

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

2021

For calendar year 2021 or other tax year beginning 07/01, 2021, and ending 06/30, 2022

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ACCESS COLLEGE FOUNDATION	D Employer identification number 54-1440734
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a) 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 2555 ELLSMERE AVENUE, SUITE 110	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code NORFOLK, VA 23513	
		C Book value of all assets at end of year ▶ 62526055.	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶ 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶			
L The books are in care of ▶ PAMELA JIMERSON Telephone number ▶ (757)962-6113 2555 ELLSMERE AVENUE SUITE 110 NORFOLK, VA 23513			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	120,093.
2 Reserved	2	
3 Add lines 1 and 2	3	120,093.
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	120,093.
6 Deduction for net operating loss. See instructions.	6	120,093.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions.	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	NONE

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	1	NONE
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). ▶	2	
3 Proxy tax. See instructions ▶	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only).	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	NONE

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		NONE
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		NONE
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		
6 a Payments: A 2020 overpayment credited to 2021	6a		
b 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶	6g		
7 Total payments. Add lines 6a through 6g	7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶	9		NONE
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶	10		
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ _____ Refunded ▶ _____	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		
4 Enter available pre-2018 NOL carryovers here ▶ \$ <u>122,743</u> . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
900099	\$ 293,296 .	
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	BONNIE SUTTON Signature of officer	Date	PRESIDENT/CEO Title		
Paid Preparer Use Only	Print/Type preparer's name MARC BERGER	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01871563
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no. 757-640-7190	
	Firm's address ▶ 150 BOUSH STREET, SUITE 1100 NORFOLK, VA 23510				

FORM 990T, PART I, LINE 6 DETAIL
 =====

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS AVAILABLE IN CURRENT YEAR	LOSS CLAIMED IN CURRENT YEAR
06/30/2002		NONE	NONE
06/30/2003		NONE	NONE
06/30/2004		NONE	NONE
06/30/2005		NONE	NONE
06/30/2006		NONE	NONE
06/30/2007		NONE	NONE
06/30/2008		NONE	NONE
06/30/2009		NONE	NONE
06/30/2010	15,803.	NONE	NONE
06/30/2011	6,142.	NONE	NONE
06/30/2012	15,057.	NONE	NONE
06/30/2013	13,894.	8,106.	8,106.
06/30/2014	21,956.	21,956.	21,956.
06/30/2015	24,723.	24,723.	24,723.
06/30/2016	32,400.	32,400.	32,400.
06/30/2017	17,541.	17,541.	17,541.
06/30/2018	18,017.	18,017.	15,367.
<hr/>			
TOTAL:	165,533.	122,743.	120,093.
	=====	=====	=====
NET OPERATING LOSS AVAILABLE FROM PRIOR YEARS BEFORE 2018			122,743.
TAXABLE INCOME (LINE 5 ON PAGE 1, 990-T)			120,093.
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NET OPERATING LOSS DEDUCTION			120,093.
			=====

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0074

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**Open to Public Inspection for
501(c)(3) Organizations Only**

A Name of the organization ACCESS COLLEGE FOUNDATION	B Employer identification number 54-1440734
C Unrelated business activity code (see instructions) ▶ 900099	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ SCH K-1 DISTRIBUTIVE SHARE OF UBTI

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a 369,209.		369,209.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) SEE STATEMENT 1	5 -175,031.		-175,031.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement) . . STMT. 2	12 -4,573.		-4,573.
13 Total. Combine lines 3 through 12	13 189,605.		189,605.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income		(A) Income	(B) Expenses	(C) Net
1 Compensation of officers, directors, and trustees (Part X)	1			6,000.
2 Salaries and wages	2			
3 Repairs and maintenance	3			
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			87.
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			265.
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) STMT. 3	14			63,160.
15 Total deductions. Add lines 1 through 14	15			69,512.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			120,093.
17 Deduction for net operating loss. See instructions	17			NONE
18 Unrelated business taxable income. Subtract line 17 from line 16.	18			120,093.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation ►

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ► _____

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)

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5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ► _____

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ► _____

9 Allocable deductions. Multiply line 3c by line 6

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10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ► _____

11 **Total dividends-received deductions** included in line 10. ► _____

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)
Totals					

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)
Totals				

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)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

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

- A
B
C
D

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

Table with 4 columns: A, B, C, D. Row 2: Gross advertising income.

a Add columns A through D. Enter here and on Part I, line 11, column (A).

Table with 4 columns: A, B, C, D. Row 3: Direct advertising costs by periodical.

a Add columns A through D. Enter here and on Part I, line 11, column (B).

Table with 4 columns: A, B, C, D. Rows 4-8: Advertising gain (loss), Readership costs, Circulation income, Excess readership costs, Excess readership costs allowed as a deduction.

a 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.

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

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Row 1: BONNIE SUTTON, PRESIDENT AND CEO, 3.105413 %, 6,000.

Total. Enter here and on Part II, line 1. 6,000.

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information.

SCHEDULE A: SCH K-1 DISTRIBUTIVE SHARE OF UBTI

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

	SHARE OF GROSS INCOME	SHARE OF DEDUCTIONS	GAIN OR (LOSS)
TIFF PARTNERS V-US LLC [EIN 56-2384591]	261.		261.
POINTER LP [EIN 62-1431527]	171.		171.
SFM CAPITAL MARKETS LP [EIN 94-3442939]	-3,614.		-3,614.
SFM OPPORTUNITIES IV LP [EIN 45-4212707]	32,131.		32,131.
SFM OPPORTUNITIES V LP [EIN 46-5554713]	-30,122.		-30,122.
SFM GS [EIN 46-2790590]	-12,419.		-12,419.
YIELD POOL [EIN 46-0615882]	-2,507.		-2,507.
YIELD POOL [EIN 47-1471857]	-17,727.		-17,727.
SFM OPPORTUNITIES VI [EIN 82-0825831]	-8,782.		-8,782.
POINTER LP NET REAL ESTATE	-26.		-26.
SFM OPPORTUNITIES VII [EIN 84-3184003]	-5,514.		-5,514.
YIELD POOL III [EIN 82-4441930]	-126,883.		-126,883.

TOTAL INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS			-175,031.
			=====

SCHEDULE A:SCH K-1 DISTRIBUTIVE SHARE OF UBTI
PART I - LINE 12 - OTHER INCOME

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SFM GS - 1256 CONTRACT/STRADDLE [EIN 46-2790590]	-1.
POINTER LP INTEREST [EIN 62-1431527]	1,520.
POINTER LP DIVIDENDS [EIN 62-1431527]	586.
POINTER LP OTHER PORTFOLIO INC [EIN 62-1431527]	390.
POINTER LP 1256 CONTRACT/STRADDLE [EIN 62-1431527]	-424.
POINTER LP OTHER INCOME [EIN 62-1431527]	-6,644.

TOTAL OTHER INCOME

-4,573.
=====

SCHEDULE A:SCH K-1 DISTRIBUTIVE SHARE OF UBTI
PART II - LINE 14 - OTHER DEDUCTIONS

=====

POINTER LP INVESTMENT INTEREST EXPENSE	123.
POINTER LP OTHER DEDUCTIONS	12,944.
TIFF V OTHER DEDUCTIONS	3.
INVESTMENT MANAGEMENT FEES ALLOCABLE TO UBTI	46,377.
OVERHEAD COSTS ALLOCABLE TO UBTI	3,713.

TOTAL OTHER DEDUCTIONS	63,160.
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**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Name ACCESS COLLEGE FOUNDATION	Employer identification number 54-1440734
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	10,922.	12,150.		-1,228.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	-1,228.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	370,437.			370,437.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions (see instructions)			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	370,437.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	369,209.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	369,209.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

ACCESS COLLEGE FOUNDATION

Social security number or taxpayer identification number

54-1440734

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)				
						(f) Code(s) from instructions	(g) Amount of adjustment					
	POINTER LP [EIN 62-1431527]	07/01/2021	06/30/2022		10,058.			-10,058.				
	SFM CAPITAL MARKETS LP [EIN 94	07/01/2021	06/30/2022		10,048.			10,048.				
	SFM GS [EIN 46-2790590]	07/01/2021	06/30/2022		2,092.			-2,092.				
	SFM OPP V [EIN 46-5554713]	07/01/2021	06/30/2022		722.			722.				
	SFM OPP VI [EIN 82-0825831]	07/01/2021	06/30/2022		3.			3.				
	YIELD POOL III [EIN 82-444193	07/01/2021	06/30/2022		149.			149.				
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				10,922.			12,150.				-1,228.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

ACCESS COLLEGE FOUNDATION

54-1440734

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	POINTER LP [EIN 62-1431527]	07/01/2021	06/30/2022	112,590.				112,590.
	SFM CAPITAL MARKETS LP [EIN 94	07/01/2021	06/30/2022	11,477.				11,477.
	SFM OPP IV [EIN 45-4212707]	07/01/2021	06/30/2022	1.				1.
	SFM GS [EIN 46-2790590]	07/01/2021	06/30/2022	100,862.				100,862.
	SFM OPP VII [EIN 84-3184003]]	07/01/2021	06/30/2022	24.				24.
	SFM OPP V [EIN 46-5554713]	07/01/2021	06/30/2022	142,298.				142,298.
	SFM OPP VI [EIN 82-0825831]	07/01/2021	06/30/2022	795.				795.
	YIELD POOL III [EIN 82-444193	07/01/2021	06/30/2022	286.				286.
	YIELD POOL [EIN 46-0615882]	07/01/2021	06/30/2022	2,101.				2,101.
	YIELD POOL II [EIN 47-1471857]	07/01/2021	06/30/2022	3.				3.
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►			370,437.				370,437.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

FEDERAL FOOTNOTES

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SCHEDULE A, PART III -- EXPLANATION FOR LINE 4 ACCESS COLLEGE FOUNDATION (ACF) PROVIDES ENCOURAGEMENT AND ASSISTANCE TO STUDENTS WHO WOULD NOT ORDINARILY EXPECT TO CONTINUE THEIR EDUCATION BEYOND HIGH SCHOOL. ACF ADVISORS IDENTIFY AND CONTACT THESE STUDENTS, ASSIST IN THE COMPLETION OF APPLICATIONS AND FINANCIAL FORMS, AND ASSURE THAT ALL THE DOCUMENTATION NECESSARY TO APPLY TO COLLEGES AND TECHNICAL SCHOOLS IS COMPLETED. THE ADVISORS ALSO ASSIST STUDENTS IN DEVELOPING A BUDGET TO HELP COVER EDUCATION COSTS. ACF ALSO OFFERS FINANCIAL ASSISTANCE TO STUDENTS WHO DEMONSTRATE A FINANCIAL NEED, INCLUDING THE PAYMENT OR WAIVER OF APPLICATION FEES. IN MANY CASES, ACF HELPS STUDENTS OBTAIN FEDERAL, STATE, AND INSTITUTIONAL GRANTS TO COVER ADDITIONAL EDUCATION EXPENSES. IF NECESSARY, ACF PROVIDES "LAST DOLLAR SCHOLARSHIPS" TO COVER HIGHER EDUCATION COSTS.

FEDERAL FOOTNOTES

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PRE 1/1/2018 NOLS

06/30/2018 2,650

NET OPERATING LOSS AVAILABLE FOR THE 2021 TAX YEAR: \$2,650

POST 1/1/2018 NOLS -

06/30/2019 - \$166,749

06/30/2021 - \$126,547

NET OPERATING LOSS AVAILABLE FOR THE 2021 TAX YEAR: \$293,296



Tel: 757-640-7190
Fax: 757-640-7297
www.bdo.com

Town Point Center
150 Boush Street, Suite 1100
Norfolk, VA 23510

ACCESS COLLEGE FOUNDATION
Instructions for Filing
Form VA-8879C
Virginia Corporation Income Tax Declaration for Electronic Filing
for the year ended June 30, 2022

The original form should be signed (using full name and title) and dated by an authorized officer of the corporation.

The signed form should be returned on or before to:

BDO USA, LLP
Email to: NorfolkEfile@bdo.com
Or fax to: 757-640-7297

We must receive your signed Form VA-8879C before we can electronically transmit your return.

There is no tax due for the current year.

DO NOT separately file Form 500 with the state of Virginia. Doing so will delay the processing of your return.

The state of Virginia will notify us when your return has been accepted. Your return is not considered filed until the state confirms its acceptance.

**2021 Virginia Corporation
 Income Tax Return**



**Attention: Return must be filed electronically. Use this form only if you have an approved waiver.
 Do not file this form to carry back a net operating loss. Use Form 500NOLD.**

Official Use Only

FISCAL or
 SHORT Year Filer: **Beginning Date** 07/01, 2021; **Ending Date** 06/30, 2022
 Short Year Return Change in Accounting Period

FEIN <u>54-1440734</u>		Name <u>ACCESS COLLEGE FOUNDATION</u>		Check all that apply: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Mailing Address <u>2555 ELLSMERE AVENUE</u>					
City or Town <u>NORFOLK</u>		State <u>VA</u>	ZIP Code <u>23513</u>		Entity Type Code <u>NP</u>
Physical Address (if different from Mailing Address)					
Physical City or Town		State	ZIP Code		NAICS Code <u>900099</u>
Date Incorporated <u>07/01/1988</u>	State or Country of Incorporation <u>VA</u>	Description of Business Activity <u>SCH K-1 UBTI</u>			

Check Applicable Boxes	Final Return	Corporate Telecommunications Company
<input type="checkbox"/> Consolidated - Sch. 500AC Enclosed	<input type="checkbox"/> Final Return - Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved - No longer liable for tax. Dissolved Date: _____ <input type="checkbox"/> Merged Merger Date: _____ Merged FEIN: _____ <input type="checkbox"/> S Corp Effective: _____	Enter amount from Form 500T, Line 7: <u>.00</u>
<input type="checkbox"/> Combined - Sch. 500AC Enclosed		Noncorporate Telecommunications Company
<input type="checkbox"/> Change in Filing Status		Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> <u>.00</u>
<input type="checkbox"/> Sch. 500A Enclosed		Electric Supplier Company
<input type="checkbox"/> Sch. 500AB Enclosed		Enter amount from Sch. 500EL, Line 7 or 14: <u>.00</u>
<input checked="" type="checkbox"/> Nonprofit Corporation		Home Service Contract Provider
<input type="checkbox"/> Certified Company Apportionment - Sch. 500AP Enclosed	Enter amount from Form 500HS, Line 10: <input type="checkbox"/> Check box if a noncorporate HSCP. <u>.00</u>	
<input type="checkbox"/> Enter number of affiliates: _____		
<input type="checkbox"/> Amended Return (See instructions)		
<input type="checkbox"/> Enter reason code: _____		

Questions and Related Information

A. Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights, and similar intangible property)? If yes, complete and enclose Schedule 500AB.

Enter exception amount from Schedule 500AB, Line 8.

A.	_____	.00						
B.	_____	.00						
C.	If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.	<table> <tr> <td>(1) Year of Loss</td> <td><u>2010</u></td> </tr> <tr> <td>(2) Federal NOL</td> <td><u>120093.</u></td> </tr> <tr> <td>(3) Percent of federal NOL used this year</td> <td><u>26.173803 %</u></td> </tr> </table>	(1) Year of Loss	<u>2010</u>	(2) Federal NOL	<u>120093.</u>	(3) Percent of federal NOL used this year	<u>26.173803 %</u>
(1) Year of Loss	<u>2010</u>							
(2) Federal NOL	<u>120093.</u>							
(3) Percent of federal NOL used this year	<u>26.173803 %</u>							

FEIN SEE STATEMENT 1
 (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)

D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2. **D.** _____

E. Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If yes, provide the year(s). **Year** _____
Year _____
Year _____

F. Location of corporation's books 2555 ELLESMERE AVE NORFOLK, VA 23513
 Contact for corporation's books BONNIE SUTTON Contact Phone Number 7579626113

2021 Virginia Form 500

Page 2

FEIN
54-1440734



INCOME

1. Federal taxable income (from enclosed federal return)	1.		.00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.		.00
3. Total (add Lines 1 and 2).	3.		.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.		.00
5. Balance (subtract Line 4 from Line 3).	5.		.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions).	6.		.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.		.00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.			
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).		.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f).	8(b).		%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c).	8(c).		.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).		.00
9. Income tax [6% of Line 7 or 6% of Line 8(a)]	9.	NONE	.00

PAYMENTS AND CREDITS

10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.		.00
11. Adjusted corporate tax (subtract Line 10 from Line 9)	11.	NONE	.00
12. 2021 estimated Virginia income tax payments including overpayment credit from 2020	12.		.00
13. Extension payment	13.		.00
14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.		.00
15. Pass-through entity total withholding from Schedule 500ADJ, Section D	15.		.00
16. Total payments and credits (add Lines 12 through 15)	16.		.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	NONE	.00
18. Penalty (see instructions)	18.		.00
19. Interest (see instructions)	19.		.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.		.00
21. Total due (add Lines 17 through 20).	21.	NONE	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.		.00
23. Amount to be credited to 2022 estimated tax.	23.		.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.		.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

Date	Signature of Officer	Title
		PRESIDENT / CEO
Printed Name of Officer		Phone Number
Print Preparer's Name and Firm Name		Preparer Phone Number
MARC BERGER BDO USA, LLP		757-640-7190
Date	Individual or Firm, Signature of Preparer	Address of Preparer
	MARC BERGER	150 BOUSH STREET, SUITE 1100 NORFOLK, VA 23510
Preparer's FEIN, PTIN, or SSN		Approved Vendor Code
13-5381590		1062

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

**2021 Virginia
Schedule 500FED**

**Corporation Schedule of
Federal Line Items**



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500.

Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return ACCESS COLLEGE FOUNDATION FEIN 54-1440734

Form 1120 - Deductions and Taxable Income

1. Federal Taxable Income before NOL and Special Deductions	1. _____	120,093 .00
2. Net Operating Loss Deduction,	2. _____	120,093 .00
3. Special Deductions	3. _____	.00
4. Federal Taxable Income after NOL and Special Deductions	4. _____	NONE .00

Form 1120, Schedule C - Dividends and Special Deductions

5. Subpart F Income and/or Global Intangible Low-Taxed Income	5. _____	.00
6. Gross-Up for Foreign Taxes Deemed Paid,	6. _____	.00

Form 1120, Schedule K or M-1

7. Tax Exempt Interest	7. _____	.00
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Form 5884 - Work Opportunity Credit

8. Salaries and Wages not deducted due to the WOTC.	8. _____	.00
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Form 4562 - Special Depreciation Allowance and Other Depreciation

9. Special depreciation allowance for qualified property placed in service during the taxable year	9. _____	.00
10. Property subject to 168(f)(1) election	10. _____	.00
11. Other depreciation	11. _____	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income or Loss

12. Total: Dividends (Exclude Gross-Up),	12. _____	.00
13. Total: Dividends (Gross-up)	13. _____	.00
14. Total: Inclusions (Exclude Gross-up),	14. _____	.00
15. Total: Inclusions (Gross-up)	15. _____	.00
16. Total: Interest.	16. _____	.00
17. Total: Gross Rents, Royalties, and License Fees.	17. _____	.00
18. Total: Gross Income from Performance of Services.	18. _____	.00
19. Total: Other.	19. _____	.00
20. Total: Total Gross Income or Loss from Outside the US	20. _____	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions

21. Total: Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization	21. _____	.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses	22. _____	.00
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23. _____	.00
24. Total: Allocable - Other Allocable Deductions.	24. _____	.00
25. Total: Total Allocable Deductions	25. _____	.00
26. Total: Apportioned Share of Deductions	26. _____	.00
27. Total: Net Operating Loss Deduction	27. _____	.00
28. Total: Total Deductions	28. _____	.00

Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income

29. Total: Total Income or (Loss) Before Adjustments	29. _____	.00
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VIRGINIA FORM 500, PAGE 1 DETAIL

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QUESTION C - NET OPERATING LOSS ADJUSTMENT

YEAR OF LOSS	RESULTED FROM MERGER	EIN	FEDERAL NOL	FEDERAL NOL UTILIZED IN CURRENT YEAR	NET VA MODIFICATION YEAR OF NOL	PERCENTAGE FED NOL UTILIZED	VA ADJ FOR FED NOL
2010			15,803		NONE		NONE
2011			6,142		NONE		NONE
2012			15,057		NONE		NONE
2013			13,894	8,106	NONE	0.5834	NONE
2014			21,956	21,956	NONE	1.0000	NONE
2015			24,723	24,723	NONE	1.0000	NONE
2016			32,400	32,400	NONE	1.0000	NONE
2017			17,541	17,541	NONE	1.0000	NONE
2018			18,017	15,367	NONE	0.8529	NONE
2019			166,749		NONE		NONE
2020			126,547		NONE		NONE
TOTAL VA ADJUSTMENT							NONE

NONE
=====