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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 07/01 , 2008, and ending A For the 2008 calendar year, or tax year beginning 06/30, **20**09 D Employer identification number C Name of organization MIDLANDS TECHNICAL COLLEGE FOUNDATION B Check if applicable Please Doing Business As 23-7085753 tabel or change print or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name chang type. POST OFFICE BOX 2408 (803) 822-3034 Specific City or town, state or country, and ZIP + 4 Termination Instruc Amended return tions COLUMBIA, SC 29202 G Gross receipts \$ 967,335. F Name and address of principal officer DR. H(a) Is this a group return for affiliates? Application pending No Yes Х RON RHAMES H(b) Are all affiliates included AS ABOVE Tax-exempt status If "No." attach a list (see instructions) 501(c) (3) ◀ (insert no) 4947(a)(1) or H(c) Group exemption number MIDLANDSTECH. EDU/DEVELOPMENT/FOUNDATION Type of organization X | Corporation Trust Other > L Year of formation 1970 M State of legal domicile SC Part I Summary Briefly describe the organization's mission or most significant activities THE SUPPORT OF MIDLANDS TECHNICAL COLLEGE. Governance if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 26 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 26 Total number of employees (Part V, line 2a) NONE Total number of volunteers (estimate if necessary) 26 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) NONE b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year Contribution and grants (Part VIII, line 1h) 589,604 842,953. Program service revenue (Part VIII, line 2g) NON NONE Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 506,866 227,915. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NON NONE Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,096,470 615,038. 13 Grants and similar amounts paid (Part X, column (A), lines 158,512 167,467. Benefits paid to or for members (Part X, column A), In 14 NON NONE Salaries, other compensation, employee benefits (Part IX 3 dumn (A), lines 5-10) 172,103 40,904. 16a Professional fundraising (Feb. (Part Expectivity) (Inc. 11a).

b Total fundraising expenses Part IX, column (D), line 25) NON NONE Other expenses (Part IX, column (A), Inces 1 a 114, 11-241) 17 203,987 355,701. Total expenses Add lines 13-17 houst equal Part 12, column (A), line 25) 534,602 564,072. 19 Revenue less expenses Subtract line 18 from line 12 50,966. 561,868 Beginning of Year End of Year Total assets (Part X, line 16) 701,341 158,542 Total liabilities (Part X, line 26) ,614 31,365. Net assets or fund balances Subtract line 21 from line 20 27,177 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge frue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer enior VP for MAR Type or print name and title Preparer's identifying number Date Check if (see instructions) Paid signature 01/29/2010 employed P00592698 Preparer's DELOACH & WILLIAMSON, LLP 57-0964814 **Use Only** address, and ZIP + 4 Phone no 803-771-8855 1401 MAIN STREET, SUITE 660 COLUMBIA, SC 29201

JSA 8E1010 2 000

Yes

6

Form 990 (2008)

May the IRS discuss this return with the preparer shown above? (See instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 9	90 (2008) 23-7085753		F	age 3
Part				
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
_	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		_X_
4		4	v	
5	Schedule C, Part II Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	-	<u> </u>	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	Ť		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		<u>X</u>
	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
40	Parts VI, VIII, IX, or X as applicable	11	<u>X</u>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	4.		
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12	X	
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		X
-		14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>x</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete	22		
24a	Schedule J	23	Х	
- 7a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	0.4 0.4 4 4 0.4 4 4 4 4 4 4 4 4 4 4 4 4	24a	l	x
b		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ļ
		24c		
d		24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
		25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			}
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
JSA	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000	X
8E1021	1 000	Form	390	(2008)

8

⁻Par	Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
à	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		x
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		x
	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a	200		
·		200		,,
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	-		<u> </u>
•	organization? If "Yes," complete Schedule R, Part V, line 2	36	x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
J /	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
		2.7		,,
	VI	37		X

Form **990** (2008)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
		·····	Yes	No
1ą	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
·	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-		
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return La NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $$75^{\circ}$.	7a		_X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
	benefit contract?	7e		<u> X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			٠,,
_	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a		v
a	Did the organization make any taxable distributions under section 4966?	9b		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	35		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12			
a	This desired control of the control			
. b				
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
_	Ordes income from members of shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Form 990 (2008) 23-7085753 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part-VIrequired by the Internal Revenue Code.) Section A. Governing Body and Management No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions 1a Enter the number of voting members of the governing body 26 **b** Enter the number of voting members that are independent 1b 26 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a material diversion of the organization's assets?..... 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Х 9a Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations

11	is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		х
Sect	ion B. Policies		·	
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		х
b	Other officers or key employees of the organization?	15b		

must describe in Schedule O the process, if any, the organization uses to review the Form 990

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ▶_SC,_ 17

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

X Own website Another's website X Upon request

Describe the process in Schedule O (see instructions)

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ANELLE ANDERSON POST OFFICE BOX 2408 COLUMBIA, SC 29202

JSA

10

16a

803-822-3064

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee, or key employee										
(A)	(B)			(((D)	(E)	(F)
Name and Title	Average hours per week	ที่ Individual trustee ค. or director	nstitutional trustee	of Officer	k Key employee	ল Highest compensated ৰ employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										

-Pa	rt-VII- Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es,	and F	łigl	hest Compensat	ed Employ	yees (co	ontinue	1)	
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average hours per week	Posit or d	-	chec Officer	k all	that app) Former	Reportable compensation from	Reporta compens from rela	ation	amo	mated ount of ther	
		Week	Individual trustee or director	Institutional trustee	ber	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	compo fro organ and		n đ
<u></u>														
								-						
		<u> </u>												
										-				
						_								
	Total	• • • • • •	<u></u>		<u> </u>	<u> </u>		<u> </u>	40,904.		,386.			NONI
2	Total number of individuals (including those organization ► NONE	e in 1a) w	no r	ece	ved	ı m	ore tr	nan	\$100,000 in re	portable co	mpensa	ation fr	om t	ne
3	Did the organization list any former office	er directo	or or	tru	ste	e I	kev e	mn	lovee or highes	t compens	ated		Yes	No
	employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	ividi	ual							3		Х
4	For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,00	0?	If "Yo	es,"	complete Sched	ule J for	such	4	x	
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	atio	on fro	m	any unrelated of	rganization	for	5		х
Sec	tion B. Independent Contractors								,					 -
1	Complete this table for your five highest compensation from the organization	compensat	ed in	dep	enc	dent	cont	rac	tors that received	d more tha	an \$10	0,000	of	
	(A) Name and business add	ress						Ī	(B) Description of se	rvices	С	(C) ompens	ation	
								1						
								\perp						
								+	<u>-</u>					
2	Total number of independent contractors (in compensation from the organization	ncluding th	nose	ın 1	1) v	vho	rece	ive	d more than \$10	0,000 in			,	

Par	t VII	Statement of Revenue		23-7085753							
•	r.		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
Contributions, gifts, grants and other similar amounts	1a b	Federated campaigns	<u>3</u> .								
ifts, ran	C	Fundraising events 1c	-								
s, g nila	đ	Related organizations	-								
tion	e	Government grants (contributions) 1e All other contributions, gifts, grants,	-								
ibu	•	and similar amounts not included above . 1f									
ontr o de	g	Noncash contributions included in lines 1a-1f \$ 20,96	3.								
	_ <u>h</u>	Total. Add lines 1a-1f	▶ 842,953.								
Service Revenue		Business Cod	te								
eve	2a										
Se F	b										
ŗvi	C				 	 					
ı Sı	d				<u> </u>						
Program	e	All other program on the second									
Progr	g	All other program service revenue	NONE								
	3	Investment income (including dividends, interest, and									
		other similar amounts)	128,086.			128,086.					
	4	Income from investment of tax-exempt bond proceeds									
	5	Royalties · · · · · · · · · · · · · · · · · · ·	NONE								
		(i) Real (ii) Personal									
	6a	Gross Rents									
	b	Less rental expenses									
	С	Rental income or (loss)									
ļ	d	Net rental income or (loss)	NONE								
	7 a	Gross amount from sales of	\dashv								
	b	assets other than inventory Less cost or other basis	_								
		and sales expenses 1,352,297.									
	С	Gain or (loss)356,001.									
	d	Net gain or (loss)	-356,001.								
	8a	Gross income from fundraising									
Jue		events (not including \$									
Other Revenue		of contributions reported on line 1c)									
ı,	_	See Part IV, line 18 a									
the	b	Less direct expenses	NONE			1					
١		` '	NONE			****					
	34	Gross income from gaming activities See Part IV, line 19									
	ь	Less direct expenses b									
	c	Net income or (loss) from gaming activities	NONE								
	10a	Gross sales of inventory, less			·						
		returns and allowances a									
	b	Less cost of goods sold b	_								
-	С	Net income or (loss) from sales of inventory									
ŀ			-	:							
	11a										
	b										
	d	All other revenue									
	u e	Total. Add lines 11a-11d	NONE								
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,									
		9c, 10c, and 11e	► 615,038.			128,086.					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complet	e column (A) but are			and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	84,968.	84,968.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	82,499.	82,499.		
3	Grants and other assistance to governments, organizations, and individuals outside the		•		
	U.S. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors, trustees, and key employees	40,904.	40,904.	NONE	NONE
6	Compensation not included above, to disqualified				·
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	NONE	NONE	NONE	NONE
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	NONE			
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
11	Fees for services (non-employees)				
а	Management	3,000.	NONE	3,000.	<u>NON</u> E
b	Legal	NONE			
С	Accounting	6,500.	NONE	6,500.	<u> NONE</u>
d	Lobbying	NONE			
	Professional fundraising services See Part IV, line 17	NONE			
f	Investment management fees	8,495.	NONE	8,495.	<u>NONE</u>
g	Г	172,942.	172,942.	NONE	NONE
12	Advertising and promotion	24,830.	18,701.	469.	5,660.
13	Office expenses	NONE			
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	NONE	NOVE	1 061	
17	Travel	1,861.	NONE	1,861.	NONE
18	Payments of travel or entertainment expenses	NONT			
40	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21 22	Payments to affiliates	NONE NONE			
23	· · · · · · · · · · · · · · · · · · ·	NONE			
24	Other expenses Itemize expenses not	NONE			
~ ~	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed		<u> </u>		
	5% of total expenses shown on line 25 below)				
а	TRAINING_&_PROF_DEV	40,557.	40,557.	NONE	NONE
	CURRICULUM_DEVELOPMENT	36,431.	36,431.	NONE	NONE
	LEGISLATIVE_SERVICES	35,597.	35,592.	NONE	5.
	AUTO_EXPENSE	6,000.	6,000.	NONE	NONE
	FOUNDATION_BOARD_MEETING	3,782.	NONE	3,782.	NONE
	All other expenses	15,706.	11,736.	3,970.	
	Total functional expenses. Add lines 1 through 24f	564,072.	530,330.	28,077.	5,665.
26	Joint Costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
JSA					- 000

Pa	rt-X-	Balance Sheet					
			(A) Beginning of year			B) of year	
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	757,928.	2		304,2	<u> 256.</u>
	3	Pledges and grants receivable, net	174,667.	3		576 <u>,</u>	<u>787.</u>
	4	Accounts receivable, net	7,445.	4		5,0	<u> 98</u>
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II					
		of Schedule L		6			
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use		8			
Ä	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost basis 10a 45,000					
	ь	Less accumulated depreciation Complete					
		Part VI of Schedule D	45,000.	10c	İ	45,	000.
	11	Investments - publicly traded securities · · · · · · · · · · · · · · STMT · 2 · ·	4,716,301.		4.5	227,	
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · ·		12			
	13	Investments - program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,701,341.	16	5.	158,	542.
	17	Accounts payable and accrued expenses	11,614.				365.
	18	Grants payable	11,011	18		<u> </u>	
	19	Deferred revenue STMT- 3	62,000.	19		- ,	NONE
	20	Tax-exempt bond liabilities	02,000.	20		<u>·</u>	
S	21	Escrow account liability Complete Part IV of Schedule D		21		***	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
喜		highest compensated employees, and disqualified persons. Complete Part II					
==		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24		-	
	25	Other liabilities Complete Part X of Schedule D		25		-	
	26	Total liabilities. Add lines 17 through 25	73,614.			31	365.
— sa		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.	73,014.			<u> </u>	505.
Balance	27	Unrestricted net assets	1,617,306.	27		846,	089
ala	28	Temporarily restricted net assets	1,145,748.	t -	1	351,	
d E	29	Permanently restricted net assets	2,864,673.			929,	
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	2,001,013.			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
ts (30	Capital stock or trust principal, or current funds		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32			
√et	33	Total net assets or fund balances	5,627,727.	 	5	127,	177
_	34	Total liabilities and net assets/fund balances	5,701,341.	34		158,	
Pa	rt XI	Financial Statements and Reporting	377017341.		<u> </u>	100,	<u> </u>
			 			Yes	No
1		ounting method used to prepare the Form 990 Cash Accrual Other					
2a	Were	e the organization's financial statements compiled or reviewed by an independent accoun	tant?		<u>2a</u>	<u> </u>	X
b	Were	e the organization's financial statements audited by an independent accountant?			2b	х	
С	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of the			(I	
	audıt	t, review, or compilation of its financial statements and selection of an independent accou	ıntant?		2c	х	
3а		result of a federal award, was the organization required to undergo an audit or audits as			1		
		Single Audit Act and OMB Circular A-133?					<u> </u>
b	If "Y	es," did the organization undergo the required audit or audits?		<u></u> .	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of t	he organizatio	n						Employe	r identifica	tion number
MIDLAN	DS TECHN	ICAL COLLEG	E FOUNDATION, I	INC.					23-70	85753
Part I	Reason fo	or Public Chari	ty Status (All organi	ızatıons m	ust compl	ete this	part) (se	e instruc	ctions)	
The orga	nization is no	t a private found	dation because it is (PI	ease check	only one o	rganizatio	on)			
1 🔲	A church, co	onvention of chu	rches, or association o	of churches	described	ın sectio	n 170(b)(1)(A)(i).		
2	A school de	scribed in sectio	on 170(b)(1)(A)(ii). (Att	ach Sched	ule E)					
3	A hospital o	r a cooperative l	hospital service organi	ızatıon desc	cribed in sec	ction 170	(b)(1)(A)	iii). (Atta	ch Schedi	ule H)
4	A medical	research organiz	zation operated in co-	njunction v	with a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the
	hospital's na	ame, city, and sta	ate							
5 X	section 170	(b)(1)(A)(iv). (Co			•				ernmental	unit described in
6		· ·	ernment or governme							
7 📙	=		lly receives a substant (1)(A)(vi). (Complete P		its support	from a g	governme	ntal unit	or from t	he general public
8	A communit	ty trust described	d in section 170(b)(1)((A)(vi). (Co	mplete Part	tII)				
9	_		lly receives (1) more			• -				
	receipts fro	m activities rela	ted to its exempt fun	ctions - su	bject to ce	rtain exc	eptions,	and (2) r	o more t	han 331/3% of its
	support fro	m gross investr	ment income and uni	related bu	siness taxa	able incoi	me (less	section	511 tax)	from businesses
_		_	after June 30, 1975					-		
10	An organiza	tion organized a	nd operated exclusive	ly to test fo	or public saf	ety See s	ection 5	09(a)(4).	(see instr	uctions)
11 🔲	_	-	and operated exclusi	=		-				•
	-	=	ublicly supported orga					=	=	
			at describes the type o				·=	lines 11e		
	а Тур	_	Type II c		e III - Func	-	•			pe III - Other
e	-	_	ertify that the organiz				*			· · · · · · · · · · · · · · · · · · ·
	-		ion managers and oth	er than on	e or more	publicly s	supported	l organiz	ations de	scribed in section
_		section 509(a)(•					_		_
f	_		l a written determina	tion from	the IRS tha	at it is a	Type I,	iype II o	r Type III	supporting
	=	n, check this box								لــا
g	_		the organization acce	pted any g	itt or contri	bution fro	m any or	tne		
	following pe				4		L			Yes No
	• •	•	or indirectly controls		•	etner wit	n person	s aescrii	pea in (ii)	
		-	erning body of the supp	_	inization					11g(i)
			erson described in (i) a							11g(ii)
h		·	of a person described		•		 do			[119(111)]
(i) Name	of supported	(ii) EIN	ation about the organi	1			ou notify	(vil) 1	s the	(vii) Amount of
	anization	(11) = 11	(described on lines 1-9						s the	(vii) Amount of support
			above or IRC section (see instructions))	governing	document?		of your cort?		zed in the	
			(See manucuona))	Yes	No	Yes	No	Yes	No	
		<u> </u>								
							1			
· -										· · · · · · · · · · · · · · · · · · ·
		-								
						<u> </u>	· · · · ·			
·										
Total				<u>L</u> .		<u> </u>				

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Schedule A (Form 990 or 990-EZ) 2008

-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.) Section A. Public Support (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not 1,888,002 689,944 598.899. 589,604. 842,953. 4,609,402. include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,888,002 689,944 598,899 589,604. 842,953. 4,609,402. Total. Add lines 1-3 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) 930,510. Public support. Subtract line 5 from line 4 3,678,892. Section B. Total Support (e) 2008 (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total Calendar year (or fiscal year beginning in) 1,888,002 689,944 598,899 589,604 842,953 4,609,402. Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 64,227 94,639 119,533 137,745 128,086 544,230. 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 IV) 5.153.632 Total support. Add lines 7 through 10 . . . 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 71.38 % Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2008

Part-III- Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

<u>Sec</u>	tion A. Public Support			_			
Ċ	alendar year (or fiscal year beginning in) 🕨 📙	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					L.	
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of					1	
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar			•			
	sources						
b	Unrelated business taxable income (less	f					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,			İ			
	whether or not the business is regularly carried on						
12	Other income Do not include gain or		-				
	loss from the sale of capital assets						
	(Explain in Part IV)					<u></u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12)					1	L
14	First five years. If the Form 990 is for				-		
	organization, check this box and stop here.						▶
Sec	tion C. Computation of Public Sup					1	
15	Public support percentage for 2008 (line 8,					15	
16	Public support percentage from 2007 Scher					16	%_
	tion D. Computation of Investmen			101: (2)		T .= 1	
17	Investment income percentage for 2008 (lin						<u>%</u>
18	Investment income percentage from 2007 S						<u> </u>
19a	33 1/3% support tests - 2008. If the orga						_
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2007. If the organ						
00	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n	or check a box o	on line 14, 19a, 0	I 190, Check this		ctions	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6)	organizations Complete Part III			
Na	ame of organization			Employer identi	fication number
MII	DLANDS TECHNICAL CO	OLLEGE FOUNDATION, INC.		23-7	085753
Pa		ed by all organizations exemptons for Schedule C for details.	under section 50	1(c) and section 527 o	rganizations.
1	Provide a description of t	he organization's direct and indirect	political campaign	activities in Part IV	
2	Political expenditures .			▶ \$	
3	Volunteer hours				
	To be complete	d by all organizations exempt	under coetien 50	1(-)(2)	
Fa	·	ons for Schedule C for details	under Section 50	r(c)(3).	
1	Enter the amount of any of	excise tax incurred by the organizat	ion under section 49	955	
2 3		excise tax incurred by organization discriping a section 4955 tax, did it file Forr			
3 4а					
b	If "Yes," describe in Part IV	1			
Pa		ed by all organizations exemp	t under section 50	01(c), except section 50	01(c)(3).
	See the instructi	ons for Schedule C for details.			
1	Enter the amount directly	expended by the filing organizatio	n for section 527 e	xempt function	
					
2		ling organization's funds contribute	-		
_		/ities			
3		t exempt function expenditures Ad			
4		7b			Yes No
5		es and employer identification number			
Ŭ		nount paid and indicate if the am-			
	contributions received and	d promptly and directly delivered to	a separate political	organization, such as a se	
	or a political action comm	ittee (PAC) If additional space is ne	eded, provide inform	nation in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				Turius ir none, enter -u-	delivered to a separate
					political organization If none, enter -0-
					
					
		<u> </u>			
		 			

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

JSA 8E1264 1 000 Schedule C (Form 990 or 990-EZ) 2008

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)

(a) 2005
(b) 2006
(c) 2007
(d) 2008
(e) Total

2 a Lobbying non-taxable amount
b Lobbying ceiling amount
(150% line 2a, column(e))

c Total lobbying expenditures
d Grassroots non-taxable amount
(150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

Pai	To be completed by organizations exempt under section 501(c)(3) that have I 5768 (election under section 501(h)). See the instructions for Schedule C for definition of the complete of the co	NOT etails	filed S.	Form	1		
		(a			(b)	,	
•		Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
•	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of						
а	Volunteers?		_x				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		х				
C	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		х				
е	Publications, or published or broadcast statements?		х				
f	Grants to other organizations for lobbying purposes?		_X_				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				8,4	<u> 190</u>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X				
i	Other activities? If "Yes," describe in Part IV		Х				
j	Total lines 1c through 1i					8,4	<u> 190</u> .
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		_X	İ			
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X				
Pa	To be completed by all organizations exempt under section 501(c)(4), sec section 501(c)(6). See the instructions for Schedule C for details.	ction	501	(c)(5), or		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		· • • ·	<u></u>	3	<u> </u>	
Pa	rt III-B To be completed by all organizations exempt under section 501(c)(4), sec						
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No	o" O	Rif	Part	III-A,		
	question 3 is answered "Yes." See Schedule C Instructions for details.						
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amount	nts	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
C	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	•		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo		_				
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	• •		5			
Pa		<u></u>	• • •				
Con	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, complete this part for any additional information				II-B, II	ne 1:	

Schedule C (i	orm 990 or 990-EZ) 2008	23-7085753	Page 4
Part IV	Supplemental Information (continued)		
•			
. -			
- -			
			
			
			,

Schedule C (Form 990 or 990-EZ) 2008

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 9000

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

<u> </u>
Open to Public
Inspection

Name of the organization	Employer identification number
MIDLANDS TECHNICAL COLLEGE FOUNDATION, INC.	23-7085753
Organizations Maintaining Donor Advised Funds or Other Similar Fund the organization answered "Yes" to Form 990, Part IV, line 6	ls or Accounts. Complete if
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
funds are the organization's property, subject to the organization's exclusive legal control	1 1 1
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant	funds may be
used only for charitable purposes and not for the benefit of the donor or donor advisor or	r other
ımpermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes"	to Form 990, Part IV, line 7
1 Purpose(s) of conservation easements held by the organization (check all that apply)	
Preservation of land for public use (e.g., recreation or pleasure)	ion of an historically importantly land area
	ion of certified historic structure
Preservation of open space	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the	form of a conservation easement
on the last day of the tax year	
	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or te	
the taxable year ▶	3
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection	
enforcement of the conservation easements it holds?	
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements dur	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during	•
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of	•
170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	
9 In Part XIV, describe how the organization reports conservation easements in its revenue	•
balance sheet, and include, if applicable, the text of the footnote to the organization's fir	•
the organization's accounting for conservation easements	
Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8	Other Similar Assets.
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or r provide, in Part XIV, the text of the footnote to its financial statements that describes the	esearch in furtherance of public service.
b If the organization elected, as permitted under SFAS 116, to report in its revenue stater historical treasures, or other similar assets held for public exhibition, education, or resear provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	> \$
(ii) Assets included in Form 990, Part X	> \$
2 If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, provide the
following amounts required to be reported under SFAS 116 relating to these items	
a Revenues included in Form 990, Part VIII, line 1	> \$
b Assets included in Form 990, Part X	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 200

-Par	t-III Organizations Maintaining Co	ollections of	of Art, Hi	storica	I Treasures	s, or Ot	her Similar As	sets (c	ontinuec	1)
_							f 4		- 0	
3.	Using the organization's accession and o	ther records	, check a	ny of tr	e following t	hat are	a significant use	OTITS	ollection	
	items (check all that apply)		_							
a	Public exhibition		d	Ш	Loan or ex	change	programs			
b	Scholarly research		е		Other					
С	Preservation for future generation									
4	Provide a description of the organization'	s collections	and exp	aın how	they further	the org	anization's exer	npt pur	ose in	
	Part XIV									
5	During the year, did the organization soli							_	_	_
	assets to be sold to raise funds rather that									No
Par	Trust, Escrow and Custodial Part IV, line 9, or reported an						wered "Yes" to	o Form	990,	
				-						
1 a	Is the organization an agent, trustee, cus	todian or oth	ner interm	ediary	for contributi	ons or o	ther assets not			
	included on Form 990, Part X?			-					Yes	No
b	If "Yes," explain the arrangement in Part 2									٠
						<u> </u>	Arr	nount		
С	Beginning balance					10				
	Additions during the year									
e	Distributions during the year								· · · · · ·	
f	Ending balance									
2 a	Did the organization include an amount of								Yes	No
	If "Yes," explain the arrangement in Part 2		,					••• ∟		
Par			ation an	swered	"Yes" to Fo	orm 990	Part IV. line	10		
		Current Year	,	or year	(c) Two ye		(d) Three years		(e) Four y	ears back
1a	Beginning of year balance	4,149,739.								
b	Contributions	723,456.								
С	Investment earnings or losses	-156,023.							· · · · · · · · · · · · · · · · · · ·	
d	Grants or scholarships	NONE			1	 	1			
е	Other expenditures for facilities .	HONE	[****			<u> </u>	
	and programs	355,323.			1					:
f	Administrative expenses	NONE	<u> </u>		1					
g	End of year balance	4,361,849.						·····		
2	Provide the estimated percentage of the		lance held	las		· · · · · · · · · · · · · · · · · · ·	l		L	
а	Board designated or quasi-endowment	-								
b	Permanent endowment ► 67.1700		<u>,,, </u>							
С	Term endowment ▶ 30.9800%	, -								
_	Are there endowment funds not in the po	ossession of	the orga	nization	that are hel	d and a	dministered for t	he		
	organization by								Ī	es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organization								3 b	 ^
4	Describe in Part XIV the intended uses of		-							
Par						rt X. lin	e 10.			
	Description of investment	(a) Cost	or other bas	- $ -$	(b) Cost or other basis (other)		Depreciation	((d) Book valu	e
4 -	Land				240.0 (01.101)					
1a	Land						- 			
b	Buildings		45,00	10.			NONE		45	5,000.
C	Leasehold improvements	-								
d	Equipment									
	Other		Dedic		(D) to = 101					
ı ota	l. Add lines 1a-1e (Column (d) should equ	iai Form 990	, <i>Paπ X</i> ,	coiumn	(B), IINB 10(C	<u>,,</u>	<u> ▶ </u>		4.5	000.

Part VII-	Investments - Other Securities. See	orm 990, Part X, Iir	ne 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion et value
Financial deri	vatives and other financial products			
	equity interests			
				
	(b) should equal Form 990, Part X, col (B) line 12)		12	····
Part VIII	Investments - Program Related. See	T		
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
		-		
	41.			
	(b) should equal Form 990, Part X, col (B) line 13)	1	<u> </u>	
Part IX	Other Assets. See Form 990, Part X,			(b) Dealereles
	(a,	Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
		<u> </u>		
			· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·		
-				
Total. (Column	(b) should equal Form 990, Part X, col (B) line 15)	· · · · · · · · · · · · · ·		
Part X	Other Liabilities. See Form 990, Part	X, line 25.		
	(a) Description of liability	(b) Amount		
Federal incon	ne taxes			
	<u></u>	ļ. <u></u>	_	
		ļ	_	
			-	
			4	
			4	
		ļ	4	
			-	
Total (Column	(b) should equal Form 990, Part X, col (B) line 25)		1	
· Julia (Columnia	(b) should equal to this see, if all A, col. (b) line 20)			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2008

ched	lle D (Form 990) 2008 23-7085753			Page 4
Part	Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1_	<u></u>	615,038.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		564,072.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		50,966.
4	Net unrealized gains (losses) on investments	4	<u> </u>	-551,516.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4-8	9		-551,516.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		-500,550.
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re			0007000
1	Total revenue, gains, and other support per audited financial statements		1	63,522.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	• -	-	05,522.
a	Net unrealized gains on investments	ا ء		
_		<u>ь.</u>		
b	Donated services and use of facilities	-		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d		2e	-551,516.
3	Subtract line 2e from line 1	\cdot \vdash	3	615,038.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	•		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV)			
С	Add lines 4a and 4b	. L	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	615,038.
Pari	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Retu	rn	
1	Total expenses and losses per audited financial statements		1	564,072
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	.		
а	Donated services and use of facilities 2a			
b				
c	Losses reported on Form 990, Part IX, line 25	\dashv		
d	Other (Describe in Part XIV)	\dashv		
_	, , , , , , , , , , , , , , , , , , ,	-	a	
e	~	⊢	2e 3	564 070
3	Subtract line 2e from line 1	• -	3	564,072
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)		1	
С	Add lines 4a and 4b	⊢	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	564,072
Pari	XIV Supplemental Information			
and 2	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b C_V			
LIN]	E_4			
END	DWMENT FUNDS IN THE MTC FOUNDATION ARE USED TO SUPPORT SCHOLARSHIPS		- -	
FOR	MTC STUDENTS, PROFESSIONAL DEVELOPMENT FUNDS FOR FACULTY AND STAFF,			
AND	SUPPORT THE FOUNDATION'S ANNUAL OPERATING BUDGET.			

Schedule D (Fo	rm 990) 2008	23-7085753	Page 5
Part XIV	Supplemental Information (continued)		
•			
•			
-			
			_
		•	
	*		
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-			

Schedule D (Form 990) 2008

SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

Internal Revenue Service		•	► Attach to Form 990.	ď			Inspection
Name of the organization		5 1 1 1				Employer identification number	on number
MIDLANDS TECHNICAL COLLEGE FOUNDATION,	- 1	INC.				23-7085753	
Part General Information on Grants and Assistance	and Assistar	nce				•	
	to substantiate prants or assista	the amount of	the grants or assista	ince, the grantees'	eligibility for the grant	s or assistance, and	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for m	onitoring the u	ise of grant funds in th	le United States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed	to Governme any recipient orm 990) if ac	ints and Orga that received dittional spac	inizations in the Und more than \$5,000 e is needed	ited States. Com Check this box	plete if the organiz if no one recipient	ation answered "Yerceived more than	ss" on 1 \$5,000.
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	1 23 1	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDLANDS TECHNICAL COLLEGE POST OFFICE BOX 2408 COLUMBIA, SC 29202	57-0427758	501 (C) (3)	NONE	84,968.	COST	EQUIPMENT	SUPPORT
		į					
2 Enter total number of section 501(c)(3) and government o 3 Enter total number of other organizations	and government c	nt organizations					
>	Act Notice, sec	the Instruction	le Instructions for Form 990.			Sche	Schedule I (Form 990) 2008

32

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHOLARSHIPS (e) Method of valuation (book, FMV, appraisal, other) <u>MIDLANDS_TECHNICAL_COLLEGE...ALL_OF_THE_FOUNDATION'S_EXPENDITURES_ARE_FOR_</u> COST THE OPERATION OF THE FOUNDATION, SCHOLARSHIPS FOR MIDLANDS TECHNICAL (d) Amount of non-cash assistance THE FOUNDATION EXISTS TO PROVIDE SUPPORT OF EDUCATIONAL PROGRAMS AT NONE COLLEGE STUDENTS, OR OTHER SUPPORT OF MIDLANDS TECHNICAL COLLEGE. 82,499. (c) Amount of cash grant (b) Number of recipients 119 (a) Type of grant or assistance SCHOLARSHIPS & GRANTS Part IV PART I LINE 2 Part III

33

SCHEDULE J (Form 990)

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23. OMB No 1545-0047

2008

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

MID	LANDS TECHNICAL COLLEGE FOUNDATION, INC.	3-7085753		
Part				
			Ye	s No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these First-class or charter travel Housing allowance or residence for person Payments for business use of personal res Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, charter travel Personal services (e.g., maid, chauffeur, charter travel Personal services (e.g., maid, chauffeur, charter travel Payments Payments Personal services (e.g., maid, chauffeur, charter travel Personal services (e.g., maid, chauffeur, charter travel Payments Payments Personal services (e.g., maid, chauffeur, charter travel Payments P	e Items nal use Idence		
b 2	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement provision of all of the expenses described above? If "No," complete Part III to explain	1	b	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation compensati	ommittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment?	4	la	x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		b	X
	Participate in, or receive payment from, an equity-based compensation arrangement?		lc	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part			 '`-
_	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
2	The organization?	,	5a	x
	Any related organization?		b b	x
	If "Yes" to line 5a or 5b, describe in Part III.		-	 ^ -
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?		Sa	x
b	Any related organization?		b	x
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	,		
	payments not described in lines 5 and 6? If "Yes," describe in Part III		7	x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe	,		
	in Part III		R	l v

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

23-7085753

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(t)-(tit) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	r							
		(b) Breakdown	(b) Breakdown of VV-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)(i)(a)	reported in prior Form 990 or Form 990-EZ
	ε	24, 904.	NONE	6,000.	NONE	NONE	30,904	18,500.
MARSHALL WHITE, JR	E				NONE	NONE	141,096.	141,096.
	ε	10,000.	1	1	NONE	NONE	10,000.	10,000.
RONALD L. RHAMES	(E	149,152.	NONE	NONE	NONE	NONE	149,152.	149, 152.
	€			 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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							Sche	Schedule J (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

MIDLANDS TECHNICAL COLLEGE FOUNDATION, INC.

Employer Identification number 23-7085753

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I **Employees**

Employees	,	,								<u>-,</u>
(A)	(B)			(C	>)			(D)	(E)	(F)
Name and Title	Average hours per week		T 1		k all	that ap		Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JAMES E. WHEELER BOARD MEMBER	1.	x						NONE	NONE	NONE
CHARLES W. GARNETT										
BOARD MEMBER	1.	x						NONE	NONE	NONE
LUZ R. ARPAN										
SECRETARY	1.	x		х				NONE	NONE	NONE
MARY H. WILKINS			П							
TREASURER	1.	x		х				NONE	NONE	NONE
JOHN S. GOETTEE		1						1,01,12	None	
BOARD MEMBER	1.	$ _{\mathbf{x}}$						NONE	NONE	NONE
FRED A. JOHNSON, II		 ^`	H			<u> </u>	t^-	NONE	NONE	NONE
BOARD MEMBER	1.	l _x						NONE	NONE	NONE
CHARLES D. BEAMAN, JR		<u> ^ </u>	\vdash				一	NONE	NONE	NOME
FOUNDATION CHAIR	1.	x		х				NONE	NONE	NONE
CHARLENE H. KEYS	1.	^		^		 	\vdash	NONE	NONE	NOME
BOARD MEMBER	1.	x						NONE	NONE	NONE
		1	H		-		┢	NONE	NONE	NONE
SHARON W. BRYANT BOARD MEMBER	1 1.	x						NONE	NONE	NONE
	T -	 ^ _	-	\vdash		-	┢	NONE	NONE	NONE
STEFAN DEMMERLE	1							NONE	MONT	NONE
BOARD MEMBER	1.	X			-			NONE	NONE	NONE
WILLIAM T. MAHONEY	1	,,		٠,,				No.ve	,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
FOUNDATION VICE CHAIR	1	X		Х	-			NONE	NONE	NONE
T. NEIL MCLEAN	-	١.,			l					
BOARD MEMBER	1.	<u> </u>	\vdash		┢╌		-	NONE	NONE	NONE
THOMAS E. PERSONS, SR	-	,,								
BOARD MEMBER	1	X	\vdash				\vdash	NONE	NONE	NONE
DAVID ZALESNE	{	١			İ					
BOARD MEMBER	1.	X	\vdash	-	-		├	NONE	NONE	NONE
JAMES R. MORRIS, JR	-									
BOARD MEMBER	1.	X			-		-	NONE	NONE	NONE
HENRI ETTA BASKINS		1				:				
BOARD MEMBER	1.	X	H			<u> </u>	-	NONE	NONE	NONE
GEORGE J. BULLWINKEL, JR.	1									
BOARD MEMBER	1.	X					-	NONE	NONE	NONE
MARION A. KNOX, JR.	_									
BOARD MEMBER	1.	X	\vdash	_			⊢	NONE	NONE	NONE
JOE MCCLINTOCK	_				ŀ					
BOARD MEMBER	1.	X			<u> </u>		1—	NONE	NONE	NONE
IKE MCLEESE	_									
BOARD MEMBER	1	X_		<u> </u>	⊢–	├	┼	NONE	NONE	NONE NONE
JAMES D. REYNOLDS, JR.	_									
BOARD MEMBER	11	X	Щ	L	L		<u> </u>	NONE		
For Privacy Act and Paperwork Reduction	Act Notice, see	the In	stru	ıctio	ns '	for Fo	orm	990.	Schedule	J-2 (Form 990) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA

Schedule J-2 (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

MIDLANDS TECHNICAL COLLEGE FOUNDATION, INC.

Employer Identification number 23-7085753

Part I	Continuation of Officers, Dir Employees	ectors, Trustee	es, Key Employees, an	d Highest Com	pensated	
	(A)	(B)	(C)	(D)	(E)	

Employees	· · · · · · · · · · · · · · · · · · ·	· · · · · ·						(20)		
(A)	(B)			(0	-			(D)	(E)	(F)
Name and Title	Average hours per week		r i			that ap		Reportable compensation	Reportable compensation	Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MARSHALL WHITE, JR										
EX OFFICIO	5.	x						30,904.	141,096.	NONE
RONALD L. RHAMES	<u> </u>							30,301.	2,1,000.	
EX OFFICIO	2.	x					1	10,000.	149,152.	NONE
STARNELL K. BATES								10,000.	110/100.	
EX OFFICIO	5.	х					ŀ	NONE	115,138.	NONE
ROBERT F. DOZIER, JR.								NONE	113,130.	- NONE
EX OFFICIO	1.	x						NONE	NONE	NONE
CHARLES A. JAMES, JR.	±•	^	-			<u> </u>	 	NONE	NONE	NONE
BOARD MEMBER	1.	x						NONE	NONE	NONE
		^	\vdash	<u> </u>		 		NONE	NONE	NONE
DAVID M. LOMINACK	-	١,,						NOVE	,,,,,,,	MONE
BOARD MEMBER	1	. X					-	NONE	NONE	NONE
JOHN B. PARKS		١								
BOARD MEMBER	1.	X		-			-	NONE	NONE	<u>NONE</u>
BARBARA D. WILLM	_	l								
BOARD MEMBER	1.	X				_		NONE	NONE	NONE
GEORGE A. ZARA										
BOARD MEMBER	1	X						NONE	NONE	NONE
						İ	1			
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE O (Form, 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
MIDLANDS TECHNICAL COLLEGE FOUNDATION, INC.	23-7085753
PART VI, SECTION A	
LINE 10	
THE FOUNDATION'S 990 WILL BE PRESENTED TO ALL BOARD MEEMBERS AND	THE
COLLEGE'S ADMINISTRATION, AND IS AVAILABLE FOR PUBLIC REVIEW ON T	oue.
COLDEGE S ADMINISTRATION, AND IS AVAILABLE FOR PUBLIC REVIEW ON I	.00
FOUNDATION'S WEBSITE - WWW.MIDLANDSTECH.EDU/DEVELOPMENT/FOUNDATIO	N . HTM

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62040K M413 01/28/2010 14:26:26 V08-8.3

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

MIDLANDS TECHNICAL COLLEGE FOUNDATION, INC.

Related Organizations and Unrelated Partnerships

► See separate instructions.

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Open to Public 2008

OMB No 1545-0047

Employer identification number Inspection

23-7085753

Part I	Identification of Disregarded Entities					
	(A) Name, address, and EIN 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
Part II	Identification of Related Tax-Exempt Organizations					
	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
MIDIAND.	MIDLANDS TECHNICAL COLLEGE 57-0427758 COLUMBIA, SC 29202	COLLEGE	sc	501	2	N/A

Schedule R (Form 990) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

Page 2

23-7085753 Identification of Related Organizations Taxable as a Partnership Part III

(J) General or menaging partner?	Yes	-		
Code V-UBI Gen amount in box 20 of mer Schedule K-1 par (Form 1065)				
(H) Disproportionate allocations?	Yes No			
(G) Share of end-of-year assets				
(F) Share of total income				
(E) Predominant income (related, investment, unrelated)				
(D) Direct controlling entity				
(C) Legal domicile (state or foreign	(Amino)			
(B) Primary activity				
(A) Name, address, and EIN of related organization				

(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 income	(G) Share of end-of-year assets	(H) Percentage ownership

Identification of Related Organizations Taxable as a Corporation or Trust

Part IV

Schedule R (Form 990) 2008

Organizations	
With Related	
Transactions	
art V	

	:		١
Note. Complete line 1 if any entity is listed in Parts II, III, or IV		Yes No	ا و
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	I in Parts II–IV?		1
a Recent of (i) interest (ii) annuities (iii) rovalties (iv) rent from a controlled entity		1a X	ايد
		1b ×	
		₩	ہ ا
		Ĺ	١,
d Loans or loan guarantees to or for other organization(s)		1	اہ
e Loans or loan guarantees by other organization(s)			ايد
f Sale of assets to other organization(s)		11 ×	اید
a Purchase of assets from other organization(s)		1g X	٠,
		1h X	یا ا
i Lose of facilities equipment or other secate to other organization(s)		- -	یا ا
			I
i Lease of facilities, equipment, or other assets from other organization(s)			اید
k Performance of services or membership or fundraising solicitations for other organization(s)		1k ×	٠,
		1 ×	
m Sharing of facilities agrinoment mailing lists or other assets.		X EL	
		1n X	یا ا
o Reimbirisement haid to other organization for expenses		10 X	¥
		1p x	5 4
a Other transfer of cash or property to other organization(s)		19 X	ايد
- <u>-</u>		1r X	اير
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	ed relationships and transaction thresholds	ansaction thresholds	1
(A)	(8)	(2)	}
Name of other organization(s)	Transaction type (a–r)	Amount involved	I
		1	
(1) MIDLANDS TECHNICAL COLLEGE	W	158,500.	1
(2) MIDLANDS TECHNICAL COLLEGE	L	3,000.	1
(3) MIDLANDS TECHNICAL COLLEGE	В	84,968.	1
(4)			- 1
			l
(9)		Schedule R (Form 990) 2008	۱ã

Part VI Unrelated Organizations Taxable as a Partnership

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) (C) (B) (C) (D) Name, address, and EIN of entity (state or foreign section country) (501(c))	(B) Primary activity	(C) Legal domicite (state or foreign country)	(D) Are all partners section 501(c)(3)	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI emount in box 20 of Schedule K-1	(H) General or managing partner?
			Yes No		Yes No	(Form 1065)	Yes No
			-				
						Schedule R (Form 990) 2008	990) 2008

FORM 990, PART VIII - INVESTMENT INCOME

(D) EXCLUDED REVENUE	 	128,086.	128,086.
(C) UNRELATED BUSINESS REV.			
(B) RELATED OR EXEMPT REVENUE			
(A) TOTAL REVENUE		128,086.	128,086.
DESCRIPTION		LONG TERM INVESTMENTS	TOTALS

STATEMENT

MTDLANDS	TECHNICAL.	COLLEGE	FOUNDATION,	TNC
птрширо	THOTHICAL		LOONDWITON,	TIVC.

23-7085753

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

•		ENDING	COST
DESCRIPTION		BOOK VALUE	OR FMV
MUTUAL FUNDS / CD		4,227,401.	FMV
	TOTALS	4,227,401.	

MIDLANDS TECHNICAL COLLEGE FOUNDATION, INC.

23-7085753

FORM 990, PART X - DEFERRED REVENUE

ر ۹ ۲

DESCRIPTION

ENDING BOOK VALUE

REFUNDABLE ADVANCE

NONE

TOTALS

NONE

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OFFICE OF THE SECRETARY OF STATE '

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the T nternal Revenue Se		► File a separate application for each return.		
		natic 3-Month Extension, complete only Part I and check this box		▶ x
If you are fi	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)			
Do not complet	te Part II unless yo	ou have already been granted an automatic 3-month extension on a previo	ously filed Form 8868	
Part I Autor	matic 3-Month	Extension of Time. Only submit original (no copies needed).		
A corporation r	equired to file Fo	orm 990-T and requesting an automatic 6-month extension - check this box	x and complete	. —
Part I only	. .			.▶ ∟_
	orations (includin ome tax returns	ng 1120-C filers), partnerships, REMICs, and trusts must use Form 700)4 to request an exte	ension of
one of the ret electronically in returns, or a co	turns noted below f (1) you want the composite or cons	ally, you can electronically file Form 8868 if you want a 3-month automow (6 months for a corporation required to file Form 990-T). However, the additional (not automatic) 3-month extension or (2) you file Forms 98 solidated From 990-T. Instead, you must submit the fully completed and selectronic filing of this form, visit www.irs.gov/efile.and.click.on.e-file.for.Cha.	r, you cannot file Foi 190-BL, 6069, or 887 signed page 2 (Part II)	rm 8868 '0, group
Type or	Name of Exempt		Employer identification	number
print	•	S TECHNICAL COLLEGE FOUNDATION, INC.	23-708575 <u>3</u>	
'		and room or suite no. If a P.O. box, see instructions	23 7003703	
File by the due date for	POST OF	FICE BOX 2408		
filing your return See		st office, state, and ZIP code. For a foreign address, see instructions		
nstructions	COLUMBIA	A, SC 29202		
Check type o		ed (file a separate application for each return)		
X Form 990			4720	
Form 990	-BL	Form 990-T (sec 401(a) or 408(a) trust) Form	5227	
Form 990	-EZ	Form 990-T (trust other than above)	1 6069	
Form 990	-PF	Form 1041-A Form	n 8870	
If the organIf this is for	a Group Return,	have an office or place of business in the United States, check this box enter the organization's four digit Group Exemption Number (GEN)	If the	
	group, check this		d attach a list with the	е
		rs the extension will cover.	OOO To extension	of time
until				
×		or or or or or or or or or or or or or o	06/30,2009	
2 If this tax	year is for less t	than 12 months, check reason Initial return Final return	Change in accounting	ng period
		Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, le	ess any 3a \$	
nonrefundable credits See instructions b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments				
		ear overpayment allowed as a credit	3b \$	
		ne 3b from line 3a Include your payment with this form, or, if required,	deposit	
		f required, by using EFTPS (Electronic Federal Tax Payment System	n) See	_
instructio	ons		3c \$ N	ONE
Caution. If you	are going to ma	ake an electronic fund withdrawal with this Form 8868, see Form 8453-EO	and Form 8879-EO	
for payment in				
For Privacy A	ct and Paperwo	rk Reduction Act Notice, see Instructions.	Form 8868 (i	Rev 4-2009)

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue S	Service	► File a separate application for each return.		
• If you are f	iling for a	n Automatic 3-Month Extension, complete only Part I and check this box		> x
		n Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 <i>Inless</i> you have already been granted an automatic 3-month extension on a previou		8868
Part Auto	matic 3	-Month Extension of Time. Only submit original (no copies needed)		
		to file Form 990-T and requesting an automatic 6-month extension - check this box	and complete	
Part I only				▶ □
All other corporations to the corporation of the co		(including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 eturns	to request	an extension of
one of the reference of the contract of the co	turns not if (1) you omposite	. Generally, you can electronically file Form 8868 if you want a 3-month automiced below (6 months for a corporation required to file Form 990-T). However, want the additional (not automatic) 3-month extension or (2) you file Forms 99 or consolidated From 990-T. Instead, you must submit the fully completed and sign on the electronic filing of this form, visit www.irs.gov/efile.and.click.on.e-file.for.Chair	you cannot t 0-BL, 6069, gned page 2	file Form 8868 or 8870, group (Part II) of Form
Type or	Name of	Exempt Organization Exempt Organization	mployer identif	ication number
print	MI	DLANDS TECHNICAL COLLEGE FOUNDATION, INC.	23-70857	53
File by the	Number	, street, and room or suite no. If a P.O. box, see instructions		
due date for	PO:	ST OFFICE BOX 2408		
filing your return See	City, tow	vn or post office, state, and ZIP code. For a foreign address, see instructions		
instructions	co:	LUMBIA, SC 29202		
Check type o	f return t	to be filed (file a separate application for each return)		
X Form 990	0	Form 990-T (corporation) Form 4	720	
Form 990)-BL	Form 990-T (sec 401(a) or 408(a) trust) Form 5	227	
Form 990)-EZ	Form 990-T (trust other than above)	069	
Form 990	-PF	Form 1041-A Form 8	870	
 If this is for for the whole g names and EII 	r a Group group, che Ns of all r	oes not have an office or place of business in the United States, check this box. Return, enter the organization's four digit Group Exemption Number (GEN) eck this box. If it is for part of the group, check this box. and a members the extension will cover. utomatic 3-month (6 months for a corporation required to file Form 02/15, 2010, to file the exempt organization return for the organization nation.	attach a list w	nsion of time
for the or	rganizatio	n's return for		
Land State 2 If this tax	tax year	r year or beginning 07/01, 2008 , and ending or less than 12 months, check reason Initial return Final return 0		9counting period
		ıs for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, les		
•	-	dits See instructions	3a 3a	\$
		is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pays	$-\!\!\!\!-\!\!\!\!-\!\!\!\!-\!\!\!\!-\!\!\!\!\!-\!\!\!\!\!-\!\!\!\!\!-\!\!\!\!$	
		prior year overpayment allowed as a credit	3ь	\$
		stract line 3b from line 3a Include your payment with this form, or, if required, do		
	D coupoi	n or, if required, by using EFTPS (Electronic Federal Tax Payment System)	See	\$ NONE
		g to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO a		
for payment in	_			-
		perwork Reduction Act Notice, see Instructions.	Form 8	3868 (Rev 4-2009)