

Department of the Treasury  
Internal Revenue Service

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2021**  
**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning , and ending**

<p><b>B</b> Check if applicable:</p> <p>Address change</p> <p>Name change</p> <p>Initial return</p> <p>terminated</p> <p>Amended return</p> <p>Application pending</p>	<p><b>C</b> Name of organization</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p>	<p><b>D</b> Employer identification number</p> <p><b>E</b> Telephone number</p> <p>b Gross receipts</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

Briefly describe the organization's mission or most significant activities: .....

Check this box  **11**

	Prior Year	Current Year
Contributions and grants (Part VIII, line 1h) .....		
Program service revenue (Part VIII, line 2g) .....		
Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		
<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) .....		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) .....		
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> .....		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) .....		
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .....		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....		
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16) .....		
<b>21</b> Total liabilities (Part X, line 26) .....		
<b>22</b>		







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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

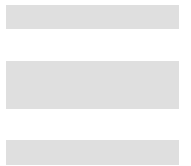
**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	<b>1a</b>		
b	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	
3			
4			
5			
6			
7a			
b			
8			
a			
b			
9			

10a			
11a			

**Section C. Disclosure**









**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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees				
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages				
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b>	Other employee benefits				
<b>10</b>	Payroll taxes				
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management				
<b>b</b>	Legal				
<b>c</b>	Accounting				
<b>d</b>	Lobbying				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>					
<b>g</b>					
<b>12</b>					
<b>13</b>					
<b>14</b>					
<b>15</b>					
<b>16</b>					
<b>17</b>					
<b>18</b>					
<b>19</b>					
<b>20</b>					
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<b>24</b>					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>25</b>					
<b>26</b>					

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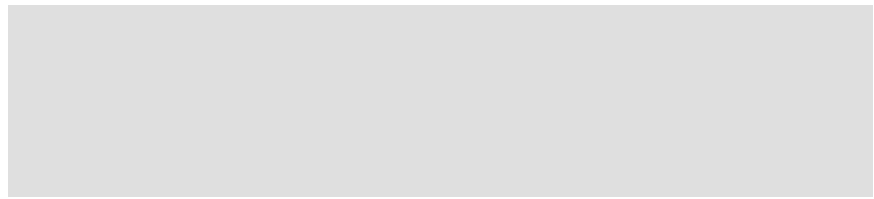
**Part XII Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990:    Cash        Accrual        Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....		
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....		
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ..... If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		



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Part IV Organizations

only if you checked a box in line 1... If you checked box 12a, Part I, Sections A... If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, complete Sections A, D, and E. If you checked box 12d, complete Sections A and D, and complete Part V.)

Section A Supporting Organizations

1 Are all of the organization's supported organizations listed in Part VI... organization's governing documents... IRS determination of

2 Did the organization... that does not... determination of status under section 509(a)... how the organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6)... satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when...

c

4a

b

c

5a

b

c

6

7

8

9a

b

c

10a

b

**Part IV Supporting Organizations** (continued)

11

b  
c

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	Yes	No

**Section B. Type I Supporting Organizations**

1

more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2

	Yes	No

	Yes	No

	Yes	No

	Yes	No

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A – Adjusted Net Income**

1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.		
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)		

**Section B – Minimum Asset Amount**

1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	<b>Total</b> (add lines 1a, 1b, and 1c)		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).		
5	Net value of 535 Tm -0.13156 Tc 1.0435 ddy 0.8386 Tw (Pf3ddy 0.838m..)Tj 1 0 -0 1 71.10.8f securitA0.13156 Tc 1.043im -0.1234965di5 0.83868ls441.3		
6			
7			
8			

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 <b>Line 8 amount</b> (Excess Distributions (carryover from 2020))	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
2			
3			
4			
5			
6			
7			
8			

**Part VI 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.)

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Area with horizontal dotted lines for supplemental information.

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literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions

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Four horizontal lines for text entry.

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**Part VII Investments – Other Securities.**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
Closely held equity interests .....		
Other .....		
<b>Total.</b>		

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**Part XIII Supplemental Information** *(continued)*

THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER

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**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**u** Attach to Form 990 or Form 990-EZ.

**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **GUILFORD TECHNICAL COMMUNITY  
COLLEGE FOUNDATION INC**

Employer identification number  
**56-6085391**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....  
.....  
.....  
.....  
.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more gross receipts greater than \$5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions ..				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> .....				
	<b>8</b> .....				
	<b>9</b> Other direct expenses				
Direct expense summary. Add lines 4 through 9 in column (d) .....					▶
Net income summary. Subtract line 10 from line 3, column (d) .....					▶

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	<b>1</b> .....				
	<b>2</b> .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses				
	<b>6</b> Volunteer labor .....				
7 Direct expense summary. Add lines 2 through 5 in column (d) .....					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....					





SCHEDULE I  
(Form 990)

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

OMB No. 1545-0047

2021

Open to Public  
Inspection

u Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Part I General Information on Grants and Assistance

- 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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC (if applicable)	(d) Amount of cash	(e) Amount of noncash assistance			

2 Enter totTj 1cab6 91.7.4.22493 Tm 0.481Tj 1 (3021dresment

3

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	237	264,717		ACTUAL	
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE GRANT MANAGER REVIEWS GRANT REQUIREMENTS AND APPROVES APPROPRIATE

EXPENSES BASED ON THIS REVIEW. FOR ANY REQUESTS FOR USE OF GRANT FUNDS, A

CHECK REQUEST IS PREPARED AND APPROVED BY AUTHORIZED SIGNERS. CHECK REQUEST

COPIES ARE RETAINED FOR RECORDKEEPING.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

**Compensated Employees**  
**u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**u Attach to Form 990.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                           |                                                   |
|-------------------------------------------|---------------------------------------------------|
| First-class or charter travel             | Housing allowance or residence for personal use   |
| Travel for companions                     | Payments for business use of personal residence   |
| Tax indemnification and gross-up payments | Health or social club dues or initiation fees     |
| Discretionary spending account            | Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all

1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a

- |                                     |                                                 |
|-------------------------------------|-------------------------------------------------|
| Compensation committee              | Written employment contract                     |
| Independent compensation consultant | Compensation survey or study                    |
| Form 990 of other organizations     | Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

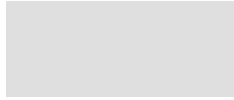
	Yes	No
1a		
1b		
2		
3		
4a		
4b		
4c		
5		
5a		
5b		



**Part III Supplemental Information**

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

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**Part 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.

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Area with horizontal dotted lines for supplemental information.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or Form 990-EZ.  
u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization	<b>GUILFORD TECHNICAL COMMUNITY COLLEGE FOUNDATION INC</b>	Employer identification number	<b>56-6085391</b>
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**FORM 990 - ORGANIZATION'S MISSION**

THE FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO WORTHY STUDENTS SEEKING THEIR EDUCATION, AND TO FACULTY AND STAFF IN AREAS NOT COVERED BY STATE FUNDS. THE FOUNDATION SOLICITS AND ADMINISTERS CHARITABLE GIFTS IN ACCORDANCE WITH THE COLLEGE'S MISSION AND GOALS.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER. ALL BOARD MEMBERS ARE ADVISED THAT THE FORM 990 IS AVAILABLE FOR THEIR REVIEW UPON REQUEST.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**  
OFFICERS, DIRECTORS, AND EMPLOYEES REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY. ALL RESPONSES ARE REVIEWED AND SIGNED BY THE CFO/TREASURER.

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**  
THE FOUNDATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

**FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES**

**DESCRIPTION**

TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
------------------	---------------	-------------

IDDINGS HOUSE RESTORATION

\$ 111,950	\$ 0	\$ 0
------------	------	------

CLINE OBSERVATORY EVENTS

Name of the organization

Employer identification number

**GUILFORD TECHNICAL COMMUNITY**

**56-6085391**

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\$ 1,250 \$ 0 \$ 0

**PHYSICAL SCIENCES EVENT**

\$ 900 \$ 0 \$ 0

**REAL ESTATE SERVICES**

\$ 1,650 \$ 0 \$ 0

**MARKETING SERVICE**

\$ 375 \$ 0 \$ 0

**TOTAL**

\$ 116,125 \$ 0 \$ 0

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

**EVENT EXPENSES ON STMT OF REV \$ 31,159A7.6y.**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GUILFORD TECHNICAL COMMUNITY  
COLLEGE FOUNDATION INC**

Employer identification number

**56-6085391**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

**Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>GUILFORD TECHNICAL COMMUNITY 601E MAIN STREET JAMESTOWN NC 27282 56-0792519</b>	<b>COLLEGE</b>	<b>NC</b>	<b>115</b>	<b>6</b>	<b>N/A</b>		<b>X</b>
(2)							
(3)							
(4)							
(5)							

**Part III 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.

(a) Name, address, and EIN of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
(4)											
(3)											
(4)											

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership

**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	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity		<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<b>X</b>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s)		<b>X</b>
<b>f</b> Dividends from related organization(s)		<b>X</b>
<b>g</b> Sale of assets to related organization(s)		<b>X</b>
<b>h</b> Purchase of assets from related organization(s)		<b>X</b>
<b>i</b> Exchange of assets with related organization(s)		<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>X</b>	
<b>o</b> Sharing of paid employees with related organization(s)	<b>X</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>X</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>X</b>	
<b>r</b> Other transfer of cash or property to related organization(s)		<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s)		<b>X</b>

**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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	<b>GUILFORD TECHNICAL COMMUNITY COLLEG</b>	<b>O</b>	<b>292,780</b>	<b>ACTUAL</b>
(2)	<b>GUILFORD TECHNICAL COMMUNITY COLLEG</b>	<b>B</b>	<b>191,044</b>	<b>COMPARATIVE SALES</b>
(3)				
(4)				
(5)				
(6)				

**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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
<b>(1)</b> .....													
<b>(2)</b> .....													
<b>(3)</b> .....													
<b>(4)</b> .....													
<b>(5)</b> .....													
<b>(6)</b> .....													
<b>(7)</b> .....													
<b>(8)</b> .....													
<b>(9)</b> .....													
<b>(10)</b> .....													
<b>(11)</b> .....													

**Part VII**

**Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

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**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b> .....			<b>u</b>	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b> .....		<b>u</b>		

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	
3		
4		
5		
6		
7		

**Part IX Advertising Income**

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
<b>2</b> Gross advertising income .....				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (A) .....	<b>u</b> _____			
<b>3</b> Direct advertising costs by periodical .....				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) .....	<b>u</b> _____			
<b>4</b> Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
<b>5</b> Readership costs .....				
<b>6</b> Circulation income .....				
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
<b>8</b> Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....	<b>u</b> _____			

**Part X Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 .....			<b>u</b> _____

**Part XI Supplemental Information (see instructions)**

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56-6085391

## Federal Statements

## Unrelated Business Activity

Statement 1 - Schedule A (990T), Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
GRUBB SE RESIDENTIAL INVESTME	\$ 615,572	\$ 968	\$ 614,604
TOTAL	\$ 615,572	\$ 968	\$ 614,604

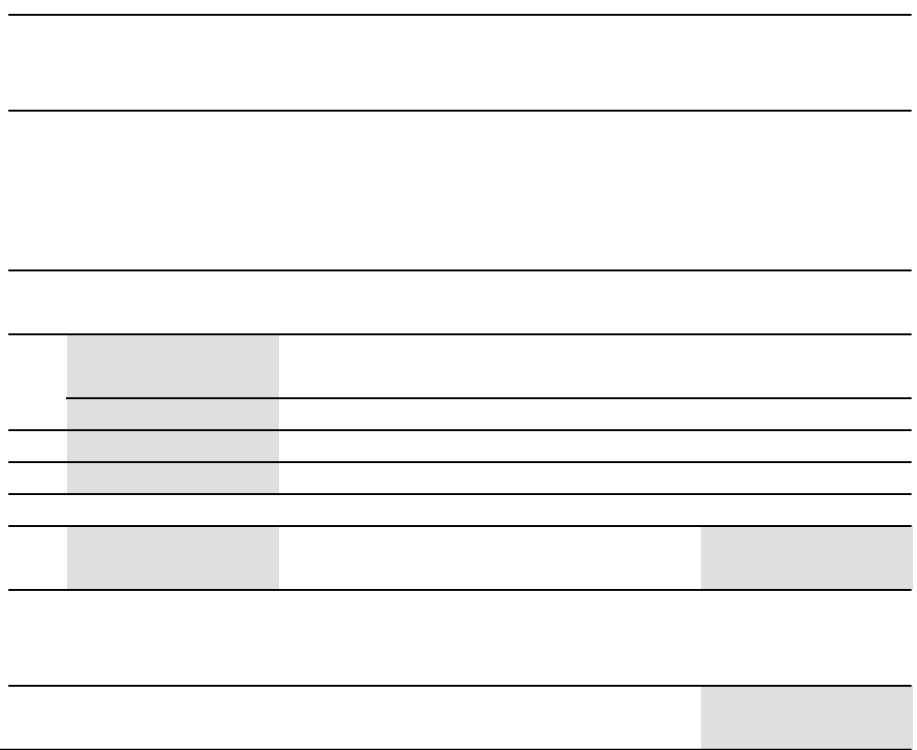
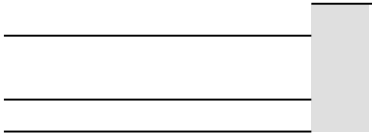
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**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	<b>19 SEE WORKSHEET</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19				
<b>21</b> Number of days on line 20 after 4/15/2021 and before 7/1/2021				
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 3% (0.03)				
<b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021				
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 3% (0.03)				
<b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022				
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 3% (0.03)				
<b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022				
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 3% (0.03)				
<b>29</b> Number of days on line 20 after 3/31/2022 and before 7/1/2022				
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x **%				
<b>31</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022				
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x **%				
<b>33</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023				
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x **%				
<b>35</b> Number of days on line 20 after 12/31/2022 and before 3/16/2023				
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365}$ x **%				
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36				
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns				<b>38 \$ 1,781</b>

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



