23,413	160,811
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	928		928	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	71,471		71,471	
d	Lobbying	116,700	108,612	8,088	_
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	57,564		57,564	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,193	10,193		
12	Advertising and promotion	19,534	18,257	1,277	
13	Office expenses	7,995	1,266	6,690	39
14	Information technology	100,815	100,665	150	
15	Royalties				
16	Occupancy				
17	Travel	7,368	4,682	2,542	144
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,025	734	7,291	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,535	355	3,180	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EVENTS	181,370	118,510	53,717	9,143
b	PLEDGE WRITE-OFF	68,100		68,100	
c	GREAT EXPECTATIONS	46,303	46,303		
d	CULTIVATION - STEWARDSH	24,983	22,225		2,758
e	All other expenses	13,699	10,994	2,705	
25	Total functional expenses. Add lines 1 through 24e	2,434,765	1,854,305	407,565	172,895
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1	
	2	Savings and temporary cash investments		882,045	2	815,030
	3	Pledges and grants receivable, net		2,074,860		2,360,494
4ssets	4	Accounts receivable, net		_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	_,,
	5	Loans and other receivables from current and former officers, direct key employees, and highest compensated employees Complete Pa Schedule L	ors, trustees, rt II of		5	
	6	Loans and other receivables from other disqualified persons (as def section 4958(f)(1)), persons described in section 4958(c)(3)(B), a employers and sponsoring organizations of section 501(c)(9) volur beneficiary organizations (see instructions) Complete Part II of Sc	nd contributing tary employees'		6	
	7	Notes and loans receivable, net			7	
ď	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		6,550,743		6,631,223
	12	Investments—other securities See Part IV, line 11		39,152	12	40.019
	13	Investments—program-related See Part IV, line 11		32,132	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)		9,546,800		9,846,766
	17	Accounts payable and accrued expenses		239,497	17	300,507
	18	Grants payable		200, 107	18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete Part IV of Schedule			21	
lities	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified				
Liabilit		persons Complete Part II of Schedule L			22	
Ï	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related t and other liabilities not included on lines 17-24) Complete Part X		50,880	25	47,212
	26	Total liabilities. Add lines 17 through 25		290,377	26	347,719
		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 as		250,577	20	547,715
A D		lines 27 through 29, and lines 33 and 34.	id Complete			
	27	Unrestricted net assets		1,940,370	27	1,725,047
= 5	28	Temporarily restricted net assets		5,059,838	28	5,491,001
<u>-</u>	29	Permanently restricted net assets		2,256,215	29	2,282,999
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here a complete lines 30 through 34.	- ┌ and			
⊅	30	Capital stock or trust principal, or current funds			30	
Į,	31	Paid-in or capital surplus, or land, building or equipment fund			31	
í	32	Retained earnings, endowment, accumulated income, or other funds			32	
- -	33	Total net assets or fund balances		9,256,423	33	9,499,047
2	34	Total liabilities and net assets/fund balances		9.546.800	34	9.846.766

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,7	763,298
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,4	134,765
3	Revenue less expenses Subtract line 2 from line 1	3			 328,533
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			256,423
5	Net unrealized gains (losses) on investments	5			085,909
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		9,4	199,047
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
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?	e	3a		No
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		

Additional Data

Software ID:

Software Version:

EIN: 23-7004354

Name: THE VIRGINIA FOUNDATION FOR COMMUNITY

COLLEGE EDUCATION INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 805,343 including grants of \$) (Revenue \$ 396,207)
VIRGINIA EDUCATIONAL WIZARD WHICH IS A STATEWIDE PORTAL FOR CAREER AND EDUCATIONAL PLANNING IN VIRGINIA,
AND VARIOUS OTHER PROGRAMS AND EVENTS FOR DESERVING STUDENTS ATTENDING VIRGINIA COMMUNITY COLLEGES

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) (B) (C) (D)

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	more the person and a	ion (e nan o n is b	(C) (do not check one box, unless both an officer rector/trustee)				(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former			related organizations
(1) GERALD L BALILES	5 00	х		х				0	0	0
CHAIRMAN (1) MELANIE W BIAS	1 00									
DIRECTOR		×						0	0	0
(2) ARTHUR S BRINKLEY	5 00	x		х				0	0	0
TREASURER (3) JOHN T CASTEEN III	1 00									
DIRECTOR		Х						0	0	0
(4) HANK CHAO	1 00	х						0	0	0
DIRECTOR (5) GLENN DUBOIS	1 00									
DIRECTOR	39 00	x						0	0	0
(6) JAMES W DYKE JR DIRECTOR	1 00	х						0	0	0
(7) JENNIFER SAGER GENTRY	24 00	V						0	0	0
DIRECTOR (8) PHILIP GOODPASTURE	16 00 5 00	X						0	0	0
GENERAL COUNSEL, DIRECTOR - 12/31/14 (9) EDWIN C HALL	5 00	X		Х				0	0	0
SECRETARY		x		х				0	0	0
(10) WILLIAM C HALL JR DIRECTOR	1 00	х						0	0	0
(11) EVA T HARDY	1 00	х						0	0	0
DIRECTOR (12) CHARLES F HESS	1 00	х						0	0	0
DIRECTOR (13) RONALD H HOLMES	5 00									
VICE CHAIRMAN		х		х				0	0	0
(14) CHANDRA D LANTZ DIRECTOR	1 00	×						0	0	o
(15) GAYE C MONTGOMERY DIRECTOR	1 00	х						0	0	0
(16) MARICEL QUINTANA-BAKER DIRECTOR	1 00	х						0	0	0
(17) JOHN J RAINONE	1 00	х						0	0	0
DIRECTOR (18) ELEANOR SASLAW	1 00	X						0	0	0
DIRECTOR (19) GERALD F SMITH JR	1 00							0	0	0
DIRECTOR (20) DONNA VANCLEAVE	1 00	X						0	0	0
DIRECTOR (21) JEANETTE WANG	39 00 1 00	X						0	0	0
DIRECTOR		х						0	0	0
DIRECTOR	1 00	х						0	0	0
(23) ROBERT W WOLTZ JR DIRECTOR	1 00	х						0	0	0
(24) ADAM M FRIED	1 00	х						0	0	0
DIRECTOR THROUGH 12/31/14		Ī			1	1	<u> </u>	<u> </u>		<u> </u>

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	ion (d nan or n is b	ne bo	ox, u an of	nless ficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	organization (W-2/1099-MISC) Former Former Officer Of		2/1099-MISC)	2/1099-MISC)	organization and related organizations		
(26) ROBERT W HARRELL JR	1 00	х						0	0	0
DIRECTOR THROUGH 4/2015 (1) EDNA V BAEHRE-KOLOVANI	1 00									
DIRECTOR THROUGH 12/31/14		Х						0	0	0
(2) KATHLEEN A LANGAN DIRECTOR THROUGH 12/31/14	1 00	х						0	0	0
(3) P MARTIN SHARPLESS DIRECTOR THROUGH 12/2014	1 00	х						0	0	0
(4) MITZI REYNOLDS EXECUTIVE DIRECTOR	40 00			х				94,716	0	7,768

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314026365

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		A FOUNDATION FOR COMMU JCATION INC	23-7004354										
Par	tΙ	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this p	part.) See instructions.						
		zation is not a private fo											
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(b	o)(1)(A)(i).						
2	Γ	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)								
3	Γ	A hospital or a cooper				tion 170(b)(1)	(A)(iii).						
4		A medical research or		_). Enter the					
	·	hospital's name, city,	and state		<u> </u>								
5	\sqcap	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II)												
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	.)(A)(v).						
7	<u>\</u>	An organization that n described in section 1	•	· · · · · · · · · · · · · · · · · · ·		om a governme	ntal unit or from the o	jeneral public					
8	Γ	A community trust de				tII)							
9	Γ	An organization that n	ormally receiv	es (1) more than 331	L/3% of its supp	ort from contril	outions, membership	fees, and gross					
		receipts from activitie	s related to it:	s exempt functions—s	ubject to certai	n exceptions, a	nd (2) no more than 3	331/3% of					
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less :	section 511 tax) from	businesses					
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Par	tIII)						
10	\sqcap	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ty See section	509(a)(4).						
11	\sqcap	An organization organ											
a	Г	one or more publicly s the box in lines 11a th Type I. A supporting of supported organization organization You mus Type II. A supporting	nrough 11d that organization op n(s) the power t complete Pa	at describes the type of perated, supervised, or to regularly appoint o rt IV, Sections A and I	of supporting or r controlled by i r elect a majori B.	ganization and ts supported or ty of the directo	complete lines 11e, 1 ganization(s), typical ors or trustees of the	.1f, and 11g ly by giving the supporting					
_	•	management of the su	=	•			•	•					
	_	must complete Part I	•		•			-					
C	ļ	Type III functionally						grated with, its					
d	Г	supported organization Type III non-function			-			anization(s) that is					
_	,	not functionally integr			·								
	_	(see instructions) Yo											
е	ı	Check this box if the o					s a Type I, Type II, T	ype III functionally					
f		integrated, or Type III Enter the number of si											
g g		Provide the following i											
9		Trovide the following r	mormation ab	out the supported orge	2461011(3)								
		(ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see		governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)							
				instructions))	Yes	No							
						_							

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

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

S	ection A. Public Support	_					•	
	endar year (or fiscal year beginning in) 🏲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	.4	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,656,025	3,332,438	1,211,740	3,407,599	2,1	89,820	11,797,622
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions	1,656,025	3,332,438	1,211,740	3,407,599	2,1	89,820	11,797,622
	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							4,657,095
6	(f) Public support. Subtract line 5 from line 4							7,140,527
	ection B. Total Support		1					
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
7	Amounts from line 4	1,656,025	3,332,438	1,211,740	3,407,599	2,18	39,820	11,797,622
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	38,009	75,363	70,145	116,414	14	19,903	449,834
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			1,900				1,900
11	Total support Add lines 7 through 10							12,249,356
12	Gross receipts from related activit	ies, etc (see inst	ructions)	•	•	12		3,321,770
13	First five years. If the Form 990 is organization, check this box and st	op here	<u> </u>			section 50)
	ection C. Computation of Pul							
14	Public support percentage for 2014		•	11, column (f))		14		58 290 %
15	Public support percentage for 2013	3 Schedule A, Par	t II, line 14			15		62 670 %
b	33 1/3% support test—2014. If the and stop here. The organization quasis 1/3% support test—2013. If the box and stop here. The organizatio 10%-facts-and-circumstances test	alifies as a public e organization did n qualifies as a pu	y supported orga not check a box o oblicly supported	nization on line 13 or 16a, organization	, and line 15 is 3	3 1/3% or m	nore, ch	▶ ✓
	is 10% or more, and if the organization merorganization 10%-facts-and-circumstances test 15 is 10% or more, and if the organization Explain in Part VI how the organization Private foundation. If the organizations	ition meets the "facts-and ets the "facts-and — 2013. If the organization meets the ation meets the "fa	acts-and-circums I-circumstances" anization did not d a "facts-and-circums acts-and-circums	stances" test, che test The organi check a box on lir umstances" test, stances" test The	eck this box and s zation qualifies as ne 13, 16a, 16b, check this box a e organization qu	stop here. Es a publicly or 17a, and nd stop here alifies as a	xplain suppor line e. publicl	▶ ┌

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 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 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions 1		Current Year					
1 Amounts paid to supported organizations to accom	plish exempt purposes						
	ers exempt purposes of supp	ported organizations, in					
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons					
4 Amounts paid to acquire exempt-use assets							
	nured)						
·	6 Other distributions (describe in Part VI) See instructions						
7 Total annual distributions. Add lines 1 through 6							
	o which the organization is r	esponsive (provide					
9 Distributable amount for 2014 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		(::)	(:::)				
instructions)		Underdist ribut ions	(iii) Distributable Amount for 2014				
•							
3 Excess distributions carryover, if any, to 2014							
a From 2009							
b From 2010							
c From 2011							
d From 2012							
i Carryover from 2009 not applied (see							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
, , , , , , , , , , , , , , , , , , ,							
A pplied to underdistributions of prior years							
b Applied to 2014 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2015. Add lines 3j and 4c							
8 Breakdown of line 7							
a From 2010							
b From 2011							
c From 2012							
d From 2013							

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	GAMING ACTIVITES - 2012 AMOUNT \$ 1,900

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493314026365

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. F Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Employer identification number Name of the organization THE VIRGINIA FOUNDATION FOR COMMUNITY COLLEGE EDUCATION INC Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2014

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	filed Form 5768 (election under section 501(h)).				
For e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	a) No		b) ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local				
1	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
С	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			116,69
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	O ther activities?	Yes			24,52
j	Total Add lines 1c through 1i				141,22
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912		Νo		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), c		
	Wassan and a tracked the a III (000), an increase of the analysis of the tracked a tra		_		es N
1	Were substantially all (90% or more) dues received nondeductible by members?		⊢	1	_
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		\vdash	3	_
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section !	F01/a	\(\frac{1}{2}\)		<u></u>
Fai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
_	political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	5			
5	art IV Supplemental Information] 3			
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	up list),	Part II	-A , line	s 1 an
۷ (see instructions), and Part II-B, line 1 Also, complete this part for any additional information Return Reference Explanation				
D A D	· · · · · · · · · · · · · · · · · · ·	TCLAT		NCILLE	TNC
РАК	T II-B, LINE 1 ENGAGED KEMPER CONSULTING AND CAPITAL RESULTS FOR LEG AND SUPPORT SERVICES HOSTED LEGISLATIVE RECEPTION TO ASSEMBLY AND CERTAIN MEMBERS OF THEIR STAFF ARE INVITEI ENCOURAGE SUPPORT FOR VIRGINIA'S COMMUNITY COLLEGES	WHICH	THEG	ENERA	L

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314026365

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

mation about Schedule D (Form 990) and its instructions is at www.irs.go

Open to Public

emal Revenue Service Information about Schedule D	(Form 990) and its instructions is at www.i	rs.gov/rorn	Inspect	:ion
Name of the organization THE VIRGINIA FOUNDATION FOR COMMUNITY		Employe	r identification numbe	
COLLEGE EDUCATION INC		23-7004		
	r Advised Funds or Other Similar I	Funds or <i>F</i>	Accounts. Complet	e if the
organization answered "Yes" to Form	(a) Donor advised funds	(b) i	unds and other accou	ınte
Total number at end of year	(a) Donor advised failes	(5)	unus unu otner accou	11103
Aggregate value of contributions to (during year)				
Aggregate value of grants from (during year)				
Aggregate value at end of year				
Aggregate value at end of year Did the organization inform all donors and donor	L	nor advisod		
funds are the organization's property, subject to	the organization's exclusive legal control?		☐ Yes	┌ No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the				□ Na
conferring impermissible private benefit?	-1- (1)	I. F 00	Yes	No
•	ete if the organization answered "Yes"	to Form 99	0, Part IV, line 7.	
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recressor Protection of natural habitat Preservation of open space				
Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form of a	a conservation	
		I	leld at the End of the	Year
Total number of conservation easements		2a		
Total acreage restricted by conservation easeme	ents	2b		
Number of conservation easements on a certified	d historic structure included in (a)	2c		
Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d		
Number of conservation easements modified, tra	nsferred, released, extinguished, or termina	ted by the or	ganızatıon durıng	
the tax year ▶				
Number of states where property subject to cons	ervation easement is located -			
Does the organization have a written policy regainenforcement of the conservation easements it ho	rding the periodic monitoring, inspection, ha		ations, and ryes	┌ No
Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation ease	ements durin	g the year	
<u> </u>				
Amount of expenses incurred in monitoring, insp	ecting, and enforcing conservation easemen	its during the	year	
▶ \$				
Does each conservation easement reported on II and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(ı) Yes	┌ No
In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financi			
	ctions of Art, Historical Treasures ed "Yes" to Form 990, Part IV, line 8.	, or Other	Similar Assets.	
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	rassets held for public exhibition, education	ı, or research	ın furtherance of publ	
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide the following amounts relating to	rassets held for public exhibition, education			ıc
(i) Revenue included in Form 990, Part VIII, line	e 1	1	► \$	
(ii) Assets included in Form 990, Part X			▶ \$	
If the organization received or held works of art, following amounts required to be reported under s				
Revenue included in Form 990 Part VIII line 1		ı	- ¢	

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	t, His	storical	Treasur	<u>es, or O</u>	ther S	<u>Similar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck any	of the follo	wing that a	re a sı	gnıfıcant use	e of its	
а	Public exhibition		d	┌ Lo	an or exch	ange progr	ams			
b	Scholarly research		е	┌ ot	her					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in ho	w they fui	ther the o	rganızatıon	's exer	mpt purpose	ın	
5	During the year, did the organization solicit								_	_
Do	assets to be sold to raise funds rather than i								┌ Yes	☐ No
Pal	Part IV, line 9, or reported an ar					answered	ı res	s to Form :	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					r other ass	ets not		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follo	wing table	<u>:</u>	_				
								Ar	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year					L	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21,	for escro	w or custo	dıal accour	nt liabi	lity?	☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	e expl	anation h	as been pr	ovided in P	art XI	II		Γ
Pa	rt V Endowment Funds. Complete									
_		(a)Current year	(b)	Prior year	_			ee years back	(e)Four	/ears back
1a	Beginning of year balance	2,956,359		2,679,4		2,458,525		2,436,166		1,978,838
b	Contributions	88,125		-	200	35,317		61,345		228,262
С	Net investment earnings, gains, and losses	9,336		389,4	187	235,708		-22,455		296,023
d	Grants or scholarships	223,078		112,8	301	27,762		16,531		65,894
e	Other expenditures for facilities and programs					22,315				1,063
f	Administrative expenses									
g	End of year balance	2,830,742		2,956,3	359	2,679,473		2,458,525		2,436,166
2	Provide the estimated percentage of the cur	rent year end balan	ce (lır	ne 1g, col	umn (a)) h	eld as				
а	Board designated or quasi-endowment ►	0 %								
b	Permanent endowment ► 81 000 %									
c	Temporarily restricted endowment > 19 The percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	atıon	that are I	neld and ac	dministered	for th	e		
	organization by								Yes	+
	(i) unrelated organizations		•					3a	•	No No
b	(ii) related organizations							3a(1
4	Describe in Part XIII the intended uses of the	· ·					•			<u> </u>
Pai	t VI Land, Buildings, and Equipme	ent. Complete if	the o	rganiza	ion answ	ered 'Yes	' to Fo	orm 990, Pa	art IV, I	ine
	11a. See Form 990, Part X, line	10.		1		Taxa .	1		. 1	
	Description of property				ost or other investment)	(b) Cost or basis (oth		(c) Accumulat depreciation		Book value
1a	Land									
b	Buildings									
c	Leasehold improvements		•							
d	Equipment									
	Other									
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colu	umn (B), I	ne 10(c).)					0
								Schedule I	O (Form	990) 2014

Part VII Investments—Other Securities. Co	mplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. C	complete if the organization	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.		-
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. Complete if the organization (a) Description		0, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(u) Desc	приоп	(b) Book value
Table (Orleans (b)	4E.\	
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	anizadon answered Yesi i	to rottit 990, Part IV, lille TTE OF TTF. See
1 (a) Description of liability	(b) Book value	
Federal Income taxes		
CHARITABLE GIFT ANNUITIES PAYABLE	47,212	
	,	
Tabel (Caluma (b) and a material Caluma (c)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	47,212	l de la companio del companio de la companio della

Part		evenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		nts With Revenue p	er R	eturn Complete If
1	<u> </u>	er support per audited financial statements			1	2,938,763
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	-1,085,909		
b	Donated services and use of f	acılıtıes	2b	318,938		
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d .				2e	-766,971
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	3,705,734
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a	57,564		
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b		· · ·		4c	57,564
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12)		5	3,763,298
Part		xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, line			per	Return. Complete
1		r audited financial statements			1	2,696,139
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25				
а	Donated services and use of fa	acılıtıes	2a	318,938		
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	318,938
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	2,377,201
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a	57,564		
b	Other (Describe in Part XIII)		4b			
С	Add lines 4a and 4b				4c	57,564
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	2,434,765
Part	XIII Supplemental Inf	formation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
PART	X, LINE 2	THE FOUNDATION IS EXEMPT FROM FE ORGANIZATION UNDER SECTION 501(STATUTES OF THE COMMONWEALTH O	C)(3)	OF THE INTERNAL REV	'ENUE	CODE AND THE TAX

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES AS A NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE TAX STATUTES OF THE COMMONWEALTH OF VIRGINIA THE FOUNDATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2015 FISCAL YEARS ENDING ON OR AFTER JUNE 30, 2012 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES

Jenedale 2 (1 31111 33 3) 23 13		age 💆
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

Part I General Information on Grants and Assistance

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

DLN: 93493314026365 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

THE VIRGINIA FOUNDATION FOR COMMUNITY

COLLEGE EDUCATION INC

See Additional Data Table

23-7004354

2 Describe in Part IV the organization	ion's procedures for	monitoring the use of	grant funds in the Unite	d States					
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		

23

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS TO INDIVIDUALS ATTENDING VIRGINIA COMMUNITY COLLEGES	80	378,647			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Reference	Explanation							
PART I, LINE 2	THE BOARD OF DIRECTORS MONITORS THE USE OF GRANT FUNDS							

Additional Data

Software ID:

Software Version:

EIN: 23-7004354

Name: THE VIRGINIA FOUNDATION FOR COMMUNITY

COLLEGE EDUCATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE COMMUNITY COLLEGEONE COLLEGE LANE WEYERS CAVE, VA 24486	54-1268286	115	10,433				TO SUPPORT GREAT EXPECTATIONS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BLUE RIDGE COMMUNITY COLLEGE EDUCATIONAL FOUNDATIONPO BOX 80 WEYERS CAVE,VA 24486	54-1328809	501(C)(3)	36,995				TO SUPPORT RURAL VIRGINIA HORSESHOE INITIATIVE PROGRAM			

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CENTRAL VIRGINIA COMMUNITY COLLEGE 3506 WARDS ROAD LYNCHBURG, VA 24502	54-1268278	115	46,300				TO SUPPORT GREAT EXPECTATIONS PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DABNEY LANCASTER COMMUNITY COLLEGE EDUCATIONAL FOUNDATIONPO BOX 1000 CLIFTON FORGE, VA 24422	54-1547596	501(C)(3)	29,214				TO SUPPORT RURAL VIRGINIA HORSESHOE INITIATIVE PROGRAM			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DANVILLE COMMUNITY COLLEGE1008 SOUTH MAIN STREET DANVILLE,VA 24541	54-1268258	115	34,409				TO SUPPORT GREAT EXPECTATIONS PROGRAM			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
EASTERN SHORE COMMUNITY COLLEGE FOUNDATION29300 LANKFORD HIGHWAY MELFA,VA 23410	54-1865751	501(C)(3)	8,619				TO SUPPORT RURAL VIRGINIA HORSESHOE INITIATIVE PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GERMANNA COMMUNITY COLLEGE2130 GERMANNA HIGHWAY LOCUST GROVE,VA 22508	54-1268292	115	29,687				TO SUPPORT GREAT EXPECTATIONS PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
J SARGEANT REYNOLDS COMMUNITY COLLEGE 1651 E PARHAM ROAD RICHMOND,VA 23228	54-1268266	115	69,655				TO SUPPORT GREAT EXPECTATIONS PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JOHN TYLER COMMUNITY COLLEGE13101 JEFFERSON DAVIS HIGHWAY CHESTER,VA 23831	54-1268277	115	64,698				TO SUPPORT GREAT EXPECTATIONS PROGRAM			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JOHN TYLER COMMUNITY COLLEGE EDUCATIONAL FOUNDATION13101 JEFFERSON DAVIS HIGHWAY CHESTER,VA 23831	52-1389646	501(C)(3)	14,696				TO SUPPORT GREAT EXPECTATIONS PROGRAM			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LORD FAIRFAX COMMUNITY COLLEGE173 SKIRMISHER LANE MIDDLETOWN,VA 22645	54-1268293	115	8,016				TO SUPPORT GREAT EXPECTATIONS PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LORD FAIRFAX COMMUNITY COLLEGE EDUCATIONAL FOUNDATION173 SKIRMISHER LANE MIDDLETOWN,VA 22645	51-0247624	501(C)(3)	27,962				TO SUPPORT GREAT EXPECTATIONS PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NEW RIVER COMMUNITY COLLEGEPO DRAWER 1127 DUBLIN,VA 24084	52-1203686	115	6,904				TO SUPPORT GREAT EXPECTATIONS PROGRAM		

<u>Form 990,Schedule I, Pa</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN VIRGINIA COMMUNITY COLLEGE 6699 SPRINGFIELD CENTER DRIVE SPRINGFIELD,VA 22150	54-1268263	115	83,711				TO SUPPORT GREAT EXPECTATIONS PROGRAM

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATRICK HENRY COMMUNITY COLLEGE645 PATRIOT AVENUE MARTINSVILLE,VA 24112	54-1268271	115	5,533				TO SUPPORT GREAT EXPECTATIONS PROGRAM

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIEDMONT VIRGINIA COMMUNITY COLLEGE501 COLLEGE DRIVE CHARLOTTESVILLE,VA 22902	54-1268264	115	24,046				LW2750 - 10/27/15 09 24AM WORKSHEET SCHEDULE I

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHSIDE VIRGINIA COMMUNITY COLLEGE109 CAMPUS DRIVE ALBERTA,VA 23821	54-1268239	115	17,981				TO SUPPORT GREAT EXPECTATIONS PROGRAM

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST VIRGINIA COMMUNITY COLLEGEPO BOX 9407 RICHLANDS,VA 24641	54-1269325	115	14,052				TO SUPPORT GREAT EXPECTATIONS PROGRAM

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST VIRGINIA COMMUNITY COLLEGE EDUCATIONAL FOUNDATIONPO BOX SVCC RICHLANDS,VA 24641	54-1168575	501(C)(3)	10,655				TO SUPPORT GREAT EXPECTATIONS PROGRAM

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS NELSON COMMUNITY COLLEGE99 THOMAS NELSON DRIVE HAMPTON,VA 23666	54-1268284	115	15,906				TO SUPPORT GREAT EXPECTATIONS PROGRAM

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDEWATER COMMUNITY COLLEGE EDUCATIONAL FOUNDATION121 COLLEGE PLACE 5TH FLOOR NORFOLK,VA 23510	52-1217056	501(C)(3)	73,424				TO SUPPORT GREAT EXPECTATIONS PROGRAM

<u>Form 990,Schedule I, Par</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
VIRGINIA HIGHLANDS COMMUNITY COLLEGE100 VHCC DRIVE ABINGDON,VA 24212	54-1268289	115	6,045				TO SUPPORT GREAT EXPECTATIONS PROGRAM	

Form 990,Schedule I, Pai	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA HIGHLANDS COMMUNITY COLLEGE EDUCATIONAL FOUNDATIONPO BOX 828 ABINGDON,VA 24212	52-1225133	501(C)(3)	13,700				TO SUPPORT GREAT EXPECTATIONS PROGRAM

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

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Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

 Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization	Employer identification number
THE VIRGINIA FOUNDATION FOR COMMUNITY	
COLLEGE EDUCATION INC	23-7004354

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE GOVERNING BOARD
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY BOARD MEMBERS SIGN A CONFLICT OF INTEREST FORM AND THE ORGANIZATION KEEPS FORMS ON FILE
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY PROVIDING COPIES UPON REQUEST