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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2014 cal	endar year, or tax yea	r beginning	7/1/2014	<u>, and er</u>	nding_		30/201		
В	Check if a	pplicable	C Name of organization	Meridian Cor	nmunity College Found	ation		D Employ	er identif	fication number	
\Box	Address c	hange	Doing business as								
\exists	Nome she		Number and street (or F	O box if mail is not	delivered to street address)	Room/suite		23-70862	75		
ᆜ	Name cha	ange	910 Highway 19 Nort	h				E Telepho	ne numbe	er	
	Initial retu	ım	City or town		State	ZIP code		(601) 484	-8612		
\neg	Final return/	terminated.	Meridian		MS	39307-5801	1	(001) 101	0012		
_	T WHAT TO LOTTE	nominated	Foreign country name	Foreign	province/state/county	Foreign postal	code			2.00	0.450
	Amended	return		·				G Gross r	eceipts \$	2,99	3,152
\neg	Applicatio	n pending	F Name and address of p	nncipal officer			H(a)isth	nis a group retu	rn for subor	rdinates? Yes	(No
			Kathy Brookshire 910	Highway 19 N.	Meridian, MS 39307		H(b) An	e all subordin	ates inclu	ded? Yes	No
	Tax-exem	nt atatus			(insert no) 4947(a)(1) or 527	` '	"No," attach a			_
				(c) ((IIISEIT 110) 4947 (a)(1	761 321				_	
			w mcc cc.ms us		F-1		H(c) Gr	oup exemption			
		rganization	X Corporation	Trust Associa	tion Other ►	L Yea	r of form	ation 197	9 M:	State of legal domicile	<u>MS</u>
F	art I		mmary								
•	1	•	=		most significant activitie			educationa	l assist	ance to	
Governance					performance of faculty			<u>ng</u>			
Ē		grants fo	or post-graduate study	and career imp	rovements Additional	detail on Sch	<u>o</u>				
Š	2	Check to	his box ▶ ☐ If the o	organization dis	continued its operations	or disposed	of mor	e than 25%	6 of its i	net assets.	
Ö	3	Number	of voting members of	the governing b	oody (Part VI, line 1a)				3		33
ලේ ග	4	Number	of independent voting	members of th	e governing body (Part	VI, line 1b)			4		33
Ę	5	Total nu	mber of individuals en	nployed in calen	dar year 2014 (Part V,	line 2a) .			5		0
Activities &	6	Total nu	mber of volunteers (e:	stimate if neces	sary)				6		
¥	7a	Total un	related business reve	nue from Part V	III. column (C), line 12				7a		0
	b	Net unre	elated business taxabl	e income from I	orm 990-T tine-34				7b		0
~						300		Prior Year		Current Year	
	8	Contribu	utions and grants (Par	t VIII, line 1h)				1,3	87,544	2,70	2,056
() Revenue	9	Progran	n service revenue (Pa	rt VIII, line 2g)	MAY 26 201	6 0			0		0
§	10		ent income (Part VIII,		s 3, 4, and 7d)			2	42,939	27	<u>3,748</u>
	11	Other re	evenue (Part VIII, colu	mn (A), lines 5,			1,590		2,405		
	12	Total rev	enue—add lines 8 throu	ıgh 11 (must equ	al Part VIII, column (A), I	ne 12) .		1,6	32,073	2,97	8,209
3	13		and similar amounts p					1,1	05,354	1,50	0,902
3	14		paid to or for membe						0		0
ľ.	15		•		(Part IX, column (A), line	es 5–10) .			0		0
2 S	16a		ional fundraising fees	•					0		0
Expenses	. b		ndraising expenses (P			8,078	71. A.			建的"流流"。"说)\$\$ + - C
ン)	1		xpenses (Part IX, colu						94,715		4,548
(d)	18				Part IX, column (A), lin	e 25) .			00,069		5,450
	19	Revenu	e less expenses Sub	tract line 18 fron	n line 12	<u> </u>		3	32,004	1,25	2,759
Net Assets or	<u> </u>						Begin	ning of Curre		End of Year	
886	20		sets (Part X, line 16) .		• • •	•	<u> </u>		83,869		1,774
A.	를 21		bilities (Part X, line 26						95,185		1,432
			ets or fund balances	Subtract line 21	from line 20 .			14,7	88,684	16,22	0,342
	art II		nature Block	up and the anternal and	uding accompanying schedule						
and	der periatti 1 belief, it i	is true, corre	ect, and complete Declaration	on of prepa <u>rer</u> (other	than officer) is based on all in	s and statements formation of whic	i, and to t h prepare	ine best of my er has anv kn	r knowled owledae	ge	
			Kathy Ber	- Di				1	٦.,	16,201	<u>~</u>
	gn	7	Signature of officer					Dat			<u> </u>
н	ere		Kathy Brookshire			Secr	etary				
			Type or print name and title	•					.=		
		Pnr	nVType preparer's name		Preparer's signature		Da	te		PTIN	
Pa	aid								Check		
Pı	reparei		 _		<u> </u>			,	self-em	pioyed	
U	se Only	y Firm	n's name 🕨					Firm's EIN	<u> </u>		
_			n's address >					Phone no			
Ma	ay the IF	RS discus	ss this return with the	preparer shown	above? (see instruction	ıs) .				. Yes	No /
Fo	r Papen	work Red	luction Act Notice, see	the senarate in	structions			·		O/ 50 900	

orm 99	0 (2014) Meridian Community College Foundation	23-7086275	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
•	The state of the s		
	performance of faculty and staff by providing grants for post-graduate study and career		
	improvements and attracting private donations and grants for the college.		
2	Did the organization undertake any significant program services during the year which were not listed on		
2		Tyes	X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	165	[X] 140
_			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		IVI N-
	services?	L	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	ocations to others,	,
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 469,470 including grants of \$) (Revenue	ıe \$)
	Scholarships and awards - awarded on the basis of academic performance, financial need and career		
	goals, to traditional and non-traditional students enrolled in the university transfer program, 2		
	year associate degree programs or technical programs that prepare the students to enter the		
	workforce upon completion of their classes		

4b	(Code) (Expenses \$ 52,488 including grants of \$) (Revenue)	.e \$)
	Faculty/Staff programs and grants - awarded for educational travel, post-graduate study and career		
	improvements. These are awarded to Faculty/Staff of Meridian Community College		
			.

		·	
4c	(Code.) (Expenses \$ 67,160 including grants of \$) (Reven	ue \$)
	Early Childhood Program - transfer of grant funds specifically for this program to the college	·	
		·	
			• • • • • • • • • • • • • • • • • • • •
4d	Other program services (Describe in Schedule O.)		·····
	(Expenses \$ 918,829 including grants of \$ 0) (Revenue \$	0)	
40	Total program service expenses 1 507 047		

orm 9	90 (2014) Meridian Community College Foundation	23-7086275	<u> </u>	Pa	ige 3
⊃art	Checklist of Required Schedules				
		_	-	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 (see instructions)?	· · · · <u> -</u>	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1			
	candidates for public office? If "Yes," complete Schedule C, Part I	<u></u> ⊢:	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	· · · _4	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,				
	Part III	· · <u> </u>	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			İ	ı
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If				ı
	"Yes," complete Schedule D, Part I	<u> </u>	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	· <i>·</i>	7	\dashv	Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				1
	complete Schedule D, Part III	· · · 🗀	8	<u> </u>	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			l	l
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	ot			1
	negotiation services? If "Yes," complete Schedule D, Part IV	<u> </u>	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	Ì	1		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-			1 4 g
	VII, VIII, IX, or X as applicable	42		- E	-5/)
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1			ĺ
	Schedule D, Part VI	1	1a	Х	.
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1	1b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				i
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1	1c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ļ	- {	- {	ĺ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		1d		X.
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Pai	τΧ <u> 1</u>	1e	Χ	L
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-	l	ł
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	. 1	1f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," comp	olete			1
	Schedule D, Parts XI and XII		2a	Х	L
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Y	I .			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	. [1	2b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	· <u>L</u> 1	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>1</u>	4a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ŀ		1
	fundraising, business, investment, and program service activities outside the United States, or aggregate				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		4b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1	Ì		1
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	· · <u>L</u>	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		l		l
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	· <u>L</u>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		Ī		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Ŀ	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	<u>L</u>	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u></u>			
	If "Yes," complete Schedule G, Part III	· L'	19		X
20a	The state of the s	2	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	2	20b		

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	X
30	Did the organization receive those than \$25,000 in hori-cash contributions? If the rest complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	 ^- -	
	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,	1		
	Part I	31		×
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		
33	If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	"		<u> </u>
	III, or IV, and Part V, line 1	34	x	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
20	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u></u>	Ė	Т
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
	·	Form	990	(2014)

01111 990 (2014)	, Welidian Community Conege i Sundation
Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a response or note to any line in this

18 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 13 15 15 15 15 15 15 15 15 15 15 15 15 15		Check if Schedule O contains a response or note to any line in this Part V		·	<u> </u>
be Enter the number of Forms W-20 included in line 1a. Enter -0- if not applicable 1b 0				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambing) winnings to prize winners? 22	1a				
garming (gambing) winnings to prize winners? Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2	b				
2a Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Ab If "Yes," that is filed a Form 990-T for this year? If "No" to line 38, provide an explanation in Schedule O. 3 b If "Yes," that is filed a Form 990-T for this year? If "No" to line 38, provide an explanation in Schedule O. 3 b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 3 cocum?? 4 b "Yes," the sit filed a Form 990-T for this year? If "No" to line 38, provide an explanation in Schedule O. 3 b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 5 b Was the organization aperty to a prohibited tax shelter transaction, accounts (FBAR). 5 c Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5 c Was the organization aperty to a prohibited tax shelter transaction? 5 c Was the organization aperty to a prohibited tax shelter transaction? 5 c Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 5 c Was the organization solicit any contributions that were not tax deductible as chantable contributions? 5 c Was the organization solicit any contributions that was reverse statement that such contributions or gifts were not tax deductible? 6 c Was the organization received an payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b Was the organization received a contribution of undersective that payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 1 c Was the organization received a cont	С		 _ 		
Statements, filed for the calendar year ending with or within the year calenployment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 10 bit the organization have urrelated business gross income of \$1,000 or more during the year? 11 have seen that see that the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 12 bit the organization have urrelated business gross income of \$1,000 or more during the year? 13 bit 11 haves, and the seen sum of the foreign country over, a financial account in a foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 14 l' Yes, enter the name of the foreign country seen instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 15 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 16 bit 17 have seen a party to a prohibited tax shelter transaction at any time during the tax year? 17 bit 17 haves in the organization that it was or is a party to a prohibited tax shelter transaction? 18 bit 17 haves in the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in file Form 88867. 18 bit 17 haves in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 19 constitutions of the payor? 20 constitution of the payor? 21 bit haves, and the organization orbit with donor of the value of the goods or services provided? 22 bit the organization receive a payment in excess of \$75 made partity as a contribution and partly for goods and services provided to the payor? 21 bit the organization receive any funds, directly to indirectly, to pay premiums on a personal benefit contract? 25 bit the organiza			1c	<u> </u>	<u> </u>
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be regured to a refue (see instructions) Joint the organization have unrelated business gross income of \$1,000 or more during the year? Joint federal from 990-1 for this year? If 'No' to line 3b, provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 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 over, a financial accountry over, a financial financial accountry over, a fin	2a		\		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b 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, or other financial account in a foreign country (such as a bank account, or other financial accounts in a foreign country (such as a bank account, or other financial accounts) 6b If "Yes" enter the name of the foreign country 8ce instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 9b Id any taxable parry notify the organization file form 8886-17? 9c Does the organization a party to a prohibited tax shelter transaction at any time during the tax year? 9c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8886-17? 9c Does the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions file form 8886-17? 9c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions for the value of the goods or services provided to the payor? 9c Did the organizations that may receive deductible contributions under section 170(c). 9c Did the organization self, exchange, or otherwise dispose of tanglisle personal property for which it was required to file Form 8282? 9c Did the organization self, exchange, or otherwise dispose of tanglisle personal property for which it was required to file Form 8282? 9c Did the organization received a contribution of qualified miletious property, did the organization file a Form 1098-C? 9c Did the organization received a contribution of valid file file property. 9c Did the sponsoring organizations maintaining donor advi	_		- L		 -
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has tified a Form 990-Tr for this year? If "No" or lone 30, provide an explanation in Schedule 0 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? 5b If "Yes," enter the name of the foreign country 4a	b		20		
b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C. 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, or other financial account). 5 If "Yes." enter the name of the foreign country. 5 See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8888-T? 5 Does the organization solicit any contributions that twere not tax deductible as charaltable contributions? 5 L If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 Organizations that may receive deductible contributions and express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a	0-		32		V
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12. Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders. Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а		9a		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X	10	Section 501(c)(7) organizations. Enter			
Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance Issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 11a 11a 11a 11a 11b 11a 11a 11	а	Initiation fees and capital contributions included on Part VIII, line 12	╛	ĺ	
a Gross income from members or shareholders . b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	b	· · · · · · · · · · · · · · · · · · ·	_	ì	1
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 12b 12a 12b 13a 13a 13a 13b 13b 13c	11				
against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X			4	1	1
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 12a 12b 13a 13a 13a 13b 13b 13c	b	· · · · · · · · · · · · · · · · · · ·			Ì
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	40-		40-	 	·
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13b 13b 13c	_		12a	-	╁
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13a 13a 13b 13b 13c 14a X		· · · · · · · · · · · · · · · · · · ·	┨	l	
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X			132	 	+
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X	u		138	t	+
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13b 13c 13c	b	· · · · · · · · · · · · · · · · · · ·		1	
c Enter the amount of reserves on hand		· · · · · · · · · · · · · · · · · · ·			
14a Did the organization receive any payments for indoor tanning services during the tax year?	С		7		
	14a		14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	_		

Meridian Community College Foundation

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 33	ŀ		
	If there are material differences in voting rights among members of the governing body, or	- 1		1
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	- [
b	Enter the number of voting members included in line 1a, above, who are independent 1b 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X_
3	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Χ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		<u></u>
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
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	X	<u> </u>
b	Other officers or key employees of the organization	15b	Х	ļ,
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
_	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its]
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		~~~	
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed		-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3	s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request X Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	cy, ar	d	
20	financial statements available to the public during the tax year.	_		
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Diane Delk (601) 484-8612	•		
	Diane Delk (601) 484-8612 M C C, 910 Hwy 19 N, Meridian, MS 39307-5801			

Part VII

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	o not che x, unless icer and		rson	is both	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Donnie Smith	1 00					1				
President	0 00	X		X			L			
(2) Tim Hogan	1 00									
Vice Pres	0 00		L	X						
(3) R Alan Lamar	1 00			İ				i		
Treasurer	0 00	X		Х						
(4) Kathy Brookshire	36.00	1	1			ł	}	}	l	
Secretary	0 00			X						<u> </u>
(5) Jimmy Alexander	1 00									
Director	0.00	X		<u> </u>		<u> </u>				l
(6) B. B Archer	1 00									
Director	0 00	Х								
(7) Jonathan Bell	1.00						ļ			
Director	000	X								
(8) Jamie Cater	1 00									
Director	0 00	Х		<u> </u>						
(9) Doug Deweese	1 00			Ī						·
Director	0 00	X	L				L		<u> </u>	<u></u>
(10) Tommy Dulaney	1 00		Π				Γ			
<u>Director</u>	0 00	X	Ì]]
(11) Hardy P Graham, Sr.	1 00									
Director	0.00	X								
(12) Jerry Greene	1.00				Γ	1				
Director	0 00	X			L					
(13) Tony McDaniel	1 00									
Director	0 00	X								1
(14) Neil Johnson	1 00						Π			
Director	0 00	X		1	1					

Page 8

Par	Section A. Officers, Directors, Tru	stees, Key Em	oloye	es,	and	Hi	ghest	Co	mpensated Em	ployees (co	ntını	ıed)		_
					-	2)					l			
	(A)	(B)	(do r	not ch	Pos reck		than o	ne i	(D)	(E)			(F)	
	Name and title	Average	box,	unles	s pe	rson	ıs both	an	Reportable	Reportable			timated	
		hours per week (list any				recto	or/truste		compensation from	compensati from relate			ount of	
		hours for	Individual trustee or director	Institutional trustee	Officer	ey	mp ligh	Former	the	organizatioi	ns		pensatio	n
		related organizations	e de	튷	뾱	dwe	oye	ę	organization (W-2/1099-MISC)	(W-2/1099-M	SC)		om the anization	1
		below dotted	2 5	直		loye	e par		(,,			and	l related	
		line)	stee	uste.		•) Yens					orga	nızatıon	5
			ŀ	Я			Highest compensated employee							
(4E) A	April MarDhail	4.00	 	\vdash	\vdash	 	Ε-			<u> </u>	-+			
	/lark McPhail	1.00 0.00									- 1			
Directo	ddio Kolly	1.00		├	┢	-	_				\dashv			—
Directo		0.00												
	Com Maynor	1 00		╁	 						\dashv			—
Directo		0 00		ļ	l						Į			
	Tommy McDonald	1.00		<u> </u>	_						\neg			_
Directo		0 00	×											
	Gerry Purvis	1 00									一			
Directo		0.00	x											
(20) T	Tony Pompelia	1.00									\Box			
Directo		0.00	Х											
(21) J	loe Charles Sanders	1 00												
Directo		0.00	Х	L										
(22) H	laley Shirley	1.00												
Directo		0 00		L				_		ļ	ightharpoonup			
	Rev. Dr. Tom Sikes	1 00	1			ł								
Directo		0 00	X		_	L		_						
	Robert Smith	1 00				İ					ļ			
Directo		0 00				 	-	┝			 ∤			
	Judy Warden	1 00	1											
Directo		0 00	<u> </u>	١	<u> </u>	l	L	┢	0		0			_
	ธนธ-เอเลเ Fotal from continuation sheets to Part VII, So			•	•	•			<u> </u>		0			0
	Total (add lines 1b and 1c)	ection A				•	•	•	0		0			
	Total number of individuals (including but not lir	mited to those lis	ted a	ibov	e) v	vho	recei	ved	more than \$100	000 of				~
	eportable compensation from the organization				0	••••	.000.	•••	more man \$100	,,000 01				
			-										Yes	No
3 [Did the organization list any former officer, dire	ector, or trustee,	key e	emp	loye	e, c	r high	nes	t compensated		[1	
	employee on line 1a? If "Yes," complete Sched						΄.				.]	3		X
4 F	For any individual listed on line 1a, is the sum of	of reportable cor	npen	satio	on a	nd (other	cor	npensation from		Ī	` `		
	he organization and related organizations grea										- 1			
	ndıvıdual						,				- 1	4		X
5 (Old any person listed on line 1a receive or acci	rue compensatio	n fro	m a	nv u	ınre	lated	ora	anization or indi	vidual				
	or services rendered to the organization? If "Y										. 1	5		X
	on B. Independent Contractors								··	•	اا			
1 (Complete this table for your five highest compe	ensated indepen	dent	con	trac	tors	that	rece	eived more than	\$100,000 of	Í			
(compensation from the organization. Report co	mpensation for	the c	alen	dar	yea	ar end	ling	with or within th	e organizati	on's f	tax		
	year	·												
(A) (B)											(C)			
Name and business address								L	Description of ser	vices		ompen	sation	
													0	
								\vdash			0			
								├			0			
													0	
Total number of independent contractors (including but not limited to those listed above) who received											0			
	more than \$100,000 of compensation from the		.cu (() ▶	, aric	, उ ट ।	iiste	u abc	ve)	WITH TECEIVED					

Form 9	90 (201	4) Meridian Community Colle	ge Foundation_				23-7086	275 Page 9
Par	VIII	Statement of Revenue						
		Check if Schedule O contains	a response or n	ote to any line in	this Part VIII			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
75 KA	1a	Federated campaigns	├	0				
Contributions, Gifts, Grants and Other Similar Amounts	þ	Membership dues	1b	0				
s, G	С	Fundraising events	. <u>1c</u>	0				ļ
Gift lar	d	Related organizations	1d	0			İ	1
SI III	е	Government grants (contributions		0]	
utto	f	All other contributions, gifts, gran						ļ
충		similar amounts not included abo		2,702,056				
Con	g	Noncash contributions included in li	nes 1a-1f. \$	565,216				ļ .
	h	Total. Add lines 1a-1f .		. <u> </u>	2,702,056		ļ	
en.	_			Business Code		·		_
Program Service Revenue	2a		·		0		 	
9 R	b				0		 	
rvic	C			· · · · · · · · · · · · · · · · · · ·	0		 	
Se l	d				0		 	
Jran		All other program condec revenue	• • • • • • • • • • • • • • • • • • •		0			
٥٥		All other program service revenue Total. Add lines 2a–2f	; 	•	0			
	3	Investment income (including div					·	
					273,504			
	4	Income from investment of tax-ex			0			
	5	Royalties		0				
			(ı) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss) .	0	0				
	d	Net rental income or (loss)		. •	0			
	7a	Gross amount from sales of	(i) Securities	(II) Other				
i		assets other than inventory	15,187	0			ł	
i	b	Less cost or other basis					1	
		and sales expenses	14,943					
	c	Gain or (loss)	244	0				
	d	Net gain or (loss)		<u> ▶</u>	244		<u> </u>	
¢,	_	Out of the state o						
Other Revenue	8a	Gross income from fundraising	•		}			
Š		events (not including \$	0					
æ		of contributions reported on line						
Per	ь	See Part IV, line 18		0				
ठ	C	Net income or (loss) from fundral			0			
		Gross income from gaming activi	-		 		 	
	""	See Part IV, line 19.	. a	0	1			
	ь	Less. direct expenses	. b	0	1			
	C	Net income or (loss) from gaming		. •	0			-
		Gross sales of inventory, less	,		t		 	
			a	0				
	ь	Less. cost of goods sold .		0	1			
	С	Net income or (loss) from sales of			0			
		Miscellaneous Revenue		Business Code			 	T
	11a	Lifetime Quest Water Aerobics		900099	2,405			
	b			900099	0			
	C			900099	0			

0

0

2,405

2,978,209

d All other revenue

d All other revenuee Total. Add lines 11a–11d . .

Total revenue. See instructions

fundraising solicitation Check here ► if

following SOP 98-2 (ASC 958-720) .

Form 990 (2014) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX... (C) (D) (A) (B) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations domestic governments See Part IV, line 21. 1,422,212 1,422,212 2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . 78,690 78,690 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . Benefits paid to or for members 0 Compensation of current officers, directors, 5 trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 0 . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits . . . 0 0 10 11 Fees for services (non-employees): Management 0 а Legal 0 ь Accounting 7,990 7,990 Lobbying d 0 Professional fundraising services. See Part IV, line 17. 0 е Investment management fees 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . . . 10.003 10,003 13 Office expenses 6,359 6,359 Information technology 14 0 Royalties . 15 0 16 Occupancy 1,263 1,263 17 Travel . . . 6,066 . . . 6,066 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings. . . 5,065 5,065 20 8,078 8.078 21 Payments to affiliates . Depreciation, depletion, and amortization 22 16,393 0 16.393 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Brokerage Fees and Bank Charges 895 895 Hostessing h 44,273 3,069 41,204 С Office Support 89,037 89,037 4,126 3,976 150 All other expenses See Sch O 25,000 25,000 25 Total functional expenses. Add lines 1 through 24e 1,725,450 1,507,947 209,425 8.078 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Part X Balance Sheet

		Check if Schedule O contains a response of	note t	o any line in this Part X			X
					(A)		(B)
	1 - 2 -				Beginning of year		End of year
	1	Cash—non-interest-bearing		· · ·		1	
	2	Savings and temporary cash investments			505,586	2	637,910
	3	Pledges and grants receivable, net	•		196,266	3	862,255
	4	Accounts receivable, net		_ · · ·	6,172	4	386
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens		mployees.	<u> </u>		
	١,	Complete Part II of Schedule L		: <u>.</u>		5	
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and cont	ributing employers and			
s)		sponsoring organizations of section 501(c)(9) voluntary e		es' beneficiary			
Assets	١.,	organizations (see instructions) Complete Part II of Scho		6			
As	7	Notes and loans receivable, net		· · · · · -	0	7	0
•	8	Inventories for sale or use	•	· · -		8	
	9	Prepaid expenses and deferred charges .		, · · · - -		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D					
	Ь		10a		750.070		4 404 404
	11	Incomplete to the first of the state of the	10b	135,317	753,076		1,104,424
	12	Investments—publicly traded securities Investments—other securities. See Part IV, line	44	· · · · · · · · · · · · · · · · · · ·	13,379,457	11	13,828,751
	13	Investments—program-related. See Part IV, line		· · · · · 	0	12	0
	14	Intangible assets	= 11	· · · · ·	239,041	13 14	244,978
	15	Other assets See Part IV, line 11		· · · · - -	0 4,271	15	0 2 070
	16	Total assets. Add lines 1 through 15 (must equ		· · ·	15,083,869	16	3,070
_	17	Accounts payable and accrued expenses		<u>54)</u>	84,430	17	16,681,774 42,811
	18	Grants payable		· · · ·	160,000	18	370,000
	19	Deferred revenue			100,000	19	370,000
	20	Tax-exempt bond liabilities	· · · ·		20		
	21	Escrow or custodial account liability Complete		of Schedule D		21	
S	22	Loans and other payables to current and forme					
Liabilities		trustees, key employees, highest compensated					
abi		disqualified persons. Complete Part II of Sched				22	
Ï	23	Secured mortgages and notes payable to unrel	ated th	ird parties	0	23	0
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, page 1975)	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24) Complete			
		Part X of Schedule D		, ,	50,755	25	48,621
	26	Total liabilities. Add lines 17 through 25.			295,185	26	461,432
10		Organizations that follow SFAS 117 (ASC 95	8), che	ck here ► X and			t
ö		complete lines 27 through 29, and lines 33 a	nd 34.	_			
au	27	Unrestricted net assets		· [1,266,629	27	1,493,755
Ba	28	Temporarily restricted net assets			1,804,002		8,474,108
덛	29	Permanently restricted net assets			11,718,053		6,252,479
Ξ		Organizations that do not follow SFAS 117 (ASC958),	check l	here ▶ 🗍 and			
ō		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		-		30	
SS	31	Paid-in or capital surplus, or land, building, or e		ent fund		31	
ΪĀ	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			14,788,684		16,220,342
	34	Total liabilities and net assets/fund balances			15,083,869		16,681,774
					.5,555,500	<u> </u>	10,001,774

	990 (2014) Mendian Community College Foundation	23-70	186275	Pag	e 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,978	,209
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,725	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,252	,759
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	4,788	,684
5	Net unrealized gains (losses) on investments	5		178	,899
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	6,220	,342
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			[
	<u></u>			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		73	`	•
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			<u>.</u> ,	
	Schedule O.		, , , , , , , , , , , , , , , , , , ,	-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			ά, ,	, .
	reviewed on a separate basis, consolidated basis, or both			/-	4-
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			Υ	*,
	separate basis, consolidated basis, or both			; ; -	
	Separate basis Consolidated basis X Both consolidated and separate basis		(٠	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			'"," '	1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in		20 "		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	-	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		П		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

		ne organization					Employer Identificatio			
		Community College Foundation		 			23-70	86275		
	rt I	Reason for Public Chari								
The 1	orga	anization is not a private foundati A church, convention of churche	· ·	•	-	-				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	X	An organization operated for the section 170(b)(1)(A)(iv). (Com		e or university owned o	or operate	d by a gov	vernmental unit desc	cribed in		
6		A federal, state, or local govern	ment or governmen	tal unit described in se	ction 170	(b)(1)(A)(v).			
7		An organization that normally redescribed in section 170(b)(1)(m a gover	nmental u	nit or from the gene	ral public		
8		A community trust described in	section 170(b)(1)(A)(vi). (Complete Part I	II.)					
9		An organization that normally re receipts from activities related t support from gross investment acquired by the organization aff	o its exempt function income and unrelated	ns—subject to certain ed business taxable inc	exception come (les	s, and (2) s section 5	no more than 33 1/3 511 tax) from busine	3% of its		
10		An organization organized and								
11		An organization organized and of one or more publicly support	operated exclusivel	y for the benefit of, to p	perform th	e function:	s of, or to carry out t			
		Check the box in lines 11a throi	ugh 11d that descrit	pes the type of support	ing organi	zation and	d complete lines 11e	, 11f, and 11g.		
á	3	Type I. A supporting organiz the supported organization(s organization You must con	s) the power to regu	larly appoint or elect a						
ı)	Type II. A supporting organize control or management of the organization(s). You must c	zation supervised or e supporting organi	r controlled in connection can rection vested in the sa						
(;	Type III functionally integral its supported organization(s)	ated. A supporting o	organization operated i	n connect	on with, a	nd functionally integ	rated with,		
(t	Type III non-functionally in that is not functionally integr	tegrated. A suppor ated. The organizat	ting organization opera ion generally must sati	ited in cor sfy a distr	nection with	ith its supported org quirement and an at			
	9	requirement (see instruction Check this box if the organiz						- 111		
•	7	functionally integrated, or Ty	pe III non-functiona	illy integrated supporting	n me iks na organiz	ation	турет, турет, тур	e III		
1	Ī	Enter the number of supported		, , , , , ,				0		
	9	Provide the following information								
	(1)	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
	_			(666 11/611 2011 2011 2011 2011 2011 2011 2011 2	Yes	No				
(A)							· · · · · · · · · · · · · · · · · · ·			
(B)		·								
(C)										
(D)										
(E)										
Tot	al						0	0		

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	·					
	include any "unusual grants")	1,251,517	964,288	1,029,861	1,387,544	2,702,056	7,335,266
2	Tax revenues levied for the organization's	1,231,317	304,200	1,029,001	1,307,344	2,702,000	1,335,200
_	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities	-					
	furnished by a governmental unit to the						
	organization without charge .						0
4	Total. Add lines 1 through 3	1,251,517	964,288	1,029,861	1,387,544	2,702,056	7,335,266
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)					′ `	
	included on line 1 that exceeds 2%				,	·	
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						7,335,266
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,251,517	964,288	1,029,861	1,387,544	2,702,056	7,335,266
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar					ĺ	
	sources	233,651	227,964	229,257	241,567	273,504	1,205,943
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on			7			0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI)						0
11	Total support. Add lines 7 through 10			l			8,541,209
12	Gross receipts from related activities, etc (se	•				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	ganization's first, s	econd, third, fourth	i, or fifth tax year a	s a section 501(c)	(3)	. —
							
	tion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2014 (line 6, co))		14	85 88%
	and any any paragraphic and the control of				.	15	83 22%
Ioa	33 1/3% support test—2014. If the organiza	ition did not check	the box on line 13,	and line 14 is 33 1	1/3% or more, che	ck this box	
_	and stop here. The organization qualifies as						► X
D	33 1/3% support test—2013. If the organization and stop here. The organization much feet and stop here.	ition did not check	a box on line 13 or	r 16a, and line 15 is	s 33 1/3% or more	, check this	
47.	box and stop here. The organization qualified						. ▶ 🗀
1/a	10% -facts-and-circumstances test—2014.	If the organization	n did not check a be	ox on line 13, 16a,	or 16b, and line 1	4	
	is 10% or more, and if the organization meets Part VI how the organization meets the "facts	and-circumstance	cumstances" test, (es" test. The organi	check this box and	stop here. Explai	in in	
	organization			zation qualifies as	a publicly support	c u	_
b	10%-facts-and-circumstances test—2013.	If the organization	n did not check a be	ox on line 13. 16a	16b. or 17a and I	ine	
	15 is 10% or more, and if the organization me	ets the "facts-and	-circumstances" te:	st, check this box a	and stop here. Ex	oplain in	
	Part VI how the organization meets the "facts	-and-circumstance	es" test. The organi	zation qualifies as	a publicly		
	supported organization .		•		•		. ▶ 🗌
18	Private foundation. If the organization did no	ot check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see		_
	instructions		•				. ▶□

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						*****
	received (Do not include any "unusual grants")						0
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				ļ		0
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						-
•	benefit and either paid to or expended on						
	its behalf			•			0
5	The value of services or facilities				 		<u>_</u>
3							
	furnished by a governmental unit to the						0
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons						0
þ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	· 在 多 读得 3 种	Section of the		CALL MAN	A 154 - 154 A	
	line 6)	Market Records Set	Far Fair Car	人。為可可能	with the state of	244年中国	0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						-
	payments received on securities loans,						
	rents, royalties and income from similar sources					i	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	Ö	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						<u>.</u>
	loss from the sale of capital assets						
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	ا ا	0	0	l 0	o	0
14	First five years. If the Form 990 is for the o						0
	organization, check this box and stop here		ooona, maa, room	ii, or man tax year t	as a section sor(c)	(3)	▶ [
Sec	tion C. Computation of Public Su	nnort Percent:	200			•	
	Public support percentage for 2014 (line 8, c			·	<u></u>	15	0 00%
	Public support percentage from 2013 Sched			.0))		16	
	tion D. Computation of Investmen					10	0 00%
17	Investment income percentage for 2014 (line			oluma (fi)	······································	47	0.000/
18	Investment income percentage from 2013 S			olullii (1))		17	0.00%
	33 1/3% support tests—2014. If the organi			4 and line 45 in	noro than 22 1/20/	18	0.00%
	not more than 33 1/3%, check this box and s	stop here. The are	anization qualifica	as a publicle 10 IS IT	orted organization	and line 17 is	. —
b	33 1/3% support tests—2013. If the organi	ization did not cher	k a hox on line 14	or line 10a and he	oneu organization		▶
_	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	or mie 13a, and III Laualifies as a nub	ie io is more trian	oo 17070, and anization	_
20	Private foundation. If the organization did	not check a boy on	line 14, 10a or 10	h chack this have	and soo instruction	amzauun	₹ ⊨
	The state of the s	HOLDIECK & DOX OIL	c 14, 198, 0f 19	ID, CHECK THIS DOX	and see instruction:	S , .	▶

Page 4

Supporting Organizations Part IV

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete I	<u> Part V)</u>		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		1
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		,	
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u> </u>	-	
Ja	(b) and (c) below	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	 0		$\vdash \neg$
b				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b		
_	organization made the determination	30		-
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		 ,
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		 	
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		├
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	- [
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion]		لــــا
	despite being controlled or supervised by or in connection with its supported organizations	4b	ļ	<u> </u>
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	<u> </u>		
	purposes	4c		<u> </u>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	ļ		
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class	1	,	
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also		٠.	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		ĺ	
	Part VI.	6	1	1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	<u> </u>	- , -	
•	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		 	┼──
J	If "Yes," complete Part I of Schedule L (Form 990)	8	 	├ ──
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1	 	┼
Ja	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	İ	l	1
	· · · · · · · · · · · · · · · · · · ·		l	
h	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	├	+
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which		 	
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	├	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	\ <u> </u>	 	
46	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	 	+
10a	5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	ļ	 	
_	organizations)? If "Yes," answer (b) below	10a	ļ	↓
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	1

determine whether the organization had excess business holdings)

10b

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			اـــا
	below, the governing body of a supported organization?	11a		 _
b	A family member of a person described in (a) above?	11b		<u> </u>
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u> </u>
Secti	ion B. Type I Supporting Organizations		Yes	No
	Did the directors to the power to		res	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,	1		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	}		
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		ļ	
	the supported organization(s)	1_1_	<u></u>	<u> </u>
Sect	ion D. All Type III Supporting Organizations		T.,	 -
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1		1
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1	ļ	لــــا
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	 '	-	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ŀ	ŀ	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		 '
3	By reason of the relationship described in (2), did the organization's supported organizations have a		 	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ıction	s)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions	2)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		l	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20	╁─┈	
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	1	1
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			\mathbf{I}
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		tructions. All
other Type III non-functionally integrated supporting organizations must con	mplete	Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	\top		
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount		-	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly-inte	egrated Type III supporting	organization (see
instructions)			

Part V	Type III Non-Functionall	y Integrated 509(a)(3)	Supporting Organia	zations (continued)	
	n D - Distributions	Current Year			
	Amounts paid to supported organized				
2	Amounts paid to perform activity the	nat directly furthers exemp	ot purposes of supported		
	organizations, in excess of income	from activity			
3	Administrative expenses paid to a	tions			
	Amounts paid to acquire exempt-u				
	Qualified set-aside amounts (prior				
6	Other distributions (describe in Pa	rt VI) See instructions			
	Total annual distributions. Add II				0
8	Distributions to attentive supported	d organizations to which the	ne organization is respor	nsive	
	(provide details in Part VI) See in				
9	Distributable amount for 2014 from	Section C, line 6			0
10	Line 8 amount divided by Line 9 ar	mount			0 000
Se	ection E - Distribution Allocations	s (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from	Section C, line 6			0
2	Underdistributions, if any, for years	s prior to 2014			
	(reasonable cause required-see in	structions)			
3	Excess distributions carryover, if a	ny, to 2014:			
а					
b					
с		···			
d					
	From 2013	·			
	Total of lines 3a through e		0		
	Applied to underdistributions of pri			0	
<u>h</u>	Applied to 2014 distributable amou				0
<u>i_</u>	Carryover from 2009 not applied (
<u>i</u> _	Remainder Subtract lines 3g, 3h,		0		
	Distributions for 2014 from Section	ו			
	D, line 7 [·]	\$ 0		<u></u>	
	Applied to underdistributions of pri			0	
	Applied to 2014 distributable amou	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			0
	Remainder Subtract lines 4a and		0		
5	Remaining underdistributions for y	•			
	any Subtract lines 3g and 4a from	•	'		
	greater than zero, see instructions		<u>. </u>	0	
6	Remaining underdistributions for 2				
	and 4b from line 1 (if amount great	ter than zero, see			
7	instructions)	10 2045 Add Imag 21			0
′	Excess distributions carryover t	to 2015. Add lines 3j			
8	and 4c. Breakdown of line 7		0		
	Breakdown of life /				
a b					
C					
d	Excess from 2013				
e	Excess from 2014	0	 		
-	LAUCOS HUIII ZU 19 .			i	

Schedule A (For	rm 990 or 990-EZ) 2014	Meridian Community College Foundation	23-7086275	Page 8
Part VI	Supplemental	Information. Provide the explanations required by Part II, line 10; Part II	line 17a or	17b, and
	Dort III. line 12	Also complete this part for any additional information (See instructions).	, ,,,,,	
	Part III, line 12	Also complete this part for any additional information (See instructions).	 	
				-
·		••••		
				
- 				
-				
				.
		•••••		·
				
		***************************************		·
		•••••••••••••••••••••••••••••••••••••••		

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name c	of the organization	Employer identification number	
Merid	23-7086275		
Part	an Community College Foundation Organizations Maintaining Dong	or Advised Funds or Other Similar F	
		ered "Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	nor advisors in writing that the assets held in	n donor advised
•	funds are the organization's property, subject		
6	Did the organization inform all grantees, dono		
•	used only for charitable purposes and not for		
	purpose conferring impermissible private ben		Yes No
Part	<u> </u>		
_Fart		erod "Voc" to Form 000 Port IV line 7	
_		ered "Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held b	· -	of a biotocically important land area
	Preservation of land for public use (e g , recre		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizat	on held a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation ease	ements	. 2b
С	Number of conservation easements on a cert		2c
d	Number of conservation easements included		
	historic structure listed in the National Registe	· · ·	2d
3	Number of conservation easements modified	, transferred, released, extinguished, or tern	ninated by the organization
	during the tax year ►	-	
4	Number of states where property subject to c	onservation easement is located	
5	Does the organization have a written policy re	egarding the periodic monitoring, inspection,	, handling of
	violations, and enforcement of the conservati	on easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation e	easements during the year
	•		
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation ease	ments during the year
	▶ \$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements of	of section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes . No
9	In Part XIII, describe how the organization re	ports conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the	text of the footnote to the organization's fina	ancial statements that describes
	the organization's accounting for conservation		
Part	Organizations Maintaining College	ections of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under	er SFAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other sim		
	of public service, provide, in Part XIII, the tex		
b	If the organization elected, as permitted under		
-	works of art, historical treasures, or other sim		
	of public service, provide the following amount		, c. reconstruction and
	(i) Revenue included in Form 990, Part VIII,		> \$ 7,150
	(ii) Assets included in Form 990, Part X		► \$ 233,192
2	If the organization received or held works of		
_	following amounts required to be reported un		
а	Revenue included in Form 990, Part VIII, line		▶ \$
b	Assets included in Form 990, Part X	• • • • • •	• • • • • • • • • • • • • • • • • • • •

Part	III Organizations Maintaining	Collections of	Art, Histo	rical Tr	easures, or	Other	r Similar As <mark>set</mark> s	(con	inued	$\overline{}$
3	Using the organization's acquisition, ac		records, cl	neck any	of the following	ng that	are a significant			
	use of its collection items (check all that	at apply):								
a	X Public exhibition		d []	Loan	or exchange p	rogram	าร			
b	Scholarly research		е 🗌	Other						
С	X Preservation for future generation	ons								
4	Provide a description of the organization		explain ho	w thev fu	irther the orga	nizatio	n's exempt purpos	e in		
•	Part XIII.			,						
5	During the year, did the organization s	olicit or receive don	ations of a	rt, historic	cal treasures,	or othe	r sımılar			
	assets to be sold to raise funds rather							Ye	s 🛛	No
Part	IV Escrow and Custodial Arra	angements.			·					
	Complete if the organization	answered "Yes"	to Form 9	90, Par	t IV, line 9, c	or repo	orted an amount	on Fo	rm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, o	ustodian or other in	termediary	for contr	ributions or ot	her ass	ets not		_	
	included on Form 990, Part X?							Ye	s [No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete	the follow	ing table						
						ļ	Ar	nount		
C	Beginning balance		•	•		1c				0
d	Additions during the year	•		•	•	1 <u>d</u>				
e	Distributions during the year .			•		1e				
f	Ending balance			•		1f				0
2a	Did the organization include an amour	it on Form 990, Par	t X, line 21	, for escr	ow or custodia	al acco	unt liability?	Ye	s 🔀	No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	if the expla	nation ha	as been provid	ded in F	Part XIII			_
Part	V Endowment Funds.									
	Complete if the organization	answered "Yes"	to Form 9	990, Par	t IV, line 10					_
		(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	11,718,053	9,	886,377	8,84	8,963	8,909,661		7,59	8,277
b	Contributions	833,555		444,193	11:	5,478	97,511		14	6,534
c	Net investment earnings, gains,									
	and losses	407,773		682,972		4,173	<u>135,739</u>			8,666
d	Grants or scholarships	154,830		173,143	17	0,250	168,969		10	5,895
e	Other expenditures for facilities				_					
	and programs	84,720		89,360		4,344	99,062	_		4,736
T	Administrative expenses	33,410		32,986		7,643	25,917			3,185
g	End of year balance	12,686,421		718,053		6,377	8,848,963		8,90	9,661
2 a	Provide the estimated percentage of the Board designated or quasi-endowmen			ne 1g, co	olumn (a)) neli	a as				
b	Permanent endowment	99%	1%							
c	Temporarily restricted endowment	> %								
·	The percentages in lines 2a, 2b, and 2		•							
3a	Are there endowment funds not in the			n that are	held and adr	nınıster	red for the			
	organization by	,	J						Yes	No
	(i) unrelated organizations .							3a(i)		Х
	(ii) related organizations						•	3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organi	zations listed as re-	quired on S	Schedule	R?			3b		
4	Describe in Part XIII the intended uses	of the organization								
Par										
	Complete if the organization	answered "Yes"	to Form !	990, Par	rt IV, line 11a	a. See	Form 990, Part	X, line	10	
	Description of property	(a) Cost or o			ost or other		Accumulated	(d) B	ook valu	e
		(investri		basi	is (other)	- 0	depreciation			
1a	Land	.	335,229		0					5,229
b	Buildings	·	874,163		0		114,504		75	9,659
¢	Leasehold improvements .	·	0		0		0			0
d	Equipment		14 500	··········	15,849		13,019			2,830
e Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 05	14,500	column (0) B) /mo 10c)		7,794			6,706 4,424
	in the state of th		ou, ruit A,	ooiuiiiii (i	<i>טווו</i> זונט ל	,			4. IU	4.424

Page 3

Part VII	Investments—Other Securities Complete if the organization an) Part IV line 11b See Form	n 990 Part X line 12
(a) l	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	luation
(1) Financial d	lerivatives	0		
(2) Closely-he	eld equity interests .	0		·
(3) Other				
(C)				
(D)				
<u>(E)</u>				
(F)				
(G)				
(H)				
	nust equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relate Complete if the organization an		0, Part IV, line 11c See Form	n 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)				
(2)				
(3)				
(4)				-
(5)				
(6)				
_(7)				
(8)				
(9)				
	nust equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets. Complete if the organization an	swered "Yes" to Form 990	0. Part IV. line 11d. See Forn	n 990, Part X. line 15
) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) •				
	n (b) must equal Form 990, Part X, co	I (B) line 15)	<u> </u>	0
Part X	Other Liabilities. Complete if the organization an	swered "Yes" to Form 990	0, Part IV, line 11e or 11f Se	e Form 990, Part X,
1	line 25 (a) Description of liability	(h) David		
1. (1) Federal I		(b) Book value		
(2) Annuity #	ncome taxes	49.004		
(3)	+ 3 Liability	48,621		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(3)				
	ust equal Form 990, Part X, col (B) line 25)	48,621		

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" to Form 990, Pai		er Return.	
1	Total revenue, gains, and other support per audited financial statements.		1	2,978,209
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	22.4	
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,978,209
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		2,010,200
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Department of Book VIII.)	4b		
c	A.(11) - A 1.40	_ +0	4c	n
5	Add lines 4a and 4b. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).		5	2,978,209
Part	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, Pa		s per Keturi	
1	Total expenses and losses per audited financial statements		1	1,725,450
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		200	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c	253	
d	Other (Describe in Part XIII.)	2d	100	
е	Add lines 2a through 2d	•	. 2e	0
3	Subtract line 2e from line 1		3	1,725,450
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		198	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	***	
C	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u>.</u>	. 5	1,725,450
Part	XIII Supplemental Information.	_		
Provid	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b,	Part V, line 4;	Part X, line
	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro			
	Line 2 The Foundation is exempt from federal income taxes on related income i	· · · · · · · · · · · · · · · · · · ·		
	Time 2 The Foundation is exempt from leading modifie taxes on related modifie t	undoi		
Intern	al Revenue Code section 501(a) as an organization described in section 501(c)(3	3).		
The F	oundation is subject to routine audits by taxing jurisdictions; however, there are			
curre	ntly no audits for any tax periods in progress. The Financial Accounting Standard	s		
Board	(FASB) issued FASB Accounting Standards Codification (ASC) 740-10 (formerly	y FIN 48,		
"Acco	unting for Uncertainty in Income Taxes"). FASB ASC 740-10 calls for recognition	and		
meas	urement of all uncertain tax positions taken or expected to be taken by U.S			
	anies. The Foundation has not taken any uncertain tax positions nor do they exp			
The f	ederal income tax returns of the Foundation for 2015, 2014, 2013, and 2012 are			
subje	ct to examination by the IRS, generally for the three years after they are filed			
Part \	Line 4 The intended uses of the endowments are as follows: Scholarships \$ 6.5	939,256		
Awar	ds 16,787 Faculty/Staff 1,669,745 Other Programs 4,060,632 Total \$12,686,421			
	∕ Line 1 The numbers reported under Part V include the earnings less intended u			

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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Schedule I	
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2014	Open to Public	Inspection
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OMB No 1545-0047

Employer identification number

ž

23-7086275			X Yes
		Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	ssistance	the amount of the grants or	ance?
Meridian Community College Foundation	General Information on Grants and Ass	loes the organization maintain records to substantiate	the selection criteria used to award the grants or assistance?
Meridiar	Partl	_ _	ŧ

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(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
(1) Mendian Community College 910 Hwv 19 N Mendian MS 39307	64-6035781		451,502				Scholarships
(2) Meridian Community College 910 Hwy 19 N Meridian, MS 39307	64-6035781		165,000				Assoc Degree Nursing Program
(3) Mendian Community College 910 Hwv 19 N Mendian, MS 39307	64-6035781		67,160				Early Childhood Program
(4) Mendian Community College 910 Hwv 19 N Mendian, MS 39307	64-6035781		436,385				Donations to MCC
(5) Mendian Community College 910 Hwy 19 N Meridian, MS 39307	64-6035781		18,994				Various sports programs
(6) Mendian Community College 910 Hwy 19 N Mendian, MS 39307	64-6035781		25,279				Lifetime Quest program
(7) Mendian Community College 910 Hwy 19 N Mendian, MS 39307	64-6035781		31,789				McCaın Theater
(8) Mendian Community College 910 Hwy 19 N Mendian, MS 39307	64-6035781		13,591				Arts & Letters Series
(9) Mendian Community College 910 Hwy 19 N Meridian, MS 39307	64-6035781		5,458				Crooks Teaching Chair
(10) Mendian Community College 910 Hwy 19 N Mendian, MS 39307	64-6035781		21,280				Vanous Department Support
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table. 	ı 501(c)(3) and g ırganızatıons lıstı	overnment organization organization	itions listed in the line 1	l table		▲ ▲	1

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

Schedule I (Form 990) (2014)

Meridian Community College Foundation

Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

	י מוניוו כמון כל מקרומים וו מממונים ושלים וו ווכלים	שטיייו כו שטשקט וו				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		reapients	cash grant	non-cash assistance	FMV, appraisal, other)	į
Schol	Scholarships to Graduates					
_		12	23,550			
Facul	Faculty Staff Annual Awards					
-		19	13,000			
Faculi	Faculty Staff Course Grants					
_		20	9,750			
Art &	Art & Literary Awards					
		65	6,394			
Hollac	Holladay Professional Development Grants					
		11	12,936			
_						
art IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	the information re	equired in Part I, line	2, Part III, column	(b), and any other addit	ional information

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Employer identification number

Meridian Community College Foundation 23-7086275 Types of Property (c) (a) (d) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Х 7,150 market value Art—Works of art . 2 Art—Historical treasures . Art-Fractional interests . . 3 4 Books and publications . . 5 Clothing and household goods . Cars and other vehicles 6 7 Boats and planes . . . 8 Intellectual property . . Х 5,580 Market value on date of gift 9 Securities—Publicly traded 10 Securities—Closely held stock 11 Securities—Partnership, LLC. or trust interests . . 12 Securities-Miscellaneous. 13 Qualified conservation contribution—Historic structures . . 14 Qualified conservation contribution—Other Real estate—Residential 15 Real estate—Commercial 367,741 Appraisal report 16 17 Real estate—Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . 21 Taxidermy. 22 Historical artifacts 23 Scientific specimens Archeological artifacts . 24 Other ▶ (Donation to MCC) 25 Х 8 155,994 value of items received 26 Other ▶ (Management & Ge) Х 14 28,751 value of services or items recd Other ▶ (27 28 Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement. 0 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . 30a Х b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Х b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (F	Supplemental Information. Provide the information required by Part I, lines 30b, 30 the organization is reporting in Part I, column (b), the number of contributions, the number of both Also complete this part for any additional information	23-7086275 Page 2 2b, and 33, and whether umber of items received,
Part 1 Line	16 The Commercial Real Estate donation was made to the foundation because it	
has a tax-e	xempt determination letter from the Internal Revenue Service. The real estate	
property w	Il be donated to Meridian Community College during the next fiscal year for the	
college's u	se which was the donor's intent. The property was still titled to Meridian	
Community	College Foundation as of June 30, 2015 and Meridian Community College had not	
recorded it	as an asset as of June 30, 2015.	
	······································	
		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2014
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Meridian Community College Foundation	23-7086275
Form 990, Part III, Line 4d: Program Service Expenses: 25,279, Grants and allocations: 0,	
Revenue: 0 Lifetime Quest Program - Community development program for learning in retirement	,
Form 990, Part III, Line 4d Program Service Expenses: 13,591, Grants and allocations: 0,	
Revenue. 0 Arts & Letters Series - Cultural programs presented for the enlightment or college	
students, faculty, staff and members of the community	
Form 990, Part III, Line 4d: Program Service Expenses: 6,789, Grants and allocations 0,	
Revenue 0 McCain Theater Support	
Form 990, Part III, Line 4d Program Service Expenses: 8,013, Grants and allocations: 0,	
Revenue 0 Art, Literary Review & Academic Awards	
Form 990, Part III, Line 4d Program Service Expenses: 6,847, Grants and allocations 0,	
Revenue: 0 Golf Program Support	
Form 990, Part III, Line 4d Program Service Expenses: 165,000, Grants and allocations: 0,	
Revenue 0 Nursing Department Support from designated contributions	
Form 990, Part III, Line 4d Program Service Expenses: 221,385, Grants and allocations: 0,	
Revenue: 0 Donations to Meridian Community College from designated contributions	
Form 990, Part III, Line 4d Program Service Expenses: 370,000, Grants and allocations 0,	
Revenue 0 Workforce Development Program Support	
Form 990, Part III, Line 4d Program Service Expenses 25,000, Grants and allocations: 0,	
Revenue 0 Honors College support	
Form 990, Part III, Line 4d. Program Service Expenses: 25,000, Grants and allocations: 0,	
Revenue: 0 Student Activities Building construction support	
Form 990, Part III, Line 4d Program Service Expenses: 5,796, Grants and allocations 0,	
Revenue 0 Baseball Program Support	
Form 990, Part III, Line 4d Program Service Expenses 4,822, Grants and allocations. 0,	
Revenue 0 Instrumental Music Dept Support	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Meridian Community College Foundation

Part I

Related Organizations and Unrelated Partnerships

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

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

Open to Public

Employer identification number

23-7086275

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	ıtrolling y
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
Part II Identification of Related Tax-Exempt Organizations Complete one or more related tax-exempt organizations during the tax year	tions Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had ing the tax year	on answered "Yes	" on Form 990, P	art IV, line 34 be	cause it h	ad
(a) Name, address, and EIN of related organization Pnma	(b) (c) Pnmary activity Legal domicile (state or foreign country)	(d) (state Exempt Code section ntry)	(e) Public chanty status (if section 501(c)(3))	(f) (atus Direct controlling (3))		(g) Section 512(b)(13) controlled entity?
(1) Mendian Community College 64-6035781 910 Highway 19 N Meridian, MS 39307	College	170(b)(1)(A)(vı)	S	N/A		+
(2)						
(6)						
(4)						
(5)						
(9)						
(2)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.				Schedule	Schedule R (Form 990) 2014	90) 2014

Schedule R (Form 990) 2014

Percentage ownership (i) Section 512(b)(13) controlled Ŷ 3 Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part (j) General or managing partner? ŝ (h) Percentage ownership Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets (g) Share of (h) Disproportionate allocations? Yes No (f) Share of total IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year (f) Share of total income (d) Direct controlling Predominant income (related, unrelated, sections 512-514) excluded from tax under (state or foreign country) (c) Legal domicile (d)
Direct controlling | Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV 9 0 2 **⊕** € 3 (2) <u>ල</u> 3 9 9 0

Schedule R (Form 990) 2014

Page 3

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	2
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	l organizations listed ın	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a		×
b Gift, grant, or capital contribution to related organization(s).			1 p	×	
c Gift grant, or capital contribution from related organization(s).	•		10		×
A Long and an area from the fact of the fa			7		×
			2 ,	1	; ,
e Loans or loan guarantees by related organization(s)			e L	1	×[
f Dividends from related organization(s)			11		×
a Sale of assets to related organization(s)			19		×
			ŧ		×
			÷		×
Exclange of assets with related organization(s)			;		()>
j Lease of facilities, equipment, or other assets to related organization(s)			-		√
k Lease of facilities, equipment, or other assets from related organization(s)			*		×
1 Performance of services or membership or fundraising solicitations for related organization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)			1		×
			÷	×	
			,	;	
o Sharing of paid employees with related organization(s)			2	<	ſ
p Reimbursement paid to related organization(s) for expenses.			40	×	
q Reimbursement paid by related organization(s) for expenses			19		×
			1.	×	
Cutiel transfer of cash of property to reface organization(s)				1	,
s Other transfer of cash or property from related organization(s)			18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	, including covered rela	ationships and transact	ion thresho	ş	
(a)	(g)	9	_	Đ	
Name of related organization	Transaction type (as)	Amount involved	Method of determining amount involved	thod of determin amount involved	guin P
			detailed listing of pmts	sting o	f pmts
(1) Mendian Community College	۵	548,410			
			detailed listing of pmts	sting o	f pmts
(2) Meridian Community College	Ľ	5,000			
			detailed listing of pmts	sting o	f pmts
(3) Mendian Community College	0	84,037			
			detailed listing of pmts	sting o	f pmts
(4) Meridian Community College	q	54,834			
	1	C	detailed listing of pmts	sting o	f pmts
(5) Mendian Community College		000,62			

Schedule R (Form 990) 2014

23-7086275

Part VI

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

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

(a) (b) (c) (d) (e) (d)	(b)	(3)	(p)		(e)	Ψ	(b)	3	-	9			8
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all p	Are all partners	Share of	Share of	Disproportionate allocations?		Code V—UBI	General or		Percentage
		country)	uncelated, excluded from tax under sections 512-514)	501(c	501(c)(3) organizations?		assets			of Schedule K-1 (Form 1065)	partner?		diusiani
				Yes	ş			Yes	ę		Yes	ş	
(1)													
(2)									<u> </u>				
(3)									 <u>-</u>				
(4)													
(5)													
(9)													
(7)													<u>.</u>
(8)													
(6)													
(10)													
(11)													
(12)													
(13)												ļ. <u>.</u>	
(14)													
(15)													
(16)													
										Sched	ule R (F	orm 99	Schedule R (Form 990) 2014

Schedule R (For	m ₂ 990) 2014	Meridian Community College Foundation	23-7086275	Page 5
Part VII		ental Information		
	Provide a	dditional information for responses to questions on Schedule R (see inst	ructions).	
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