













**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**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. ANTHONY CLARKE SECRETARY	1.00 0.00	X		X				0	240,138	37,174
(2) NANCY SOLLOSI FORMER TREASURER	1.00 0.00	X		X				0	169,443	22,431
(3) ANGELA CARTER TREASURER	1.00 0.00	X		X				0	134,343	51,964
(4) ROBERT ALLISON DIRECTOR	1.00 0.00	X						0	0	0
(5) RHONDA ANDERSON DIRECTOR	1.00 0.00	X						0	0	0
(6) DR. DONALD CAMERON DIRECTOR	1.00 0.00	X						0	0	0
(7) DOUG COPELAND DIRECTOR	1.00 0.00	X						0	0	0
(8) MARC CUTCHER DIRECTOR	1.00 0.00	X						0	0	0
(9) JEFF DOWDEN DIRECTOR	1.00 0.00	X						0	0	0
(10) MARSHALL EDWARDS DIRECTOR	1.00 0.00	X						0	0	0
(11) MICHAEL GODWIN DIRECTOR	1.00 0.00	X						0	0	0





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**Part X Balance Sheet**

	(A) Beginning of year	(B) End of year
<b>1</b> Cash—non-interest-bearing .....	<b>1</b>	
<b>2</b> Savings and temporary cash investments .....	<b>2</b>	
<b>3</b> Pledges and grants receivable, net .....	<b>3</b>	
<b>4</b> Accounts receivable, net .....	<b>4</b>	
<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		
	<b>5</b>	
<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....	<b>6</b>	
<b>7</b> Notes and loans receivable, net .....	<b>7</b>	
<b>8</b> Inventories for sale or use .....	<b>8</b>	
<b>9</b> Prepaid expenses and deferred charges .....	<b>9</b>	
<b>10a</b> Land, buildings, and equipment: cost or other		
<b>b</b> Less: accumulated depreciation .....		
	<b>10c</b>	
<b>11</b> Investments—publicly traded securities .....	<b>11</b>	
<b>12</b> Investments—other securities. See Part IV, line 11 .....	<b>12</b>	
<b>13</b> Investments—program-related. See Part IV, line 11 .....	<b>13</b>	
<b>14</b> Intangible assets .....	<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	<b>16</b>	
<b>17</b> Accounts payable and accrued expenses .....	<b>17</b>	
<b>18</b> Grants payable .....	<b>18</b>	
<b>19</b> Deferred revenue .....	<b>19</b>	
<b>20</b> Tax-exempt bond liabilities .....	<b>20</b>	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	<b>21</b>	
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	<b>22</b>	
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	<b>23</b>	
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	<b>24</b>	
<b>25</b> Other liabilities (including federal income tax, payables to related third		
	<b>25</b>	
<b>26 Total liabilities.</b> Add lines 17 through 25 .....	<b>26</b>	
<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b>		
<b>27</b> Net assets without donor restrictions .....	<b>27</b>	
<b>28</b> Net assets with donor restrictions .....	<b>28</b>	
<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b>		
<b>29</b> Capital stock or trust principal, or current funds .....	<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	<b>31</b>	
<b>32</b> Total net assets or fund balances .....	<b>32</b>	
<b>33</b> Total liabilities and net assets/fund balances .....	<b>33</b>	

**Part XI 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 (AG . 441022)

<b>1</b>	

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**Part XII Financial Statements and Reporting**

.....(1)Tj 1 0 -0 1 49.564690345.16518 Tm /F28 8.38602 Tf 0 Tc (1)Tj 1 0 -0 1 63.976704.9255518 Tm /F26 8.38602 Tf -0.59803 Tc 0.8386 TwR revenuloces, eepons.0, Stra

**1** 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.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....

**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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>2c</b>		
<b>3a</b>		
<b>3b</b>		





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. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) - 54.56%; 15 Public support percentage from 2021 Schedule A, Part II, line 14 - 54.19%; 16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - [X]; 16b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - [ ]; 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization - [ ]; 17b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization - [ ]; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions - [ ]

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

1	Public Inspection Copy						
2							
3	unrelated trade or business under section 513						
6							
8							

**Section B. Total Support**







**Part IV Supporting Organizations** (continued)

**11** 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 on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on line 11a above?
- c**

*provide detail in Part VI.*

	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**

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

**Section B – Minimum Asset Amount**

<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities		
<b>b</b>	Average monthly cash balances		
<b>c</b>	Fair market value of other non-exempt-use assets		
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)		
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets		
<b>3</b>	Subtract line 2 from line 1d.		
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).		
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			



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**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(

) (enter number) 6.35201 633.04538 Tm -0966neentp8Tc 0 -0 1 196.44709 9 Tc 13 Tm -0966neentp8T977Tw (

**General Rule**

**Special Rules**

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 *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

**For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.**

Name of organization

Employer identification number

**GUILFORD TECHNICAL COMMUNITY**

**56-6085391**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 55,239	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 99,521	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.....		\$ .....	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
.....		\$ .....	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
.....		\$ .....	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
.....	(c) No..... .....	\$ .....	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number



Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and their reporting.

Part II Conservation Easements.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-7 regarding conservation easements and a table for 'Held at the End of the Tax Year'.

of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

- (i) 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, historical treasures, or other similar assets for financial gain, provide the

Revenue included on Form 990, Part VIII, line 1
Assets included in Form 990, Part X

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	(a) Current year				

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

Are there endowment funds not in the possession of the organization that are held and administered for the



**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) .....		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) <b>MUTUAL FUNDS</b>	<b>12,352,729</b>	<b>MARKET</b>
(2) <b>ALTERNATIVE MUTUAL FUNDS</b>	<b>1,444,979</b>	<b>MARKET</b>
(3) <b>EXCHANGE-TRADED FUNDS</b>	<b>1,032,960</b>	<b>MARKET</b>
(4) <b>CASH AND CASH EQUIVALENTS</b>	<b>568,205</b>	<b>MARKET</b>
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) .....	<b>15,398,873</b>	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (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. (1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .....

**Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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**Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**


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

THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER  
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EVENTS REVENUE REPORTED NET \$ 24,338

INVESTMENT INCOME ADJ TO MATCH K-1 \$ 40,072



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>GOLF TOURNAMENT</b> <small>(event type)</small>	(b) Event #2  <small>(event type)</small>	(c) Other events <b>NONE</b> <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	31,850			31,850
	2 Less: Contributions	30,900			30,900
	3 Gross income (line 1 minus line 2)	950			950
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	17,134			17,134
	8 Entertainment				
	9 Other direct expenses	7,204			7,204
	10 Direct expense summary. Add lines 4 through 9 in column (d)				24,338
11 Net income summary. Subtract line 10 from line 3, column (d)				-23,388	

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	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)				

9 Enter the state(s) in which the organization conducts gaming activities: .....  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: .....  
 .....

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: .....  
 .....



13  
a  
b  
14

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15a

Yes No

b

c

16

17

a

b



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---

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**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	666	474,057		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)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

GUILFORD TECHNICAL COMMUNITY COLLEGE FOUNDATION INC

Employer identification number

56-6085391

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, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, 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 explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 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 related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, 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 organization or a related organization:

- 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?

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.

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

- a The organization?
b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Table with 3 columns: Question ID, Yes, No. Contains rows for questions 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

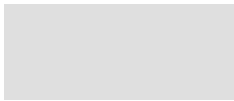


**Part III Supplemental Information**

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)**

**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.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Employer identification number  
**56-6085391**

**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 V, LINE 3B - FORM 990-T NOT FILED EXPLANATION**

UNRELATED BUSINESS INCOME IS ONLY -352 FROM AN INVESTMENT IN GRUBB WHICH IS BELOW THE \$1,000 THRESHHOLD SO 990-T IS NOT NEEDED.

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

FUNDRAISING EVENTS REVENUE REPORTED NET \$ 24,338

INVESTMENT INCOME ADJ TO MATCH K-1 \$ 40,072

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

**GUILFORD TECHNICAL COMMUNITY**

**56-6085391**

CHANGE IN BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUS	\$	-13,605
DIRECT EVENT EXPENSES	\$	-24,338
PRIOR YEAR TAX ADJ	\$	52,643
<b>TOTAL</b>	<b>\$</b>	<b>79,110</b>

FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990)

Name of the organization

Employer identification number

**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) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							



**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	
<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 (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>1a</b>	
<b>b</b>	Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	
<b>c</b>	Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	
<b>d</b>	Loans or loan guarantees to or for related organization(s)	<b>1d</b>	
<b>e</b>	Loans or loan guarantees by related organization(s)	<b>1e</b>	
<b>f</b>		<b>1f</b>	
<b>g</b>	Sale of assets to related organization(s)	<b>1g</b>	
<b>h</b>	Purchase of assets from related organization(s)	<b>1h</b>	
<b>i</b>	Exchange of assets with related organization(s)	<b>1i</b>	
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	
<b>o</b>	Sharing of paid employees with related organization(s)	<b>1o</b>	
<b>p</b>	Reimbursement paid to related organization(s) for expenses	<b>1p</b>	
<b>q</b>	Reimbursement paid by related organization(s) for expenses	<b>1q</b>	
	Other transfer of cash or property to related organization(s)		
<b>s</b>	Other transfer of cash or property from related organization(s)	<b>1s</b>	




**Part VII**

**Supplemental Information.**

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

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