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Department of the Treasury Internal Revenue Service

OLD R R NON GUNNATO

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 www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

<u>A</u>	For the 2	2015 calen	dar year, or tax year beginning $7/01$, 2015, and ending	6/.	30		, 2016
В	Check if ap	plicable	C		D Employ	er iden	tification number
	Addre:	ss change	J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN		54-	1130	296
	H	change	1651 E. PARHAM ROAD #200		E Telepho		
	H	-	RICHMOND, VA 23228				
	Initial		,		804	-523	5-5181
	Final rel	turn/terminated					
	Amen	ded return	 		G Gross re		
	Applic	ation pending	ELIZABETH S. LITTLEFIELD	• •	a group retur		□ □
			SAME AS C ABOVE	(b) Are all	subordinates attach a list	include	ed? Yes No
ī	Tax-exer	npt status	X 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527	1, 110,	attach a hat	(300 111	30 000013)
J	Websi	te:► WW		H(c) Group (exemption nu	ımber 🕽	.
\overline{K}		organization	X Corporation Trust Association Other ► L Year of formation	**			legal domicile VA
		Summar	<u></u>				
1:0			be the organization's mission or most significant activities PROVIDE F	TNANC	TAT CII	DDAL	סיד ידי די
			REYNOLDS COMMUNITY COLLEGE.	TIMME	<u>⊤ับัก</u> วั∩	LIOI	7-70-5
ခ္ဌ	24	JUGE TINT	KEINOLDS COMMONIII COLLEGE.	- -	- -		
Activities & Governance					- -		
Je.	2 Ch	eck this bo	x I if the organization discontinued its operations or disposed of mor	e than 2	5% of its	net as	
g			ting members of the governing body (Part VI, line 1a)		1	3	22
વ્ઇ			dependent voting members of the governing body (Part VI, line 1b)			4	18
es			of individuals employed in calendar year 20 12 (Parb)- ine 2a).			5	18
Χŧ	6 To	tal number	of volunteers (estimate if necessary)			6	22
ᅙ			ed business revenue from Part VIII, collumn (C), line 12			7a	0.
1			business tayable income from Form 68017 140 34 -			7b	0.
			<u> </u>	P	rior Year		Current Year
	8 Co	ntributions	and grants (Part VIII, line 1h)		,185,9	37	1,141,979.
9			ice revenue (Part VIII, line 2g).		29,3		47,813.
le/		•	come (Part VIII, column (A), lines 3, 4, and 7d)		608,1		169, 919.
Revenue			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	 	000,1	.07.	105,515.
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1 2	,823,4	28	1,359,711.
			milar amounts paid (Part IX, column (A), lines 1-3)	 	829,4		993,638.
			to or for members (Part IX, column (A), line 4)	· · · · · · · · · · · · · · · · · · ·	023,4	.00.	773,030.
		•		 	111 0		155 224
S			er compensation, employee benefits (Part IX, column (A), lines 5-10)	} -	111,2	ου.	155,334.
รูบร			fundraising fees (Part IX, column (A), line 11e)	## T. 28A - 509	· Jih , com video · ·	999 B 3480	Process of the second second
Expenses	b To	tal fundrais	sing expenses (Part IX, column (D), line 25) ► 82,860.	-7,44			
Ш	17 Ot	her expens	es (Part IX, column (A), lines 11a-11d, 11f-24e) .	ł	179,5	78.	172,722.
	18 To	tal expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	,120,3	06.	1,321,694.
	19 Re	venue less	expenses. Subtract line 18 from line 12		,703,1		38,017.
0 8					ng of Curren		End of Year
alar	20 To	tal assets ((Part X, line 16)		,768,0		11,572,236.
Net Assets or Fund Balance			s (Part X, line 26)		43,6		56,846.
S.E			fund balances. Subtract line 21 from line 20	11	,724,4		11,515,390.
Då				1	, 144,4	.00.	11,313,390.
		<u>Signatur</u>			Landa de de la		1. () = 4 =
court	r penaities ilete Declai	of perjury, 1 de ration of prepa	clare that I have examined this return, including accompanying schedules and statements, and to the rer (other than officer) is baged on all information of which preparer has any knowledge	ne best of m	iy knowleage	and bei	liet, it is true, correct, and
		1 / ()	0 (10 00)		17	1/20	7116
<u>د:</u> .	_	Signatu	re pi officer	Da	te L	J. O.	on p
Sig He	iu Lo	1 =1.	zaboths. Littleheid. Executive =	اءمدد	hor		
пе	e	- Lunga 01	print name and title	بيهو	WU		
		 	<u> </u>			T.	PTIN
		1	reparer's name Preparer's signature Date	,	Check _	_} #	
Pai		W BARC		16	self-employe	ed	P01205538
	parer	Firm's name					
Use Only Firm's address 4132 INNSLAKE DRIVE Firm's EIN							
		1	GLEN ALLEN, VA 23060		Phone no	(80	4) 346-2626
May	the IRS	discuss th	is return with the preparer shown above? (see instructions)				X Yes No
				A0113L 10/	12/15		Form 990 (2015)

Form	990 (2015) J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN	54-1130296	Page 2
Par	till Statement of Program Service Accomplishments		
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		·
	PROVIDE FINANCIAL SUPPORT TO J. SARGEANT REYNOLDS COMMUNITY COLL	EGE.	
2	Did the organization undertake any significant program services during the year which were not listed on the price	 or	
_	Form 990 or 990-EZ?	☐ Yes	X No
	If 'Yes,' describe these new services on Schedule O	<u> </u>	<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program set	vices? Yes	X No
,	If 'Yes,' describe these changes on Schedule O	103	<u>N</u>
4		ione on managinad by	ovnoncos
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	s to others, the total e	expenses.
	and revenue, if any, for each program service reported.	,	,
4 a	(Code:) (Expenses \$ 571,096. including grants of \$ 571,096.) (R	evenue \$)
	GRANTS AND ALLOCATIONS - MATERIALS AND EXPENSES IN SUPPORT OF PRO		 *
		=======================================	
		~	
		~-~-~	
		~	
4 b	(Code:) (Expenses \$ 446,998. including grants of \$ 446,998.) (R	evenue \$)
	GRANTS AND ALLOCATIONS - SCHOLARSHIPS FOR STUDENTS TUITION AND FI		
		·	
			
4 c	(Code) (Expenses \$including grants of \$) (F	evenue \$)
			
		·	
		·	
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	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		·	
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	1011-1-1-1		
4 c	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,018,094.)

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
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	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	150		
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	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	11 b		Х
(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	11 c		Х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	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	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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	12 b		Х
	Is the organization a school described in section $170(b)(1)(A)(ii)$? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
١	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X

			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
ŀ	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		Х
ı	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		
25	a 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		Х
1	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		Х
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? If 'Yes', complete Schedule L, Part II	26		Х
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? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
;	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X	_
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	olf '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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 ((2015)

Form 990 (2015) J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN

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

_x a	Check if Schedule O contains a response or note to any line in this Part V				\Box
-	Check in California a cooperate of the Cary into the Cary			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7 & 🕸	15,38,	18- W
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	0	oniai .	~
	c Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming		7° 1°5 71	
	(gambling) winnings to prize winners?	1 1	1 c	X	98
	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	18		
	b If at least one is reported on line 2a, did the organization file all required federal employme		2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in		322.0		لنينه
	a Did the organization have unrelated business gross income of \$1,000 or more during the ye	ar ⁹	3a		<u>X</u>
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q		3 b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other	er authority over, a financial account)?	4 a		X
	b If 'Yes,' enter the name of the foreign country	1.A (EDAD)	};	, %	?::
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia		Žiž s.	ك. ـــ	
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5 a		$\frac{X}{X}$
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax she	iter transaction?	5 b		
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	itions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			21	
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and services provided to the payor?	partly for goods and	7 a	;_	X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided	?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was required to file	7.		Х
	Form 8282?		7 c	1 2 2	
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			X
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal be		/		
	g If the organization received a contribution of qualified intellectual property, did the organization file as required?		7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did th Form 1098-C?	e organization file a	. 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the sponsoring	196	أختشأ	1200
	organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
	a Did the sponsoring organization make any taxable distributions under section 4966? .		9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related pe	erson?	9 b		
10	Section 501(c)(7) organizations. Enter				
	a Initiation fees and capital contributions included on Part VIII, line 12	10 a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter	1 1	14	Viji.	
	a Gross income from members or shareholders	11 a	- 8 ⁻³		* *
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b	0.33		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	a is the organization licensed to issue qualified health plans in more than one state?		13a		ļ
	Note. See the instructions for additional information the organization must report on Sched	ule O			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
	c Enter the amount of reserves on hand .	13 c			_ ,.
	a Did the organization receive any payments for indoor tanning services during the tax year?		14 a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b	990	(2015)

Form 990 (2015) J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN 54-1130296 Page 6 Rart VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 22 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 18 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7 a 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? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a 8ь X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?. . 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in SEE SCHEDULE O X Schedule O how this was done 12 c 13 X 13 Did the organization have a written whistleblower policy?. X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х **b** Other officers or key employees of the organization SEE SCHEDULE O 15 h Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a taxable entity during the year? b if 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website Upon request 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. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

RICHMOND VA 23228 804-523-5181

ROSE BURROWS 1651 E. PARHAM ROAD, SUITE 200

form 990 (2015)	.Τ	ς	REYNOLDS	COMMINTTY	COLLEGE	ED	FNDTN

54-1130296

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

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

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

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

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 (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Reportable compensation from Reportable compensation from Estimated amount of other compensation Name and Title Average hours director/trustee) per the organization (W-2/1099-MISC) related organizations (W-2/1099 MISC) Officer Individual to from the organization rormer lighest compensated nstitutional é (list any employee and related hours for related organizations rganıza tions l trustee below dotted (1) BENJAMIN J. WARNER 5 DIRECTOR ō 0. 0. Х 0. 5 (2) PATRICK W. FARRELL TREASURER X Х 0. 0. 1 0. 5 (3) GIANNA C. CLARK VICE PRESIDENT Х X 1 0. 0. 0. (4) NEIL S. KESSLER 5 0. DIRECTOR 0 Х 0. 0. 5 (5) AMELIA M. BRADSHAW ASSISTANT TREAS 1 Х Х 15,000 0. 0. (6) KATHERINE E. BUSSER 5 0 DIRECTOR X 0. 0. 0. 5 (7) DOROTHY REYNOLDS BROTHERTON **SECRETARY** 1 X X 0. 0. 0. 5 (8) STEPHEN E. BARIL 0. 0 Х 0. DIRECTOR 0. 5 (9) J. DOUGLAS FREEMAN, SR 0 DIRECTOR Х 0. 0. 0. (10) MITCHELL F. HADDON 5 DIRECTOR 0 Х 0. 0. 0. 5 (11) THERESA K. NOE 0 DIRECTOR Х 0. 0 0. 5 JULIE H. GUSTAVSSON DIRECTOR 0 Х 0. 0. 0. (13) LAWRENCE DOYLE 5 ō DIRECTOR Х 0. 0 0. (14) WILLIAM E. HARDY 5 DIRECTOR 0. 0. 0 0.

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Rart VII Section A. Officers, Directors, Tru	ustees, l	Key	En	nplo	oye	es,	and	d Highest Com	pensated Emp	oloyees (continued)
	(B)			((C)					
(A) Name and title	Average hours per week	box	, unle	check ess pe nd a	erson direct	than is bot or/trus	h an stee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
						ĕ	<u> </u>			
(15) MARGARET E. 'LYN' MCDERMID DIRECTOR	<u>5</u> 0	Х						0.	0	0.
(16) THOMAS N. HOLLINS, JR.	5	v							0	. 0.
DIRECTOR (17) J. SARGEANT REYNOLDS, JR.	5	X			╁	 	 	0.	U	. 0.
DIRECTOR	1	Х						0.	0	. 0.
(18) ANNE J. G. RHODES DIRECTOR	5	X						0.	0	0.
(19) GARY L. RHODES	5					 		,		·
DIRECTOR	1	X						25,000.	0	. 0.
(20) JEAN P. HOLMAN	5									
DIRECTOR (21) DAVID R. LOOPE	5	Х		 	-	-		0.	0	0.
DIRECTOR	15	X						0.	0	. 0.
(22) E. MASSIE VALENTINE, JR.	5									
PRESIDENT	1	X	_	X		ļ	<u> </u>	0.	0	. 0.
(23) ELIZABETH S. LITTLEFIELD EXECUTIVE DIR.	$-\frac{40}{0}$			X				15,000.	0	. 0.
(24)										
(25)							-			-
1 b Sub-total	٠.	ļ. <u> </u>	J	!	<u> </u>		<u> </u>	55,000.	0	. 0.
c Total from continuation sheets to Part VII, Secti	on A						>	0.	0	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited				· ·			od	55,000.	0	
from the organization • 0	i to those i	istea	abo	ve)	WIIO	rece	iveu	more than \$100,00	o or reportable con	ipensation
										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	ctor, or tru ch individu	ıstee <i>ıal</i> .	, ke	y en	nplo	yee,	or h	nighest compensa	ted employee	3 X
4 For any individual listed on line 1a, is the sum o the organization and related organizations great such individual	f reportab er than \$1	le co 150,0	mp:	ensa ' If '	atıor Yes'	anc com	l oth plet	ner compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye.	ie comper s.' comple	nsatio	on fi che	rom dule	any J fo	unre or su	elate ch p	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors										
Complete this table for your five highest comper compensation from the organization. Report comper	nsated ind nsation for	the c	iden aler	nt co ndar	ntra yeai	ctors end	ing v	at received more to with or within the or	nan \$100,000 of rganization's tax ye	ar
(A) Name and business add	iress							(B Description) of services	(C) Compensation
										<u> </u>
2 Total number of independent contractors (including		ited t	o th	ose	liste	d abo	ove)	who received more	e than	
\$100,000 of compensation from the organization	' ' 0						_			F 000 (2015

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		Check if Schedule O	contains	a respo	nse or note to an	y line in this Part V	'III		
A A A A A A A A A A A A A A A A A A A						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	ti c c e	A Federated campaigns Membership dues Fundraising events Related organizations. Government grants (contributions, gifts, gimilar amounts not included Noncash contributions included	grants, and above	1 a l b l c l d l e l l f l \$	1,141,979. 115,797.				
	ł	Total. Add lines 1a-1f			>	1,141,979.			
Program Service Revenue	2 a	SPECIAL PROGRA	MS		Business Code	47,813.	47,813.		
vice	(:							
Ser	(i							
ram	9								
rog	[All other program servi Total. Add lines 2a-2f	ce revent	ie [47,813.			
	3	Investment income (incother similar amounts)				138,296.		. SCOOL - 1865 - 1865 - 1865 - 1855 -	138,296.
	4	Income from investmen	it of tax-e	exempt	bond proceeds.				
	5	Royalties .	(i) R	eal ·	(ii) Personal		AN AND A		 Tell
	62	Gross rents			(ii) r Greener				
		Less: rental expenses							
		Rental income or (loss) .							
		d Net rental income or (lo	oss) .		. •				
	7 8	a Gross amount from sales of	(i) Sec		(II) Other				
		assets other than inventory	2,667	<u>,077.</u>					1. Sec. 19.
	ı	Less: cost or other basis	2 625	454					
	١,	and sales expenses Gain or (loss)	2,635	, 454. , 623.					100
		d Net gain or (loss)		, 023.	<u> </u>	31,623.	7.4		31,623.
Other Revenue		a Gross income from fun- (not including . \$ of contributions reporte							
æ Š		See Part IV, line 18	u on me	10)					
er		b Less direct expenses		b b	;				
돭		c Net income or (loss) from	om fundra	aising e	vents •	·	- ix,		
		a Gross income from gar See Part IV, line 19	ning activ	rities a	1	- 7			
	ı	b Less direct expenses			P			<u> </u>	
	1	 Net income or (loss) from the common of the c	-		ities	,			
	ı			a	·	4			
		b Less cost of goods sol		. t	plan.				-
	 	c Net income or (loss) from Miscellaneous Reven		or inve	Business Code			 	
	11:								
		b							
	،	c		[
	1	d All other revenue	- -			<u> </u>	1	ļ	<u> </u>
	l .	e Total. Add lines 11a-11					47.57		160 010
BAA	12	Total revenue. See ins	tructions		TEE	1,359,711. A0109L 10/12/15	47,813.	0.	169, 919 Form 990 (2015
					•				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 546,640 546,640 Grants and other assistance to domestic individuals See Part IV, line 22 446,998 446,998 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 55,000 55,000 0. 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 100,334 22,718 77,616 0. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes. 10 Fees for services (non-employees) a Management **b** Legal c Accounting 11,000 11,000 **d** Lobbying . .. e Professional fundraising services. See Part IV, line 17 f Investment management fees. . . g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) . Advertising and promotion Office expenses 4,313. 4,313 Information technology 14 10,752. 10,752. Royalties 15 16 Occupancy Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Payments to affiliates Depreciation, depletion, and amortization 9,625 9,625 23 555 5,555 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses Ť in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a FUNDRAISING ____ 82,860 82,860 b OTHER_ 28,010 1,738 26,272 c MEETINGS 19,567 19,567 d BAD DEBTS 1,040 1,040 e All other expenses 25 Total functional expenses Add lines 1 through 24e 1,321,694 1,018,094 220,740 82,860. 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 Part X. (B) End of year Beginning of year 1 200. Cash - non-interest-bearing 200 2 Savings and temporary cash investments 673,819 476,455. 3 Pledges and grants receivable, net 309,476 246,508 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 16,089 9 14,542 10 a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a 48,123 10 b 10,427 10 c **b** Less: accumulated depreciation 47,321 37,696. Investments - publicly traded securities 11 9,721,167 11 9,796,835. 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets... 14 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 11,768,072 572,236 16 17 Accounts payable and accrued expenses 43,672 17 56,846 Grants payable 18 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 26 Total liabilities. Add lines 17 through 25 43,672 56,846 X and complete Organizations that follow SFAS 117 (ASC 958), check here > Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 982,905 27 896,598 757,991 Temporarily restricted net assets 3,006,384 28 29 7,860,801 Permanently restricted net assets 735,111 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances. 11,724,400 33 11,515,390. 34 Total liabilities and net assets/fund balances 34 11,572,236. 11,768,072 BAA Form 990 (2015)

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Fori	m 990 (2015) J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN	54-113029	96	Pa	ge 12		
Pa	rt XI a Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI .						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3	59,7	11.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3	21,6	94.		
3	Revenue less expenses Subtract line 2 from line 1	3		38,0			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,7				
5	Net unrealized gains (losses) on investments .	5		47,0			
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	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))						
Pä	rt XII Financial Statements and Reporting		11,5	10,0	 .		
	Check if Schedule O contains a response or note to any line in this Part XII				(]		
	Check it Schedule O contains a response of note to any line in this Part Ait			V			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		-	Yes	No		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both Separate basis Both consolidated and separate basis	eviewed on a					
	b Were the organization's financial statements audited by an independent accountant?		2 р	x			
	· · · · · · · · · · · · · · · · · · ·	···	38.38		Sec. 35		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sbasis, consolidated basis, or both:	eparate					
	X Separate basis Consolidated basis Both consolidated and separate basis						
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2 c	х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				01/11		
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle 	3 a		Х		

3 b

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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

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TEEA0112L 10/20/15

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(E)

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.

OMB No 1545-0047

Open to Publica

Name of the organization Employer identification number J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN 54-1130296 Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations q Provide the following information about the supported organization(s) (i) Name of supported organization (ii) FIN (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (described on lines 1-9 support (see instructions) support (see instructions) in your governing document? above (see instructions)) Yes No (A) (B) (C) (D)

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

Schedule A (Form 990 or 990-EZ) 2015

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	754,725.	951,429.	996,176.	2,185,937.	1,141,979.	6,030,246.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	754,725.	951,429.	996,176.	2,185,937.	1,141,979.	6,030,246.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,402,406.
6	Public support. Subtract line 5 from line 4.						4,627,840.
Sec	tion B. Total Support	r					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	754,725.	951,429.	996,176.	2,185,937.	1,141,979.	6,030,246.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	116,973.	106,085.	145,456.	121,781.	138,296.	628,591.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,	·			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						6,658,837.
12	Gross receipts from related activ	vities, etc (see in:	structions)			12	167,535.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14		•	• •	ne 11, column (f)))	14	69.50%
	Public support percentage from	·	·				73.72%
16 a	33-1/3% support test — 2015. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported o	box on line 13, a rganization	nd line 14 is 33-1	/3% or more, che	ck this box
t	33-1/3% support test – 2014. If and stop here. The organization	the organization of qualifies as a pu	lid not check a boblicly supported o	ox on line 13 or 16 organization	Sa, and line 15 is	33-1/3% or more,	check this box
17 a	n 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Pari	t VI how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ted organization	t VI how the ▶
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			
DAA					C -		20 or 990 E71 2015

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)

	to quality drider the tests i	isted below, pieds	se complete rait	''' /			
	tion A. Public Support	T		1 (1001			
	dar year (or fiscal year beginning in) Solfts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		## ## T				
	tion B. Total Support			T			
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
10 a	Amounts from line 6 a Gross income from interest, 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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r lifth tax year as	a section 501(c)(3) ► □
	tion C. Computation of Pu			12! (2)			- 0.
	Public support percentage for 20	•	``	ne 13, column (f))		15	
	Public support percentage from				 -	16	2
	tion D. Computation of Inv Investment income percentage f				mn (fl)		7 %
	Investment income percentage f				11111 (17)	18	
	33-1/3% support tests – 2015.				and line 15 is mor	<u> </u>	<u></u>
	is not more than 33-1/3%, check 33-1/3% support tests – 2014. If	this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organizat	ion 🏲 📋
	line 18 is not more than 33-1/3% Private foundation. If the organi	6, check this box a	and stop here. Th	ne organization qu	alifies as a public	ly supported or	ganization 🟲 📙
BAA			TEEA0403L				990 or 990-EZ) 2015

Partily Supporting Organizations

(Complete only if you checked a box in line 11 on 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

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

		Yes	No
	; ³ 3;	Yes	Y (T)
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Pa	বিখি Supporting Organizations (continued)		·	
	- 11 - 11 - 12 - 13 - 14 - 14 - 14 - 15 - 15 - 15 - 15 - 15	1985	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		386 91 738	لخئيم
	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		L
Sec	tion B. Type I Supporting Organizations		T.,	Г
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	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		
Sec	ction 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	**	<u> </u>
Sec	ction D. All Type III Supporting Organizations			
		1 a830	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	The organization satisfied the Activities Test. Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🔲 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction	ns)		
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	**************************************	7 8	33.
	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	3		2,00
	substantially all of its activities	2a	 	1, .
	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	26		
3	Parent of Supported Organizations Answer (a) and (b) below.			
_	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			
			+	
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	31		-

	•		•	
Sche	edule A (Form 990 or 990-EZ) 2015 J.S. REYNOLDS COMMUNITY COLLEGE	E ED	FNDTN 54-113	0296 Page 6
	rt V. Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovemb e Sect	er 20, 1970 See instructio clons A through E	ns. All
Sec	tion 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		
Sec	tion 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).			
- 7	Average monthly value of securities .	1a		
I	Average monthly cash balances	1b		
(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		
Sec	ction C — Distributable Amount	<u> </u>		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A) .	1		
2	Enter 85% of line 1	2		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Income tax imposed in prior year . . .

4 Enter greater of line 2 or line 3

7

temporary reduction (see instructions)

BAA Schedule A (Form 990 or 990-EZ) 2015

from line 1 (if amount greater than zero, see instructions).

7 Excess distributions carryover to 2016. Add lines 3j and 4c

8 Breakdown of line 7.

Remaining underdistributions for 2015 Subtract lines 3h and 4b

Breakdown of line 7

a

b

c Excess from 2013
d Excess from 2014

e Excess from 2015

BAA

Schedule A (Form 990 or 990-EZ) 2015

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.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public 3 Employer identification number

	J.S. REYNOLDS COMMUNITY CO	LLEGE ED FNDTN		 54-1130296
Pai	Complete if the organization ans	or Advised Funds or Other Si	milar Funds or Acc	
		(a) Donor advised funds		unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do are the organization's property, subject to the			funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that of the donor or donor advisor, or fo	at grant funds can be use or any other purpose cor	ed only iferring Yes No
Pai	t II Conservation Easements.			
	Complete if the organization ans	wered 'Yes' on Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by	y the organization (check all that ap	ply)	
	Preservation of land for public use (e.g., r	· L_	eservation of a historical	• •
	Protection of natural habitat	∐ Pro	eservation of a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization I last day of the tax year.	neld a qualified conservation contribution	on in the form of a conserv	vation easement on the
	ast day of the tax year.		∑ ® ⊢	leld at the End of the Tax Year
i	a Total number of conservation easements .		2a	
Į	Total acreage restricted by conservation ease	ments	2b	
(Number of conservation easements on a certi	fied historic structure included in (a)) 2c	
•	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and no	t on a historic	
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, or teri	minated by the organization	n during the
4	Number of states where property subject to conse	rvation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easement		pection, handling of viola	ations, Yes No
6	Staff and volunteer hours devoted to monitoring,	nspecting, handling of violations, and	enforcing conservation eas	sements during the year
7	Amount of expenses incurred in monitoring, insper ►\$	ecting, handling of violations, and enfo	cing conservation easeme	ents during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the require	ments of section 170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote			
Par	conservation easements Companizations Maintaining Colle	ctions of Art. Historical Trea	sures, or Other Sin	nilar Assets.
	Complete if the organization ans	wered 'Yes' on Form 990, Pa	rt IV, line 8.	
1 a	a If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or r	esearch in furtherance of i	public service, provide.
i	If the organization elected, as permitted unde historical treasures, or other similar assets held for following amounts relating to these items	or public exhibition, education, or resea	its revenue statement ar arch in furtherance of publ	nd balance sheet works of art, ic service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1		►\$
	(ii) Assets included in Form 990, Part X			►\$
	If the organization received or held works of art, it amounts required to be reported under SFAS	116 (ASC 958) relating to these iter		
	Revenue included on Form 990, Part VIII, line	1		* \$
ŀ	Assets included in Form 990, Part X			► \$

Schedule D (Form 990) 2015 J.S.					54-113		Page 2
Part III Organizations Mainta	ining Collection	s of Art, Histo	orical T	reasures, o	Other Similar Ass	ets (contii	nued)
3 Using the organization's acquisition items (check all that apply) a X Public exhibition	i, accession, and othe		•	following that a	re a significant use of its	collection	
b Scholarly research		e Other	OI CACIIC	inge programs			
H., 1.	rations	e Other					
4 Provide a description of the organiz		d explain how they	/ further t	the organization'	s exempt purpose in		
Part XIIIDuring the year, did the organiza to be sold to raise funds rather the	ition solicit or receiv	e donations of ar	t, histori	ical treasures, o	or other similar assets	Yes	XNo
Rart IV Escrow and Custodia line 9, or reported an	I Arrangements	. Complete if	he org	anization an			
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or of	her intermediary	for cont	ributions or oth	er assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and cor	nplete the follow	ng table			<u> </u>	
						Amount	
c Beginning balance					1 c		
d Additions during the year .	•				1 d		
e Distributions during the year					1 e		
f Ending balance							
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No							
b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .							
Part V. Endowment Funds. C	omplete if the o	rganization ar	SWAL	d 'Yes' on Fo	orm 990 Part IV Jir	ne 10	
Endowment i dids.	(a) Current year	(b) Prior yea		(c) Two years back		(e) Four ye	ears hack
1 a Beginning of year balance	9,586,660			6,958,40			7,241.
b Contributions .	125,690			323,46			7,639.
C Not investment cornings, goins		-//-		020,10	350,500.	† <u></u>	.,
c Net investment earnings, gains, and losses	-56,465	. 455,2	20.	1,058,90	6. 804,325.	15	6,261.
d Grants or scholarships	219,591	. 190,8	82.	187,37	0. 141,790.	12	9,898.
e Other expenditures for facilities and programs					0.		
f Administrative expenses	82,752	. 78,6	02.	67,03	1. 58,436.	5	0,263.
g End of year balance	9,353,542	9,586,6	60.	8,086,37	6. 6,958,409.	6,00	0,980.
2 Provide the estimated percentage	e of the current year	r end balance (lır	ne 1g, co	olumn (a)) held			
a Board designated or quasi-endowm		3.28 %					
b Permanent endowment ►	84.04 %						
c Temporarily restricted endowmer	nt - 12.0	<u>68</u> %					
The percentages on lines 2a, 2b, a	nd 2c should equal 10	00%					
3a Are there endowment funds not in to organization by:	he possession of the	organization that a	are held a	and administered	for the	Yes	s No
(i) unrelated organizations						3a(i)	X
(ii) related organizations						3a(ii)	X
b If 'Yes' on line 3a(ii), are the rela	ited organizations li	sted as required	on Sche	dule R?		3b	
4 Describe in Part XIII the intended	duses of the organization	zation's endowm	ent fund:	SEE PAR	T XIII		
Rant VII Land, Buildings, and	Equipment.						
Complete if the organi	izatıon answered	d 'Yes' on For	m 990,	Part IV, line	: 11a. See Form 99	0, Part X,	line 10
Description of property		st or other basis nvestment)		cost or other sis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land					VOLUME VIEWS		
b Buildings	\						
c Leasehold improvements							
d Faulament				40 122	10 427	2	7 606

37,696. Schedule **D** (Form 990) 2015

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

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Part*	Vitner Assets.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, II	ne 11d. See Form 990, Part X, line 15
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total.	(Column (b) must equal Form 990, Part X, column (B) line 15)	>

Part'X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value	×*
(1) Federal income taxes		
(2)		
(3)		
(4)		·
(5)		
(6)		·
(7)		
_(8)		
(9)		
(10)		
(11)		
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	-	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015	2 T.	REYNOLDS	COMMINTTY	COLLEGE	FD	FNDTN

54-1130296

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Part XI Reconciliation of Revenue per Audited Financial Statements With	n Revenue per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV	, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1	1,112,684.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	,3,, a	
a Net unrealized gains (losses) on investments	-247,027.	
b Donated services and use of facilities. 2 b	****	
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	-247,027.
3 Subtract line 2e from line 1	3	1,359,711.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)	, ° , ° , ° , ° , ° , ° , ° , ° , ° , °	
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,359,711.
Part XII Reconciliation of Expenses per Audited Financial Statements Wi		n.
Complete if the organization answered 'Yes' on Form 990, Part IV	, line 12a.	
1 Total expenses and losses per audited financial statements	1	1,321,694.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1-35.28	
a Donated services and use of facilities . 2a		
b Prior year adjustments 2 b		
c Other losses 2 c		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1	. 3	1,321,694.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII) 4b		
c Add lines 4a and 4b		1 221 604
Part XIII. Supplemental Information		1,321,694.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC.

THE FOUNDATION HAS ENTERED INTO A MEMORANDUM OF UNDERSTANDING WITH THE COLLEGE EFFECTIVE JULY 1, 2015 IN CONNECTION WITH THE REYNOLDS ART COLLECTION. THE STEWARDSHIP RESPONSIBILITIES AGREED TO BY THE FOUNDATION IN CONNECTION WITH THE COLLECTION ARE AS FOLLOWS:

1.ALL GIFTS OF ART WILL BE ACCEPTED BY THE FOUNDATION AS GIFTS OF TANGIBLE

PROPERTY. THE FOUNDATION'S GIFT ACCEPTANCE POLICY WILL APPLY TO ALL GIFTS OF

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Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC. (CONTINUED)

ARTWORKS, INCLUDING BUT NOT LIMITED TO THE REQUIREMENT THAT THE DONOR OBTAIN AN APPRAISAL OF A QUALIFIED APPRAISER FOR ARTWORKS VALUED AT \$5,000 AND OVER.

- 2. THE FOUNDATION WILL PROVIDE THE APPROPRIATE GIFT ACKNOWLEDGEMENT AND IF APPLICABLE, COMPLETE THE APPROPRIATE TAX FORMS FOR DONOR'S RECORDS.
- 3. THE FOUNDATION WILL INCLUDE THE REYNOLDS FOUNDATION ART COLLECTION IN ITS ANNUAL AUDIT REVIEW PROCESS.
- 4. THE FOUNDATION SHALL HONOR ALL LEGAL RESTRICTIONS ATTACHING TO THE GIFT OR
 BEQUEST OF ANY WORK OF ART. IN ADDITION, DONOR REQUESTS WHICH DO NOT IMPOSE ANY
 LEGAL OBLIGATION ACCOMPANYING THE BEQUEST OR GIFT OF ANY WORK OF ART WILL BE
 RESPECTED TO THE EXTENT FEASIBLE, UNLESS MODIFIED BY THE DONOR, OR IF THE DONOR IS
 NOT LIVING, THE DONOR'S HEIRS OR LEGAL REPRESENTATIVES.

AT JUNE 30, 2016, THE NUMBER OF ITEMS IN THE ART COLLECTION APPROXIMATES 400. MOST OF THE ITEMS IN THE COLLECTION ARE SELF PRODUCED PAINTINGS WITH MODERATE MONETARY VALUE. THE FOUNDATION DOES NOT CAPITALIZE THE ART COLLECTION IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE MAIN PURPOSE OF THE FOUNDATION IS TO SUPPORT J. SARGEANT REYNOLDS COMMUNITY

COLLEGE, AN EDUCATIONAL INSTITUTION. SCHOLARSHIPS ARE AWARDED TO INDIVIDUALS BASED ON

ACADEMIC EXCELLENCE AND NEED IN ORDER FOR THEM TO ATTEND THE COLLEGE. OTHER ACADEMIC

NEEDS OF THE COLLEGE ARE IDENTIFIED AND FUNDS ARE PROVIDED TO COVER THESE NEEDS. ALL

DISBURSEMENTS ARE MADE ON THE BASIS THAT THEY SUPPORT AND BENEFIT THE COLLEGE AND

THAT THEY ENCOURAGE AND ENABLE INDIVIDUALS TO ATTEND THE COLLEGE.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

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X Yes

SEE PART IV

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Rart । General Information on Grants and Assistance

REYNOLDS COMMUNITY COLLEGE ED FNDIN

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Patill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be dublicated if additional space is needed

1 (a) Name and address of organization (b) EIN (c) IRC
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
Enter total number of other organizations listed in the line 1 table
BAA For Paperwork Reduction Act Notice, see the Instructions for Form

Schedule I (Form 990) (2015) J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on 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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 COLLEGE SCHOLARSHIPS	265	446,998.			
2					
3					
4					
Ľ					
9					
7					
Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information	required in Part I,	line 2, Part III, col	umn (b), and any other	additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

ALL GRANT FUNDS ARE TO BE USED FOR SCHOLARSHIPS AND PROGRAMS FOR J. SARGEANT REYNOLDS COMMUNITY COLLEGE. ONLY ENROLLED STUDENTS RECEIVE SCHOLARSHIPS. PROGRAM EXPENDITURES ARE MADE DIRECTLY TO THE COLLEGE OR VENDORS.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545 0047

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Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

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	S. REYNOLDS COMMUNITY COLLEGE ED	FNDTN		54-	1130296
Pa	rt I Types of Property			·	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art	X	2	5,800.	FMV
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles.	X	1	1,250.	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	9	95,985.	NYSE
10	Securities – Closely held stock .				
11	Securities - Partnership, LLC, or trust interests				
12	Securities – Miscellaneous .				
13	Qualified conservation contribution — Historic structures .				
14	Qualified conservation contribution — Other .				
15	Real estate – Residential				
16	Real estate — Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	Х	4	12,762.	FMV
21	Taxidermy				
22	Historical artifacts .				
23	Scientific specimens .				
24	Archeological artifacts.				
25	Other • ()				
26	Other ► ()				
27	Other (
28	Other • ()				
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done			r which the	29
					Yes No
30a	During the year, did the organization receive by contri it must hold for at least three years from the date	of the initia			used
	for exempt purposes for the entire holding period				30 a X
	of Yes,' describe the arrangement in Part II	ou that ra-	urae the review of acres	on standard contribute	21 V
	Does the organization have a gift acceptance poli		•		ons? 31 X
	Does the organization hire or use third parties or noncash contributions?	related orga	anizations to solicit, prod	cess, or sell	32 a X
	off 'Yes,' describe in Part II				
33	If the organization did not report an amount in column	n (c) for a lyp	pe of property for which co	olumn (a) is checked,	

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Rart II. Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

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 www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN

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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED BY THE FULL BOARD OF DIRECTORS AND THE SIGNATORY OFFICER PRIOR TO SIGNING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS WHENEVER A MATTER ARISES FOR ACTION BY THE BOARD, OR THE JSRCC EDUC. FDN. ENGAGES IN AN ACTIVITY WHERE THERE IS A POSSIBLE CONFLICT OR THE APPEARANCE OF CONFLICT BETWEEN THE INTERESTS OF THE JSRCC EDUC. FDN. AND AN OUTSIDE OR PERSONAL INTEREST OF A DIRECTOR OR A FAMILY MEMBER. THE OUTSIDE INTEREST OF THE DIRECTOR SHOULD BE DISCLOSED TO THE JSRCC EDUC. FDN. BOARD. IN THOSE CASES WHERE THE DIRECTOR IS PRESENT WHEN A VOTE IS TAKEN IN CONNECTION WITH SUCH A QUESTION, THE DIRECTOR SHALL ABSTAIN. IN SOME CIRCUMSTANCES THE DIRECTOR SHOULD AVOID DISCUSSING ANY PLANNED ACTIONS, FORMALLY OR INFORMALLY, FROM WHICH THE DIRECTOR MIGHT APPEAR TO BENEFIT. SOMETIMES NEITHER DISCLOSURE NOR ABSTENTION IS SUFFICIENT, AND THE ONLY APPOPRIATE SOLUTION IS RESIGNATION. THE AUDIT COMMITTEE WILL CONDUCT A PERIODIC REVIEW OF THE DISCLOSURE STATEMENTS AND MAKE RECOMMENDATIONS TO BOARD AND COMMITTEES AS APPROPRIATE. A DISCLOSURE STATEMENT MUST BE UPDATED NO LESS THAN ANNUALLY, OR WHEREVER SIGNIFICANT CHANGES OCCUR. THE JSRCC EDUC. FDN. BOARD PRESIDENT AND CHAIR OF THE AUDIT COMMITTEE SHALL HAVE THE PRIMARY RESPONSIBLITY TO OVERSEE COMPLIANCE WITH THESE STANDARDS AND PROCEDURES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE ORGANIZATION DETERMINES COMPENSATION FOR ALL EMPLOYEES, INCLUDING THE EXECUTIVE

DIRECTOR, USING COMPARABILITY DATA. SUCH PROCESS IS CONTEMPORANEOUSLY DOCUMENTED AND

INCLUDES A REVIEW AND APPROVAL BY THE CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ➤ Attach to Form 990.

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

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REYNOLDS COMMUNITY COLLEGE ED FNDTN Department of the Treasury Internal Revenue Service Name of the organization

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Partieয় Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(g) Sec 512(b)(13) controlled entity? ž Schedule R (Form 990) 2015 (f) Direct controlling entity × Part is Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f) Direct controlling entity N/A (e) End-of-year assets (e)
Public charity status (if section 501(c)(3)) 11A (d) Total income (d) Exempt Code section TEEA5001L 06/01/15 501 (C) (3) (c)
Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) K (b)
Primary activity ASPECTS OF REAL TO DEAL WITH JSRCC EDU FD BENEFITING (b)
Primary activity ESTATE BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity TSRCC REAL ESTATE FOUNDATION, INC. 1651 E. PARHAM RD. SUITE 200 --- RICHMOND, VA 23228 (a)
Name, address, and EIN of related organization (2) 54-2030304 <u>ල</u> <u></u> Ξï 3 ල¦

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J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN Schedule R (Form 990) 2015

(k) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Rartili Identification of Related Organizations Taxable as a Partnership Complete If the organization answered 'Yes' on Form 990, Part IV, line 34 because It had one or more related organizations treated as a partnership during the tax year. General or managing partner? ž Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (h)
Disproportionate
allocations? ŝ Yes (g) Share of end-of-year assets (f) Share of total income (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (d)
Direct
controlling
entity (c)
Legal
domicile
(state or
foreign (b)
Primary activity (a)
Name, address, and EIN of
related organization Part IV数 Ξ¦ ତ୍ର | ල¦ |£¦

(4)	(4)		5 5 5 5		of various fill			
Name, address, and EIN of related organization Primary activity	(b) Primary activity	Legal domicile (state or foreign	Direct controlling	Type of entity (C corp, S corp,	(t) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?
		country)	פווווא	(isn ii)				Yes
								↓
1 1 1 1 1 1 1				-				
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Schedule R (Form 990) 2015 J.S. REYNOLDS COMMUNITY COLLEGE ED FNDTN

Part V

Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ted in Parts II-{V?			7
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-	-	1a	×
b Gift, grant, or capital contribution to related organization(s)			1 b	×
c Gift, grant, or capital contribution from related organization(s)		-	1c	×
d Loans or loan quarantees to or for related organization(s)			19	×
e Loans or loan guarantees by related organization(s)			10	: ×
				4
f Dividends from related organization(s)				\(\frac{1}{2}\)
	-	-	. [5	< >
		-	 L	(:
n Purchase of assets from related organization(s)			c .	×
i Exchange of assets with related organization(s)			=	×
j Lease of facilities, equipment, or other assets to related organization(s).		-	1]	×
				¥4 <u>.</u>
k Lease of facilities, equipment, or other assets from related organization(s)			٦ .	×
1 Performance of services or membership or fundraising solicitations for related organization(s)			11	×
m Performance of services or membership or fundraising solicitations by related organization(s)			E	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				×
o Sharing of paid employees with related organization(s)		-	10	×
				1
p Reimbursement paid to related organization(s) for expenses	-		ì	-
			19	×
				12.3
r Other transfer of cash or property to related organization(s)			11	×
s Other transfer of cash or property from related organization(s)	:		18	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	d relationships and tra	nsaction thresholds		
(a)	(q)		Э	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	mining /ed
(1) JSRCC REAL ESTATE FOUNDATION, INC.	Ъ	525.F	FMV	
(2)				
(3)				
(4)				
(5)				
(9)				
BAA TEEA5003L 10/12/15		Schedule	Schedule R (Form 990) 2015) 2015

Schedule R (Form 990) 2015

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

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

	4		4	The particular	, diabo.					
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unre-lated, excluded	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(n) Disproportionate allocations?	, o C1	(I) General or managing partner?	(K) Percentage ownership
			sections 512-514)	Yes No			Yes No	(rorm 1065)	Yes No	
(1)				↓			<u> </u>		├	
(2)										
(3)									-	
(4)										
	-									
(5)										
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Provide additional information for responses to questions on Schedule R (see instructions).