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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

2015
Open to Public Inspection

X Yes No Form 990 (2015)

OMB No 1545-0047

For the 2015 calendar year, or tax year beginning and ending C Name of organization D Employer Identification number Check if applicable Midland College Foundation Address change Doing business as 23-7315067 Name change Number and street (or PO box if mail is not delivered to street address) Room/suite E Telephone numbe 432-684-7851 Initial return 3600 N. Garfield City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated Midland TX 79705 3,918,030 G Gross receipts \$ Amended return Name and address of principal officer H(a) is this a group return for subordinates? Application pending Rick Bender 3600 N Garlfield H(b) Are all subordinates included? If "No," attach a list. (see instructions) TX 79705 Midland 501(c)(3) 501(c) () (insert no) 4947(a)(1) or Tax-exempt status www.midlandcollegefoundation.org Website > H(c) Group exemption number Year of formation 1973 Form of organization X Corporation Trust Association M State of legal domicile Part I Summary 1 Bnefly describe the organization's mission or most significant activities. Midland College Foundation, Inc. is a non-profit organization established Governance to provide support for the educational goals of Midland College and its students. 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets 24 3 Number of voting members of the governing body (Part VI, line 1a) රේ 24 4 4 Number of independent voting members of the governing body (Part VI, line 1b) Ō 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 15 6 Total number of volunteers (estimate if necessary) 6 -106,335 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -106,335 b Net unrelated business taxable income from Form 990-T, line 34 Current Year Prior Year 7,448,746 1,800,406 8 Contributions and grants (Part VIII, line 1h) 090 9 Program service revenue (Part VIII, line 2g) 2,223,959 2,601,532 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 184 and 1919) 3 8 2016 B <u>-106,335</u> 10,050,278 3,918,030 12 Total revenue - add lines 8 through 11 (must equal Part VIII; column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 143) 2,305,883 2,833,745 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salanes, other compensation, employee benefits (Part IX, cotumn (A), lines 5-10) <u>0</u> 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>925,145</u> 1,872,452 4,706,197 3,231,028 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,819,250 -788,167 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 50,294,705 46,729,082 20 Total assets (Part X, line 16) 622,443 1,519,928 21 Total liabilities (Part X, line 26) 49,672,262 45,209,154 22 Net assets or fund balances, Subtract line 21 from line 20 Signature Block Part II Under penalties of penury, I-declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Rick Bender Admin Services Type or print name and title Print/Type preparer's name Paid P00295886 Alan Douglas Preparer Johnson, Miller 85-0214336 Co. Firm's EIN Firm's name **Use Only** 550 W Texas Ave Ste 79701-4279 432-683-1835 TX Midland Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

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Form	990 (2015) Midland Colleg	e Foundation	23-7315067	Page 2
	t III Statement of Program	Service Accomplishments		
		tains a response or note to any line	in this Part III	X
M: to		ation, Inc. is a non- t the educational goal		
			 	
	Did the organization undertake any signifi prior Form 990 or 990-EZ? If "Yes," describe these new services on	cant program services during the year which Schedule O	n were not listed on the	Yes X No
	services?	make significant changes in how it conduct	ts, any program	Yes X No
4		ce accomplishments for each of its three la) organizations are required to report the an		
	(Code) (Expenses \$ ayments made to Midla	including grants of \$ and College for the op) (Revenue \$ perating budget)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	
			, ,	·
	Other program services (Describe in Sch (Expenses \$ 3,833,745	including grants of \$ 2,833,7	45) (Revenue \$)
	Total program service expenses ▶	3,833,745		Form 990 (2015)
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	1 990 (2015) Midland College Foundation 23-7315067		P	age 🤅
Pa	art IV 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	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	ļ	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,			l
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		Ì	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1	ŀ	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted	l		
	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,		~	A
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	1		
	of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			

If "Yes," complete Schedule G, Part III

Part IV	Checklist	of	Required	Schedules	(continued)
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		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	L
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		l
	through 24d and complete Schedule K If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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_		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time duning the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Į
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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 pnor Forms 990 or 990-EZ?			ĺ
	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	i i		l
	current or former officers, directors, trustees, key employees, highest compensated employees, or] 1		
	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,			ļ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ł		
	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,	74 4-1 / 1/4	ă. M	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	हिंग		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	{		İ
	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)	\		ĺ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ł i		
	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,	4		_
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1 1		
	complete Schedule N, Part II	32_		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	Ì		
	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, Parts II, III,	1 1		
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	4 1		İ
•-	controlled 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-chantable	{		77
	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			i
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			3 2
20	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	v
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

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Form	990 (2015) Midland College Foundation 23-7315067		F	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 13	_],
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0]) ;
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ
	reportable gaming (gambling) winnings to prize winners?	1c	ļ	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-]	ļ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	_		·
þ	if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u> -
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	1	
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial	1		
	account)?	4a	L_	X
þ	if "Yes," enter the name of the foreign country	ľ		!
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		ŀ	
	(FBAR)	ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	L	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	}	}	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1)
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		ļ	
	required to file Form 8282?	7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	<u> </u>	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ļ	
	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.			<u>-</u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter	1	[
а	Initiation fees and capital contributions included on Part VIII, line 12	-		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			}
11	Section 501(c)(12) organizations. Enter	j]	
а	Gross income from members or shareholders	_]	
þ	Gross income from other sources (Do not net amounts due or paid to other sources]]	
4-	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?	12a	 	
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	 	 	اــــا
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		ł	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	}	
	the organization is licensed to issue qualified health plans		ł	
С	Enter the amount of reserves on hand	 		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		1

Form 990 (2015)

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Form	990 (2015) Midland College Foundation 23-7315067		Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a '	'No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instr	uction	
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion 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 24			
	If there are material differences in voting rights among members of the governing body, or			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			- <u></u> -
	any other officer, director, trustee, or key employee?	2	 	<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the direct	l . '		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	├ ──	X
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	├─┤	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _ '		- T
_	one or more members of the governing body?	_7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.		x
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	00	X	
a b	The governing body?	8a 8b	X	<u> </u>
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 60		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			
	to the state of the section of the s		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
11a		11a	X	
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	X	<u> </u>
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	_
13	Did the organization have a written whistleblower policy?	13	X	
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		. 1	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1000	40 4 ,	
a	The organization's CEO, Executive Director, or top management official	15a	X	├—
b	Other officers or key employees of the organization	15b	X	- -
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	₹/ H\$	70 1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		15-21	-
	with a taxable entity during the year? If "You " did the emany attention follow a written nelicular proceedure requiring the emany attention to evaluate its	16a	म्ब्रे क्वर	X
D	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		(# (2) 2 (4)	1
		1		1
Sec	organization's exempt status with respect to such arrangements?	16b		Ь
17	List the states with which a copy of this Form 990 is required to be filed None			
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			

Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > 20 Rick Bender 3600 N. Garfield, TX 79705

432-684-7851

_Midland

orm 990 (2015)	Midland	College	Foundation
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23-7315067

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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	bo:	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both a	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee		(W-2/1099-MISC)	(W-211099-MISC)	organization and related organizations	
(1) Richard T McMill											
	0.00					1 1					
President	0.00	X	L	X		\downarrow		0	0	0	
(2) Glenn Roger, D.I											
	0.00			۱		}			_		
Vice President	0.00	X		X		\vdash		0	0	0	
(3) H. Joseph de Cor		Į		}]]					
9	0.00	,,		,,		l i			_		
Secretary (4) Gregory Bartha,	0.00 MD	X	-	X	_	┢╼╂		0	0	0	
(4) Gregory Bartia,	0.00	ļ		ł							
Director	0.00	x			1	1 1		0	o	0	
(5) Spencer Beal	0.00	┢	-	-	_	\vdash		 	_	<u> </u>	
(5) Spencer Bear	0.00	ĺ			ĺ	lÌ		ļ			
Director	0.00	x			İ			l o	o	o	
(6) Mike Black	0.00	-	\vdash		-	1					
(4,12200 222001	0.00]				ļ			
Director	0.00	x						l o	0	0	
(7) Arnulfo T. Carra				Ι_		\top					
• •	0.00					1					
Director	0.00	X	ŀ		ł	}) o	0	0	
(8) Richard H. Coats	\$			Ĭ							
	0.00	l	1	l	1	}					
Director	0.00	X		L	L			0	0	0	
(9) Linda J. Cowden					1	1 1					
	0.00	l	ł		ŀ	1					
Director	0.00	X			L			0	0	0	
(10) Julie Edwards			1		1				1		
	0.00		-	1							
Director	0.00	X	\vdash	ļ	<u>Ļ</u>	\vdash		0	0	0	
(11) Jim Henry	0.00		1		ŀ			1			
Danashan	0.00								^		
Director	0.00	X	L	L	L_	<u> </u>	_	0	0	Form 990 (2015)	
unn										Form 330 (2015)	

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	ind Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	more rson i	than o s both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) Danson Young		_	L	_	_	2				
(12) Duncan Kenned	0.00									
Director	0.00	x	L			<u> </u>		0	0	0
(13) Tim Leach		1								
Dinastan	0.00	x						o	o	o
Director (14) Cadell Liedtl		^	╁	 	<u> </u>					<u> </u>
(,	0.00									
Director	0.00	x						0	0	0
(15) Vangie Linds	I —									
Director	0.00	x						0	0	o
Director (16) Paul Morrow	0.00	┢			\vdash	\vdash		ļ	<u> </u>	<u> </u>
(10, 1001 110110)	0.00									
Director	0.00	X		<u>L</u>				0	0	0
(17) Julia Joplin	Swallow	1	tsc	ţ٠						
Damastan	0.00	x						0	o	o
Director (18) Steve Thomas		┢	╁				\vdash			<u> </u>
(-0, 50000 1000000)	0.00									
Director	0.00	x						0	0	0
(19) Carole Warre	1									
Director	0.00	x		l		}		0	o	o
1b Sub-total	0.00	122		1		-	┢		J	
c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion /	4			>			
Total number of individuals (ir reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of	
reportable compensation from	i irie diganization									Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"								loyee, or highest compensa	ated	3 X
For any individual listed on lin organization and related organization.	e 1a, is the sum	of n	ерог	table	con	npen	satio			
individual 5 Did any person listed on line	10			none	otio.	a frai	~ ~	ny unrolated erganization o	r individual	4 X
5 Did any person listed on line for services rendered to the o				•					IIIdividual	5 X
Section B. Independent Contracto										
 Complete this table for your fi compensation from the organi 	ive highest comp	ensa	ated	inde tion t	pend for th	lent (cont	ractors that received more	than \$100,000 of on the organization's tax ve	ear
	(A) 1 business address	<u> </u>	<u> </u>		0. u		Ī		(B) ton of services	(C) Compensation
	- Data Coo Gallicas					•	T			
-							+			
.							<u> </u>			
2 Total number of independent								se listed above) who		
received more than \$100,000	of compensation	n fro	m th	e on	ganız	ation	<u> </u>		0	Form 990 (2015)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any hours for	bo	(c) Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both ir/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estmated amount of other compensation from the		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , , ,	organization and related organizations		
(20) Ralph Way	0.00	_							0			
Director (21) Terry Wilkin	0.00	X		 		\vdash	\vdash	0	0	0		
Director	0.00	x						0	0	o		
(22) Modesta Will												
	0.00			İ	i			_	_			
Director	0.00	X	<u> </u>	_	-	<u> </u>	L	0	0	0		
(23) Word Wilson	0.00											
Director	0.00	x		 	_			0	0	0		
			1									
	-											
1b Sub-total c Total from continuation she	ets to Part VII,	Sect	ion <i>i</i>	A			>					
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from			d to	thos	e lis	ted a	abov	ve) who received more than	\$100,000 of			
3 Did the organization list any f			r, or	trust	tee,	key (emp	oloyee, or highest compensa	ated	Yes No		
employee on line 1a? If "Yes, For any individual listed on lir organization and related orga	ne 1a, is the sum	of r	epor	table	cor	npen	satio	on and other compensation complete Schedule J for su	from the	3		
5 Did any person listed on line for services rendered to the o									r ındıvıdual	5		
Section B. Independent Contract												
Complete this table for your factoring compensation from the organization.	ization Report of	omp	ated ensa	inde tion	pend for t	dent he ca	contalent T	dar year ending with or with	nin the organization's tax y	ear (C) Compensation		
Name an	(A) d business address			_			+	Descrip	(B) ston of services	Compensation		
							+					
	····						_					
		·	<u>-</u>				+					
		<u> </u>										
Total number of independent received more than \$100,000	contractors (incl) of compensation	uding n fro	but m th	not e or	lımıt ganı	ed to	the	ose listed above) who		200		
DAA										Form 990 (2015)		

Pa	t V	II Statement of Reverse Check if Schedule (nue	oine e r	ocnonco or	note to any line u	n this Part VIII		
_	_	Check ii Schedule (7 (011	allis a le	Sponse of	(A)	(B) Related or	(C)	(D)
						Total revenue	exempt	Unrelated business	Revenue excluded from tax
]		function revenue	revenue	under sections 512-514
इ	1a	Federated campaigns	1a						1
e a		Membership dues	1b				i	}	ļ.
Ğ,Ē		Fundraising events	1c						
뚩님		Related organizations	1d				Į.	}	
Z,E		Government grants (contributions)	1e						{
S	f	All other contributions, gifts, grants,				1	}		
音		and similar amounts not included above	1f	1,8	300,406		İ		
들	g	Noncash contributions included in lines 1a	-1f S	5	-		ł		
Service Revenue Contributions, Gifts, Grants	h	Total. Add lines 1a-1f			<u> </u>	1,800,406			
9				ļ	Busn. Code				
¥	2a								
æ	þ			4					
흥	C								
8	ď			4					
E	е			,					
Program		All other program service reve	enue	t					
-		Total. Add lines 2a-2f						- · · · ·	
	3	Investment income (including	aiviaer	ias, intere	St,	810,693		ļ	810,693
		and other similar amounts)			raccada	010,033			
	4	Income from investment of ta	х-ехеп	рг вона рі	oceeus 🗾				
	5	Royalties (i) Real		(n) D	ersonal			<u>-</u>	
	6.	Gross rents		(4)				[
	6a h	Less rental exps						j	
		Rental inc or (loss)							
	d	Net rental income or (loss)			•				
		Gross amount from (i) Securitie	s -	(11)	Other				
		other than inventory 1,413	,266					j	
	b	Less cost or other					,		
		basis & sales exps		<u> </u>		[1	
	С	Gain or (loss) 1,413	,266	<u> </u>					
	d	Net gain or (loss)				1,413,266	1,413,266		
Ф	8a	Gross income from fundraising ev	ents	1					į
nue		(not including \$		}		ì			
ě		of contributions reported on line 1	c)						İ
Other Revenue		See Part IV, line 18	а	 					
Ě	l .	Less direct expenses	b	<u>ا</u> ــــــــــــــــــــــــــــــــــــ					
	L	Net income or (loss) from fur		g events I					
	9a	Gross income from gaming activit	ies	1					
		See Part IV, line 19	a b	 -		:			,*
		Less direct expenses Net income or (loss) from ga	_	Ctivaties					
		Gross sales of inventory, less		Cuvilies					
	lua	returns and allowances	a	1	ľ			[
	.	Less cost of goods sold	b						
	1	Net income or (loss) from sa	_				· -		
	<u> </u>	Miscellaneous Revenue			Busn Code				
	11a	PTP Investments			900003	-106,335		-106,335	
	Ь						L		
	C						ļ		
	d	All other revenue			L		ļ		
	е				•	-106,335		100 225	910 602
	12	Total revenue. See instructi	ons			3,918,030	1,413,266	-106,335	810,693

DAA

Form 990 (2015)

Midland College Foundation 23-7315067 Form 990 (2015) Page 10 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 (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 2,833,745 2,833,745 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 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 Compensation of current officers, directors, 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) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees) Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule () 12 Advertising and promotion 13 Office expenses 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings

	and moderning				l
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
а	Withdrawn Pledges	1,000,000	1,000,000		
b	Community Enrichment Prog	691,319		691,319	
С	Operating Expenses	154,174		154,174	
d	Promotional Expenses	26,959		26,959	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,706,197	3,833,745	872,452	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs		J]	
	from a combined educational campaign and				
	fundraising solicitation Check here ▶ if	İ	(1	
	following SOP 98-2 (ASC 958-720)	1	J)	

aı	rt X				
		Check if Schedule O contains a response or note to any line in this Part X	T		
			(A) Beginning of year		(B) End of year
Т	_	Cook an atomit have	623,463		
1	1	Cash—non-interest bearing	4,421,409	1_	338,47
}	2	Savings and temporary cash investments	10,183,119	2	4,658,68
1	3	Pledges and grants receivable, net	10,163,119	3	7,915,319
1	4	Accounts receivable, net	—————	4	8,96
	5	Loans and other receivables from current and former officers, directors,			
-		trustees, key employees, and highest compensated employees		_	
		Complete Part II of Schedule L	ļ — — — — — — — — — — — — — — — — — — —	5	
	6	Loans and other receivables from other disqualified persons (as defined under section	,		
ļ		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	-	organizations (see instructions) Complete Part II of Schedule L	<u> </u>	6	
	7	Notes and loans receivable, net		7	
1	8	Inventones for sale or use	147,180	8	25 004
1	9	Prepaid expenses and deferred charges	147,100	_9_	25,000
1	iva	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D			
1		Less accumulated depreciation [10b]	34,855,845	10c	32 740 600
ı		Investments—publicly traded securities	34,655,645	11	33,749,600
1	12	Investments—other securities See Part IV, line 11	<u> </u>	12	
1	13	Investments—program-related See Part IV, line 11	 	13	<u> </u>
1		Intangible assets	63 600	14	22 02
1	15	Other assets See Part IV, line 11	63,689 50,294,705	15	33,03° 46,729,082
+		Total assets. Add lines 1 through 15 (must equal line 34)	72,780	16	105,319
1	17	Accounts payable and accrued expenses	549,663	17	1,414,609
Į	18 19	Grants payable Deferred revenue	349,003	18	1,414,603
1	19 20		\ 	19	
1		Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D		20	
۱,	22	Loans and other payables to current and former officers, directors,		21	
		trustees, key employees, highest compensated employees, and			
-		disqualified persons Complete Part II of Schedule L			
١,	23	Secured mortgages and notes payable to unrelated third parties		22	 -
١.		Unsecured notes and loans payable to unrelated third parties		24	
1		Other liabilities (including federal income tax, payables to related third	<u> </u>		
		parties, and other liabilities not included on lines 17-24) Complete Part X	}		
		of Schedule D	}	25	
12	26		622,443	26	1,519,928
Ť		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	3 3 3 3	1 1	
		complete lines 27 through 29, and lines 33 and 34.		5)	
12	27	Unrestricted net assets	12,112,896	27	10,343,387
1	28	Temporanly restricted net assets	18,706,720	28	15,662,178
	29	Permanently restricted net assets	18,852,646	29	19,203,589
2		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		in the second	क्षणकारोक्षसम् १,४८५% । १०%
		complete lines 30 through 34.		254	新文件 (14) 卷: ~
1	30	Capital stock or trust principal, or current funds	The state of the s	30	Sille Maria Millian Samuella and an and
J		Paid-in or capital surplus, or land, building, or equipment fund		31	
Ι.		Retained earnings, endowment, accumulated income, or other funds		32	"
i		Total net assets or fund balances	49,672,262	33	45,209,154
1	34	Total liabilities and net assets/fund balances	50,294,705	34	46,729,082

orm	1 990 (2015) Midland College Foundation 23-7315067			1	Page 12	2
Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,030	
2	Total expenses (must equal Part IX, column (A), line 25)	2			,197	
3	Revenue less expenses Subtract line 2 from line 1	3			,167	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,262	
5	Net unrealized gains (losses) on investments	5	<u>-3</u>	<u>, 674</u>	,941	
6	Donated services and use of facilities	6	1			_
7	Investment expenses	7	1			_
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	45	,209	,154	
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII					_
				Ye	s No	_
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		}	1	1	-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		Ì		}	-
	Schedule O		_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L_	2a	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		}			i
	reviewed on a separate basis, consolidated basis, or both				1	1
	Separate basis Consolidated basis Both consolidated and separate basis		_		_	j
b	Were the organization's financial statements audited by an independent accountant?		L	2b X	:	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a]].	}	-
	separate basis, consolidated basis, or both					!
	X Separate basis Consolidated basis Both consolidated and separate basis		_			j
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			-		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	_
	If the organization changed either its oversight process or selection process during the tax year, explain in		{			1
	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?		L	3a	X	_
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Γ			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3Ь		_
				Form 9	90 (2015	i)

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.

▶ 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.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Midland College Foundation

Employer Identification number 23-7315067

Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns		
The	orgai	nization is not	a private foundation because	e it is (For lines 1 through 11, c	heck only	one box)			
1	\bigcap	A church, cor	nvention of churches, or ass	ociation of churches described i	n section	170(b)(1	I)(A)(i).			
2	П			A)(ii). (Attach Schedule E (Form						
3	Н			ce organization described in se			iii).			
4	Н	•	• •	•			•	iosnital's name		
-	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									
_	ভ	•		S a callege or concerning account			everyweetel west decombed in			
5	X			of a college or university owned	or operate	eu by a g	overnmental unit described in			
			(b)(1)(A)(iv). (Complete Part							
6	Н	A federal, sta	ite, or local government or g	overnmental unit described in s	ection 17	70(b)(1)(A)(v).			
7	Ш	An organizati	on that normally receives a	substantial part of its support fro	m a gove	emmental	unit or from the general public	;		
	_	described in	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	\sqcup	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	il)					
9		An organizati	on that normally receives (1) more than 33 1/3% of its supp	oort from	contribution	ons, membership fees, and gro	oss		
	_	receipts from	activities related to its exem	pt functions—subject to certain	exception	s, and (2)	no more than 33 1/3% of its			
		support from	gross investment income an	nd unrelated business taxable in	come (les	s section	511 tax) from businesses			
		acquired by t	he organization after June 30	0, 1975 See section 509(a)(2).	(Complet	te Part III)			
10		•		exclusively to test for public safe						
11	Н	_		exclusively for the benefit of, to p		_		ses of		
• •	ш	•	•	ions described in section 509(a			• • • •			
				cnbes the type of supporting org						
а	\Box			ed, supervised, or controlled by						
a	ш	• • • • • • • • • • • • • • • • • • • •		· · ·	• •	_		^		
		• • • • • • • • • • • • • • • • • • • •	*	o regularly appoint or elect a ma	ajonty or t	ne uneac	or trustees of the supporting	y		
			You must complete Part IV							
D	Ш			ised or controlled in connection						
			. 1	organization vested in the same	persons	mat com	roi or manage the supponed			
	\Box	•	s) You must complete Par	•						
С	Ш			orting organization operated in						
		its supported	organization(s) (see instruc	tions) You must complete Par	t IV, Sect	ions A, E), and E.			
d	Ш	Type III non	-functionally integrated. A	supporting organization operate	d in conn	ection wit	h its supported organization(s)			
		that is not fur	nctionally integrated. The org	ganization generally must satisfy	a distribi	ution requ	irement and an attentiveness			
	_	requirement	(see instructions) You must	t complete Part IV, Sections A	and D, a	ind Part \	<i>I</i> .			
0	Ш	Check this bo	ox if the organization receive	d a written determination from the	ne IRS tha	atitis a T	ype I, Type II, Type III			
		functionally in	ntegrated, or Type III non-fu	nctionally integrated supporting	organızatı	ion				
f	Ent	er the number	r of supported organizations							
g	Pro	vide the follow	ving information about the s	upported organization(s)						
(1) Nam	e of supported	(II) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of		
	org	panization	l .	(described on lines 1-9		ur governing	support (see	other support (see		
			}	above (see instructions))	docur	nent/	instructions)	instructions)		
					Yes	No				
(A)										
					{	[]				
(B)										
•			!		1					
(C)										
•					}					
(D)					}					
(E)										
					<u> </u>	<u> </u>				
					{		,			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2,701,341 3,553,812 3,169,871 7,448,746 1,800,406 18,674,176 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 2,701,341 3,553,812 3,169,871 7,448,746 1,800,406 18,674,176 The portion of total contributions by each person (other than a 等 的 governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,809,601 Public support. Subtract line 5 from line 4 16,864,575 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 2,701,341 3,553,812 3,169,871 7,448,746 1,800,406 18,674,176 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 808,061 1,036,860 568,924 -250,288 810,693 2,974,250 Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 21,648,426 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ □ Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 77.90% Public support percentage from 2014 Schedule A, Part II, line 14 15 70.92% 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Page 3

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.)

	ion A. Public Support				r	·		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	-						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4		ļ <u> </u>			
8	Public support. (Subtract line 7c from line 6)	, , vè ,	* * * * * * * * * * * * * * * * * * *					
Sec	tion B. Total Support		L.,	<u> </u>				
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					ì		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the	e organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50)1(c)(3)		
	organization, check this box and stop her							▶∟
Sec	tion C. Computation of Public S	upport Percer	ntage					
15	Public support percentage for 2015 (line 8			nn (f))			15	<u>%</u>
16	Public support percentage from 2014 Sch						16	
Sec	tion D. Computation of Investme					· · · · · · · · · · · · · · · · · · ·	4-1	
17	Investment income percentage for 2015 (s, column (t))		ŀ	17	<u>%</u> %
18	investment income percentage from 2014			o 14 and has 45 :	e more than 22 4	j and bac 208	16	
19a	33 1/3% support tests—2015. If the organization is not more than 33 1/3%, check this b							▶□
b	33 1/3% support tests—2014. If the orga						and	ب ،
	line 18 is not more than 33 1/3%, check the							▶ []
20	Private foundation. If the organization di							▶ □

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 Part V.)

Section A. All Supporti	ng Organizations
-------------------------	------------------

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- 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 despite being controlled or supervised by or in connection with its supported organizations
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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, (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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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3b	<u> </u>	
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Sched	ule A (Form 990 or 990-EZ) 2015 Midland College Foundation 23-7	315067		Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ļ .		ļ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations			
			Yes	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			
	controlled the organization's activities if the organization had more than one supported organization,			ŀ
				1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			<u> </u>
	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	j		•
	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	on 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	ĺ		1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	j		ļ
	or management of the supporting organization was vested in the same persons that controlled or managed	i		
	the supported organization(s)	1		L
Secti	on D. All Type III Supporting Organizations			
			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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<u> </u>		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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			1
	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	1		
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	لـــــــــــــــــــــــــــــــــــــ		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions)		
·a	The organization satisfied the Activities Test Complete line 2 below	a a cacino).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instructions)		
·	The diganization supported a governmental entity bescale in Fait vi now you supported a government entity (s	ee maaddana,		
2	Activities Test Answer (a) and (b) below.	(Yes	No
			162	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			ĺ
	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	ļ		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1 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		ļ
3	Parent of Supported Organizations Answer (a) and (b) below.) !		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<u> </u>

Schedule A (Form 990 or 990-EZ) 2015 Midland College Foundation	l.	23-7315	067	Page 6
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 trust on N	lov 20, 19	70. See instructions. A	!	
other Type III non-functionally integrated supporting organizations must complete Section	ons A thr	ough E		
			(B) Current	Year
Section A - Adjusted Net Income		(A) Pnor Year	(optiona	d)
1 Net short-term capital gain	1			
2 Recovenes of pnor-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4			
5 Depreciation and depletion	5_			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or	- { - {		}	
maintenance of property held for production of income (see instructions)	6]	
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current (optiona	
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 secunties	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			
Discount claimed for blockage or other]			,
factors (explain in detail in Part VI)				ı
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,				
see instructions)	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by 035	6			
7 Recovenes of pnor-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>	
Section C - Distributable Amount			Current \	'ear
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	7-7			
emergency temporary reduction (see instructions)	6			
7 Check here if the current year is the organization's first as a non-functionally-integra	ted Type	III supporting organization	(see	

instructions)

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purport	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6	·		
10	Line 8 amount divided by Line 9 amount			
·	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years pnor to 2015			1
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
<u> </u>				
d	From 2013			
е	From 2014	,		
f	Total of lines 3a through e			<u> </u>
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount	 		
i_	Carryover from 2010 not applied (see instructions)	ļ.,		
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section			
	D, line 7 \$			
a	Applied to underdistributions of prior years	·		
	Applied to 2015 distributable amount	<u></u>		
с	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			,
	greater than zero, see instructions)	ļ		
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j		, ,	1
	and 4c			
8	Breakdown of line 7			1
a				
<u> </u>				
	Excess from 2013			
	Excess from 2014	·		
- 0	Excess from 2015		<u> </u>	1

Schedule A (Form 990 or 990-EZ) 2015 Midland College Foundation

23-7315067

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Name of the organization

Inspection

Employer Identification number

M	idland College Foundation		23-7315067
Pa	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on I	nds or Other Similar Funds or Form 990, Part IV, line 6.	Accounts.
	<u> </u>	(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 donor advisors in writing that	at the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exc		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in	_	
٠	only for charitable purposes and not for the benefit of the donor or don		
	conferming impermissible private benefit?	or advisor, or for any other purpose	∏ Yes ∏ No
. Pa	art II.		
	Complete if the organization answered "Yes" on I		
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically in	•
	Protection of natural habitat	Preservation of a certified histo	onc structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a con	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		
b	,		2b
С		, ,	2c
d		/06, and not on a	
	histonc structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, ex	idinguished, or terminated by the organization	zation during the
	tax year ▶	In control N	
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mol	nitoring, inspection, nandling of	☐ Yes ☐ No
	violations, and enforcement of the conservation easements it holds?	of indictions, and enforcing consequent	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	or violations, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vic	plations and enforcing consequation easi	ements during the year
7	\$	stations, and emorally conservation cas	ements during the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B	3)(i)
Ī	and section 170(h)(4)(B)(ii)?	212 124 21 21 21 21 21 21 21 21 21 21 21 21 21	Yes No
9	In Part XIII, describe how the organization reports conservation easern	nents in its revenue and expense statem	nent, and
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that	t describes the
	organization's accounting for conservation easements		
P	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on		r Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), i		nd balance sheet
	works of art, historical treasures, or other similar assets held for public	·	
	public service, provide, in Part XIII, the text of the footnote to its finance	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under SFAS 116 (ASC 958),		
	works of art, historical treasures, or other similar assets held for public	-	
	public service, provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, o	or other similar assets for financial gain,	provide the
	following amounts required to be reported under SFAS 116 (ASC 958)	_	
а	Double and the second of the s	-	▶ \$
	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 99	90) 2015 Midland	College Fo	undation	23-7	<u>315067</u>			Page 2
Part III Org	anizations Maintainin	g Collections of	Art, Historical Tr	easures, or Othe	r Similar A	Assets	(continue	d)
	nization's acquisition, access (check all that apply)	sion, and other record	s, check any of the foll	owing that are a signifi	cant use of r	s		
a Public exh	ibition	аП	Loan or exchange pro	grams				
b Scholarly		ΞH	Other	gramo				
	n for future generations	٠	00.01					
_	ription of the organization's	collections and explain	n how they further the	organization's exempt i	ouroose in Pa	art		
XIII	inplication and organizations	conconcino and expian	Thow they remain the	organization o oxompt p	Ja. pood			
5 During the year	r, did the organization solicit	or receive donations	of art, historical treasur	res, or other similar				
• •	old to raise funds rather than						Yes	∏ No
	row and Custodial A							
Con	nplete if the organization	n answered "Yes	' on Form 990, Pa	rt IV, line 9, or rep	orted an a	mount c	n Form	
990	, Part X, line 21.							
1a Is the organiza	tion an agent, trustee, custo	dian or other intermed	diary for contributions of	r other assets not				_
included on Fo	rm 990, Part X?						Yes	∐ No
b If "Yes," explain	n the arrangement in Part X	III and complete the fo	ollowing table					
					<u> </u>	 	Amount	
c Beginning bala	ince				<u>1c</u>			
d Additions during	g the year				<u>1d</u>	—		
e Distributions du	unng the year				<u>1e</u>			
f Ending balance					<u>1f</u>	<u> </u>	_	_
•	ation include an amount on	•	•	•			Yes	∐ No
	the arrangement in Part XI	II Check here if the e	explanation has been pr	ovided on Part XIII				Ш
	lowment Funds.		" F 000 D-	4 D./ Box 40				
Con	nplete if the organization							
4. 5.		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea		(e) Four yea	
1a Beginning of ye	ear balance	29,762,545		25,408,096		5,587	21,852	
b Contributions		488,725	795,433	709,240	1,49	7,090	1,59	5,132
	earnings, gains, and	_1 506 727	920 250	4 602 705	2 02	6 006	64	7,962
losses	Jambia	-1,596,737 1,395,987	830,259 1,655,252	4,602,785 928,016		6,996 7,759		7,9 <u>62</u> 3,788
d Grants or scho	·	1,393,967	1,655,252	920,010	1,14	1,139	04.	3,700
•	ures for facilities and							
programs f Administrative	evnences							
g End of year ba	•	27,258,836	29,762,545	29,792,105	25 40	8,096	21,95	5 587
	timated percentage of the cu		·		23,40	0,050	21/33	3,307
	ted or quasi-endowment	20.99 %	c (iiiic 1g, coldinii (d))	neid do				
b Permanent en								
	stricted endowment ▶	8.57 %						
•	es on lines 2a, 2b, and 2c si							
	wment funds not in the pos		ation that are held and	administered for the				
organization by		·					Ye	s No
(i) unrelated	organizations						3a(i)	x
(ii) related org	ganizations						3a(ii)	X
b If "Yes" on line	3a(II), are the related organ	zations listed as requ	ired on Schedule R?				3b	
4 Describe in Pa	rt XIII the intended uses of	the organization's end	owment funds					
	id, Buildings, and Eq							
Con	nplete if the organization	n answered "Yes	<u>' on Form 990, Pa</u>	rt IV, line 11a. See	Form 990	, Part X	<u>, line 10.</u>	
Des	cription of property	(a) Cost or other	''		Accumulated		(d) Book valu	18
		(investment)	(othe	er) de	preciation	+-		
1a Land								
b Buildings						$+\!-\!$		
c Leasehold imp	provements					-		
d Equipment						$+\!-\!\!-$		
e Other	hannah 4a (Oaliman (d)	1 200 S	4 V. salvera (D) (= -11	L		+-		
iotal. Add lines 1a t	hrough 1e (Column (d) mus	cequai Form 990, Pa	π. A, column (B), line 10	JC)		<u>▶</u>		

	om 990) 2015 Midland College Foun Investments—Other Securities.		23-7315067	Pag
Part VII	Complete if the organization answered "Yes" or	n Form 990. Part IV. lir	ne 11b. See Form 990. F	Part X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)	, ,	Cost or end-of-ye	ar market value
) Financial o	denvatives			<u> </u>
) Closely-hel	d equity interests			
3) Other				
(A)				
(B)			<u> </u>	
(C)				
(D)				
(E)				
(F)				
(G)		<u></u>		
(H)			<u> </u>	
	n (b) must equal Form 990, Part X, col. (B) line 12) ▶			
Part VIII	Investments—Program Related.	5 000 D 1 N 1 1	44 0 5 000 5	
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
<u>) </u>		 	 	
<u>2) </u>				
3)				
t)				··
5)				
5)		 	 	
7) 3)	·	 	 	
9)			 	
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.		<u>l </u>	
	Complete if the organization answered "Yes" or	n Form 990. Part IV. lii	ne 11d. See Form 990. F	Part X. line 15.
	(a) Description	<u> </u>	<u> </u>	(b) Book value
1)				
2)				
3)				
1)				
5)				
6)				
7)		·		L
3)				
3)				
tal. (Column	(b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	L
	Other Liabilities. Complete if the organization answered "Yes" or	n Form 990, Part IV, lii	ne 11e or 11f See Form	990, Part X,
Part X	and the state of t			
Part X	line 25			
Part X	to the state of th	(b) Book value		
	line 25	(b) Book value		

(1)	Federal income taxes			
(2)				
(3)				
(4)				
(5)			 	
(6)			 	
(7)			 	
(8)		Ĺ_	 	
(9)			 	
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	L	 	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

che	dule D (Form 990) 2015 Midland College Foundation		23-731506	7	Page 4
_	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	243,089
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	-3,674,941]	
þ	Donated services and use of facilities	2b]	
С	Recovenes of pnor year grants	2c] [
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	-3,674,941
3	Subtract line 2e from line 1			3	3,918,030
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII)	4b]	
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,918,030
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement	ents \	With Expenses per I	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	4,706,197
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a]	
b	Pnor year adjustments	2b]	
С	Other losses	2c]	
d	Other (Describe in Part XIII)	2d]]	
0	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1			3	4,706,197
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				

Part XIII Supplemental Information.

b Other (Describe in Part XIII)c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

4c

5

4,706,197

Schedule D (Form 990) 2015 Midland College Foundation

Part XIII: Supplemental Information (continued)

23-7315067

Page 5

SCHEDULE I

(Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization	Midland College	Foundation						Employer Identification number 23-7315067
Part		Assistance						
1 Does	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States.	ne amount of the garden	rants or ass grant funds	istance, the grantees'	eligibility for the grant	s or assistance, an	p	X Yes
l o	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	mestic Organ that received n	izations anore than	and Domestic Go \$5,000 Part II ca	vernments. Com	plete if the organ	anization answ s is needed.	ered "Yes" on Form
-	(a) Name and address of organization or government	(p) 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) Mid1	(1) Midland College District	75-1403958		2,833,745				Support Midland Coll
(2)								
6								
(4)								
(5)								
(9)								
6								
(8)								
(6)								
2 Ente	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	organizations listed 3 1 table	in the line	1 table				H 0
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	for Form 990.						Schedule I (Form 990) (2015)

Schedule I (F	Schedule (Form 990) (2015) Midland College Foundation	eqe Foundation	8	23-7315067		Page 2
Part Ⅲ	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	o Domestic Individuals onal space is needed.	. Complete if the o	rganization answered	l "Yes" on Form 990, Part I	V, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, PMV, appraisal, other)
-						
8						
n						
4						
v						
9						
7						
Part IV	Supplemental Information. Provide the information		ired in Part I, line	2, Part III, column (b)	required in Part I, line 2, Part III, column (b), and any other additional information.	information.

51145

51145

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Midland College Foundation

23-7315067

Employer Identification number

Form 990, Part III, Line 4d - All Other Accomplishment
Payments made to Midland College for the operating budget
and fund Midland College scholarships.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A copy of the Form 990 was provided to each voting member prior to its filing with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Require written statement from Officers, Directors and Trustees.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Resolve not to compensate Officers, Directors or Executives.

Form 990, Part VI, Line 15b - Compensation Process for Officers Resolve not to compensate other Officers or key employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI - Additional Information

Line 5, Net Unrealized gain (loss) in marketable securities