

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493294001486

Form**990**

Department of the Treasury

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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

A Fo	r the	e 2015 ca	lendar year, or tax year beginning 07-01-2015 , and ending 06-30	-2016		
		applicable	C Name of organization TABOR COLLEGE INC		D Employe	er identification number
Add	ress c	change			48-055	6726
∏ Nar	ne ch	nange	Doing business as			
Init	al ret	turn			E Telephon	e number
Fina	al urn/to:	erminated	Number and street (or P O box if mail is not delivered to street address) Rooi 400 S JEFFERSON	n/suite		
					(620)9	47-3121
		d return	City or town, state or province, country, and ZIP or foreign postal code HILLSBORO, KS 67063		G Gross red	ceipts \$ 24,700,013
J App	licatio	on pending				
			F Name and address of principal officer NORMAN HOPE	H(a)	Is this a group r	
			400 S JEFFERSON	н(р)	subordinates? Are all subordina	「Yes ▼No ates 「Yes 「No
			HILLSBORO,KS 67063	(5)	included?	aces 1es 10
	, 0,40	empt status	✓ 501(c)(3)			list (see instructions)
		•		H(c)	Group exemption	on number ►
J W	ebsit	te:► WW	/W TABOR EDU			
K Forn	n of o	organization	✓ Corporation Trust Association Other ►	L Ye	ar of formation 1908	M State of legal domicile KS
Pa	rt I	Sum	mary			
			scribe the organization's mission or most significant activities			
	<u> </u>	FOUR YEA	AR CHRISTIAN LIBERAL ARTS COLLEGE THAT PROVIDES EDU	CATIONAL	AND RELIGIOU	IS OPPORTUNITIES
ĕ	-					
Ē	-					
Governance	2	Check th	is box দ if the organization discontinued its operations or dispos	ed of more t	han 25% of its n	et assets
ট	3	Number	of voting members of the governing body (Part VI, line 1a)			3 27
୬ ୦ ଜୁନ			of independent voting members of the governing body (Part VI, line			4 27
Activities &			mber of individuals employed in calendar year 2015 (Part V, line 2a	•		5 616
ij S			mber of volunteers (estimate if necessary)	·=	_	6 0
q.			related business revenue from Part VIII, column (C), line 12			7a 33,626
	ЬΝ	Net unrela	ated business taxable income from Form 990-T, line 34		[7b 19,526
					Prior Year	Current Year
	8	Contri			6,573,39	
_	_	Contr	butions and grants (Part VIII, line 1h)		0,373,3	91 4,780,170
an Li	9		butions and grants (Part VIII, line 1h)		19,104,13	32 19,585,197
tevenue	9 10	Progra Invest	am service revenue (Part VIII, line 2g)			32 19,585,197
Revenue	9 10 11	Progra Invest Other	am service revenue (Part VIII, line 2g)		19,104,13	32 19,585,197
Revenue	9 10	Progra Invest Other Total I	am service revenue (Part VIII, line 2g)		19,104,13	19,585,197 28 334,646 0 0
Revenue	9 10 11 12	Progra Invest Other Total (12)	am service revenue (Part VIII, line 2g)	, line	19,104,13 302,52 25,980,05	19,585,197 28 334,646 0 0 51 24,700,013
Revenue	9 10 11 12	Progra Invest Other Total (12) Grants	am service revenue (Part VIII, line 2g)	, line	19,104,13	19,585,197 28 334,646 0 0 51 24,700,013
	9 10 11 12	Progra Invest Other Total (12) Grants Benefi	am service revenue (Part VIII, line 2g)	, line	19,104,13 302,52 25,980,05 7,653,97	19,585,197 28 334,646 0 0 51 24,700,013 72 7,615,545 0 0
	9 10 11 12 13 14	Progra Invest Other Total (12) Grants Benefi Salaric 5-10)	the service revenue (Part VIII, line 2g)	, line	19,104,13 302,52 25,980,05	19,585,197 28 334,646 0 0 51 24,700,013 72 7,615,545 0 0
	9 10 11 12 13 14	Progra Invest Other Total (12) Grants Benefi Salarie 5-10) Profes	the service revenue (Part VIII, line 2g)	, line	19,104,13 302,52 25,980,05 7,653,97	19,585,197 28 334,646 0 0 51 24,700,013 72 7,615,545 0 0
Expenses Revenue	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) Grants Benefi Salar((5-10)) Profes Total fu	the service revenue (Part VIII, line 2g)	, line	19,104,13 302,52 25,980,05 7,653,97 6,396,83	19,585,197 28 334,646 0 0 51 24,700,013 72 7,615,545 0 0 18 6,306,255
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) Grants Benefi Salaric 5-10) Profes Total fu Other	the service revenue (Part VIII, line 2g)	, line es	19,104,13 302,52 25,980,05 7,653,93 6,396,83	19,585,197 28 334,646 0 0 51 24,700,013 72 7,615,545 0 0 18 6,306,255 0 0 50 8,461,695
	9 10 11 12 13 14 15 16a b 17 18	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	the service revenue (Part VIII, line 2g)	, line es	19,104,13 302,52 25,980,05 7,653,93 6,396,83 8,852,85 22,903,64	19,585,197 28 334,646 0 0 51 24,700,013 72 7,615,545 0 0 18 6,306,255 0 0 50 8,461,695 40 22,383,495
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	the service revenue (Part VIII, line 2g)	, line es	19,104,13 302,52 25,980,05 7,653,97 6,396,83 22,903,64 3,076,43	19,585,197 28 334,646 0 0 51 24,700,013 72 7,615,545 0 0 18 6,306,255 0 0 50 8,461,695 40 22,383,495 11 2,316,518
Expenses	9 10 11 12 13 14 15 16a b 17 18	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	the service revenue (Part VIII, line 2g)	, line es	19,104,13 302,52 25,980,05 7,653,93 6,396,83 8,852,85 22,903,64	19,585,197 28 334,646 0 0 51 24,700,013 72 7,615,545 0 0 18 6,306,255 0 0 50 8,461,695 40 22,383,495 11 2,316,518
Expenses	9 10 11 12 13 14 15 16a b 17 18	Progra Invest Other Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total 6 Reven	the service revenue (Part VIII, line 2g)	, line es	19,104,13 302,52 25,980,05 7,653,97 6,396,83 22,903,64 3,076,43	19,585,197 28
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salaria 5-10) Profes Total fu Other Total a Reven	the service revenue (Part VIII, line 2g)	, line es	19,104,13 302,52 25,980,05 7,653,97 6,396,83 22,903,64 3,076,43 aning of Current Yet	19,585,197 28
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Reven Total (1) Total (2) Total (3) Total (4) Net as	the service revenue (Part VIII, line 2g)	es Begin	19,104,13 302,52 25,980,05 7,653,97 6,396,83 22,903,64 3,076,43	19,585,197 28
Not Assets or Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (2) Reven Total (3) Total (4) Net as	the service revenue (Part VIII, line 2g)	, line es . Begin	19,104,13 302,52 25,980,05 7,653,97 6,396,83 22,903,64 3,076,43 ming of Current Ye 37,778,78 7,988,06 29,790,72	19,585,197 28 334,646 0 0 51 24,700,013 72 7,615,545 0 0 18 6,306,255 0 8,461,695 40 22,383,495 11 2,316,518 ear End of Year 35 40,352,155 60 8,025,198 25 32,326,957
S C Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (2) Reven Total (3) Total (4) Net as	the service revenue (Part VIII, line 2g)	, line es Begin	19,104,13 302,52 25,980,05 7,653,97 6,396,83 22,903,64 3,076,43 ning of Current Ye 37,778,78 7,988,06 29,790,72	19,585,197 28
S Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (2) Reven Total (3) Total (4) Reven Sign nalties of pedge and l	treet income (Part VIII, line 2g)	, line es Begin	19,104,13 302,52 25,980,05 7,653,97 6,396,83 22,903,64 3,076,43 ning of Current Ye 37,778,78 7,988,06 29,790,72	19,585,197 28
and Defended Here of Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total (12) Grants Benefi Salaria 5-10) Profes Total fu Other Total (2) Reven Total (3) Net as Sign nalties of ledge and ledg	treet income (Part VIII, line 2g)	, line es Begin	19,104,13 302,52 25,980,05 7,653,93 6,396,83 22,903,64 3,076,43 ning of Current Ye 37,778,78 7,988,06 29,790,72 hedules and state er) is based on a	19,585,197 28
S C Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 tIII	Progra Invest Other Total 1 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total a Reven Total I Net as Sign halties of ledge and I has any kr	the service revenue (Part VIII, line 2g)	, line es Begin	19,104,13 302,52 25,980,05 7,653,93 6,396,83 22,903,64 3,076,43 ning of Current Ye 37,778,78 7,988,06 29,790,72 hedules and state er) is based on a	19,585,197 28
S Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 tIII	Progra Invest Other Total (12) Grants Benefi Salari(5-10) Profes Total fu Other Total (2) Reven Total (3) Total (4) Net as Sign nalties of pedge and I has any kr	the service revenue (Part VIII, line 2g)	, line , line , ses , ses	19,104,13 302,52 25,980,05 7,653,93 6,396,83 22,903,64 3,076,43 aning of Current Ye 37,778,78 7,988,06 29,790,72 hedules and state er) is based on a	19,585,197 28
Herd Bakances Expenses Land Bakances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Progra Invest Other Total (12) Grants Benefi Salaria 5-10) Profes Total fu Other Total (2) Reven Total (3) Net as Sign nalties of ledge and lenas any kr	the service revenue (Part VIII, line 2g)	, line es Begin	19,104,13 302,52 25,980,05 7,653,93 6,396,83 22,903,64 3,076,43 ning of Current Ye 37,778,78 7,988,06 29,790,72 hedules and state er) is based on a	19,585,197 28
S Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 17 pennowlerer h	Progra Invest Other Total (12) Grants Benefi Salaria 5-10) Profes Total (1) Reven Total (2) Reven Total (3) Reven Total (4) Net as Sign has any kr Norl Type	the service revenue (Part VIII, line 2g)	, line , line , ses , ses	19,104,13 302,52 25,980,05 7,653,93 6,396,83 22,903,64 3,076,43 ning of Current Ye 37,778,78 7,988,06 29,790,72 hedules and state er) is based on a	19,585,197 28

Firm's address ► 301 N MAIN SUITE 110

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

Use Only

Phone no (316) 283-5366

. ▼Yes □No

Form	າ 990 (2015)					Page	: 2
Par		ent of Program Serv	_			_	_
				any line in this Part I	II	<u> </u>	_
1	•	the organization's mission					
		AN LIBERAL ARTS COLL	EGE WHOSE P	URPOSE IS EDUCATI	NG STUDENTS AND HELPIN	NG THEM EARN A	
COL	LEGE DEGREE						
2	Did the organiza	tion undertake any signific	ant program se	rvices during the year	which were not listed on		_
2						▽Yes ▽No	
	•	e these new services on S				,	
3	•	tion cease conducting, or i		t changes in how it cor	nducts any program		
,						□Yes □No	
		e these changes on Scheo				,	
4		_					
7					ee largest program services, the amount of grants and allo		
		es, and revenue, if any, for			the amount of grants and ano	cations to others,	
		,,,,,	ouen program				
4a	(Code) (Expenses \$	21,266,632	including grants of \$	7,615,545) (Revenue \$	19,550,395)	_
	EDUCATION OF AP	PROXIMATELY 600 STUDENTS ST	UDYING TO RECE	VE A COLLEGE DEGREE		,	
46	(Codo) (Evnances &		unalludung armuta of d) (Payanya d	``	_
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
							_
							_
							_
	-						_
							_
4-	(Cada) /Funance d) (Daysanus #	•	_
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
							_
							_
							_
							_
4d	Other program	services (Describe in Sch	adula O N				_
40		•	•	: /)/Rayanua ¢	\	
	(Expenses \$		uding grants of	*) (Revenue \$)	
4e	Total program s	service expenses 🕨	21,266,632				

orm	990 (2015)			Page 3
	t 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 $\textcircled{3}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
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		No
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	5		No
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 "Yes," complete Schedule D, Part I	6		No
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		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😼	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
	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		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	<u> </u>
	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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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 $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line $9a^{\circ}$ If

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Νo

Νo

19

20a

Par	t IV Checklist of Required Schedules (continued)			
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		No
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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27	Yes	
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a 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-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	

01111	<i>330</i> (2						ı ayı	
Par	t V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		v				
						Yes	No	
		the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	55				
b	Enter	the number of Forms W-2G included in line 1a Enter-0- if not applicable	1b	0				
С		ne organization comply with backup withholding rules for reportable payments to g (gambling) winnings to prize winners?		dors and reportable	1c			
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2a	616				
b	If at le	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes		
За	Did th	ne organization have unrelated business gross income of \$1,000 or more during	g the	year [?]	За	Yes		
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b	Yes		
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a		No	
b	If "Ye See in (FBAF	s," enter the name of the foreign country <u>F</u> nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	c and	Financial Accounts				
5a	5a		No					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
	to the state of the							
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?								
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?							
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
	_	nizations that may receive deductible contributions under section 170(c).						
	servic	ne organization receive a payment in excess of \$75 made partly as a contribution of the payor?			7a		No	
		s," did the organization notify the donor of the value of the goods or services p he organization sell, exchange, or otherwise dispose of tangible personal proper			7b			
		orm 8282?	•	· · · · · ·	7 c		Νo	
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d					
		ie organization receive any funds, directly or indirectly, to pay premiums on a p			7e		No	
		ne organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No	
g		organization received a contribution of qualified intellectual property, did the o		zation file Form 8899 as	7g			
h	Ifthe	organization received a contribution of cars, boats, airplanes, or other vehicles	s, dıd		7h			
8	Did a	coring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bug the year?	sınes •	s holdings at any time	8			
9a	Did th	, ne sponsoring organization make any taxable distributions under section 4966°	? _		9a			
		ne sponsoring organization make a distribution to a donor, donor advisor, or rela			9b		\vdash	
10		on 501(c)(7) organizations. Enter						
а		tion fees and capital contributions included on Part VIII, line 12	10a					
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b					
11	Section	on 501(c)(12) organizations. Enter						
а	Gross	income from members or shareholders	11a					
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b					
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	eu of Form 1041?	12a			
b	If"Ye year	s," enter the amount of tax-exempt interest received or accrued during the	12b					
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.						
	addıtı	organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	See the instructions for	13a			
	ın whi	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b					
С	Enter	the amount of reserves on hand	13c					
		e organization receive any payments for indoor tanning services during the tax	-		14a	<u> </u>	Νo	
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion ii	n Schedule O	14b			

Se	ection A. Governing Body and Management	•		~
36	ction 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 27			
	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 1b 27			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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			No No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	_	ıe Cod	
	CHOIL BY TOTALES (THIS Section & requests information about policies not required by the Internal N	CVCIIC	Yes	No.
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
c	rise to conflicts?	12b		No
	ın Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		Νo
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	Yes	
b	Other officers or key employees of the organization	15b		Νo
	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		No
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		
Se	ection C. Disclosure	100		
	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	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 ►NORMAN HOPE TABOR COLLEGE HILLSBORO, KS 67063 (620) 947-3121

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

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

1a Complete this table for all persons required to be listed 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei			(W- 2/1099- MISC)	organization and related organizations		
See Additional Data Table										
										Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han (on is	one l both	box, an o	heck unless officer stee)	5	(E Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W-			
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		anızatı relate ganıza	ed
See /	Additional Data Table													
1b c d	Sub-Total	-				 			279	9,435	0			46,194
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited t	to the	se l	ıste	d abov	e) w	ho receive	d more t	han			
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					key	emplo	yee,	or highes	t compei	nsated employee	3	Yes	No No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıoı • • •	n or individual for	5		No
	ction B. Independent Co			ا د د د ا		نب م اس			+b		than #100 000			
1 —	Complete this table for your five compensation from the organization from the organizati	ation Report co									thin the organization			
		(A) ame and business a	address								(B) scription of services		(C) Compen	sation
	ARCHITECTS WASHINGTON BLVD									ARCHITEC	T SERVICES			391,488
	N, UT 84401 S CONSTRUCTION CO									CONSTRU	CTION			269,989
	MAIN ST ON, KS 67114													
NATIC	NAL MANAGMENT RESOURCES CO									MAINTENA	NCE CONTRACT			165,427
	X 1224 ANGE, GA 30241													
	Fotal number of independent co \$100,000 of compensation fron			not l	lımıt	ed to	thos	e list	ed above)	who rec	eived more than			

Part V	/##1	Statement of Revenue		a a matha Dant VIII			
		Check if Schedule O contains a res	ponse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated campaigns	1a				
ang	ь	Membership dues	1b				
وَ ق	С	Fundraising events	1c				
iffs ar /	d	Related organizations	1d				
ons, Gifts, Grants Similar Amounts	e	Government grants (contributions)	1e 212,398				
<u>ģ</u> is	f	All other contributions, gifts, grants, and	1f 4,567,772				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above Noncash contributions included in lines					
들으	g	1a-1f \$					
3 E	h	Total. Add lines 1a-1f	· · · · •	4,780,170			
e e			Business Code				
۲em	2a	STUDENT TUITION / FEES	611600	14,492,427	14,492,427		
8	Ь	AUXILIARY ENTERPRISES	611710	4,588,054	4,553,252	33,626	1,176
M C.e	°	ORG ACTIVITIES / OTHER	611710	504,716	504,716		
Š	d						
Program Service Revenue	e f	All other program service revenue					
્રે							
	g 3	Total. Add lines 2a-2f		19,585,197			
		Investment income (including dividendent and other similar amounts)		334,646			334,646
	4	Income from investment of tax-exempt be	ond proceeds				
	5	Royalties					
	6a	(ı) Real	(II) Personal				
	b	Less rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(II) O ther				
	b c	Less cost or other basis and sales expenses Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 10 See Part IV, line 18	2)				
ē		,	а				
₹	b	Less direct expenses					
	c 9a	Net income or (loss) from fundraisi Gross income from gaming activitie See Part IV, line 19					
	 	Lace direct expenses	a b				
	b c	Less direct expenses Net income or (loss) from gaming a					
		Gross sales of inventory, less					
		returns and allowances .	a				
	ь		а b				
		Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions		24,700,013	19,550,395	33,626	335,822

Part IX Statement of Functional Expenses

Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiz	atıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in th	nis Part IX		<u> </u>	<u> </u>
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	7,615,545	7,615,545		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	338,814	184,449	139,028	15,337
6	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	4,422,777	3,860,902	276,352	285,523
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	210,362	181,930	16,489	11,943
9	Other employee benefits	964,086	894,273	40,488	29,325
10	Payroll taxes	370,216	322,290	27,795	20,131
11	Fees for services (non-employees)				
а	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 O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	467,180	467,180		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	347,830	347,830		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	918,948	918,948		
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	EDUCATIONAL & GENERAL	3,533,116	3,278,664	146,676	107,776
b	AUXILIARY ENTERPRISES	3,194,621	3,194,621		
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	22,383,495	21,266,632	646,828	470,035
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ✓ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page **11** Part X **Balance Sheet** (B) (A) Beginning of year End of year 1 1 1,755,662 2.620.860 2 Savings and temporary cash investments 2 3 437.352 717.812 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Assets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	B), and n 501(c)(9)		6		
82	7	Notes and loans receivable, net			877,991	7	819,244
⋖	8	Inventories for sale or use			377,007	8	010,211
	9	Prepaid expenses and deferred charges			249,087	9	193,196
	10a		 I		240,007	9	180,100
	104	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	31,726,661			
	Ь	Less accumulated depreciation	10b	13,701,055	17,824,260	10 c	18,025,606
	11	Investments—publicly traded securities			16,081,631	11	17,427,035
	12	Investments—other securities See Part IV, line 11 .				12	
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		552,802	15	548,402	
	16	Total assets.Add lines 1 through 15 (must equal line 34) .		37,778,785	16	40,352,155
	17	Accounts payable and accrued expenses		509,761	17	527,937	
	18	Grants payable			18		
	19	Deferred revenue		308,912	19	413,014	
	20	Tax-exempt bond liabilities			6,020,000	20	5,880,000
	21	Escrow or custodial account liability Complete Part IV	of Sche	dule D		21	
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and d					
喜		persons Complete Part II of Schedule L			22		
Ë	23	Secured mortgages and notes payable to unrelated third	l partie	s		23	
	24	Unsecured notes and loans payable to unrelated third pa	arties			24	70,000
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to rela	ed third parties,	1,149,387	25	1,134,247
	26	Total liabilities. Add lines 17 through 25			7,988,060	26	8,025,198
		Organizations that follow SFAS 117 (ASC 958), check he			.,,		3,323,133
φ		lines 27 through 29, and lines 33 and 34.		v una complete			
anc	27	Unrestricted net assets			15,384,773	27	15,704,450
- e	28	Temporarily restricted net assets			9,081,977	28	11,031,088
<u> </u>	29	Permanently restricted net assets			5,323,975	29	5,591,419
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), o	heck h	ere ► ┌ and			
		complete lines 30 through 34.					
Ş	30	Capital stock or trust principal, or current funds				30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment			31		
⋖	32	Retained earnings, endowment, accumulated income, or			32		
Net	33	Total net assets or fund balances		29,790,725	33	32,326,957	
	34	Total liabilities and net assets/fund balances	•		37,778,785	34	40,352,155
							Form 990 (2015)

1 01111	7990 (2013)			Г	aye 12
Par	Reconcilliation 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		24,7	700,013
2	Total expenses (must equal Part IX, column (A), line 25)	2		22,3	383,495
3	Revenue less expenses Subtract line 2 from line 1	3		2,3	316,518
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		29,7	790,725
5	Net unrealized gains (losses) on investments	5		2	219,714
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			C
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		32,3	326,957
Pali	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		• •	Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revia separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversity of the audit, review, or compilation of its financial statements and selection of an independent accountant	?	2c	Yes	
_	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	!	3b	Yes	

Software ID: **Software Version:**

EIN: 48-0556726

Name: TABOR COLLEGE INC

Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ste	es, k	(ey	Employees, High	hest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Posit more th perso and a	ion (nan o n is b dire	ne b oth	ox, u an of trus	inless fficer tee)		(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
	below dotted line)	Individual trustee or director	Institutional Trustee	CEI	emplo)ee	Highest compensated employee	Former			organizations
LYNDON VIX CHAIR	3 00	×		х				0	0	0
DIANA RAUGUST	3 00									
VICE CHAIR		X		Х				0	0	0
THEODORE FASZER SECRETARY	3 00	Х		х				0	0	0
BRENT KROEKER	3 00	x		х				0	0	0
TREASURER DANGERS	1 00									
DARRELL DRIGGERS BOARD MEMBER		x						0	0	0
CRAIG RATZLAFF	1 00								_	
BOARD MEMBER		Х						0	0	0
LOREN BALZER	1 00	x						0	0	0
BOARD MEMBER	1 00									
JOSE CABRERABOARD MEMBER		х						0	0	0
ROGER EDIGER	1 00									
BOARD MEMBER		Х						0	0	0
RICK ESHBAUGH	1 00	x						0	0	0
BOARD MEMBER	1 00									
DEL GRAYBOARD MEMBER		x						0	0	0
JERAL GROSS	1 00									
BOARD MEMBER		X						0	0	0
JEREMY JOHNSON BOARD MEMBER	1 00	x						0	0	0
MARK JOST	1 00	x						0	0	0
BOARD MEMBER	1 00									
DAVID KARBER BOARD MEMBER		х						0	0	0
MIKE KLEIBER	1 00	х						0	0	0
BOARD MEMBER		<u> </u>								
JERRY KLIEWERBOARD MEMBER	1 00	x						0	0	О
ELAINE KROEKER	1 00									
BOARD MEMBER		X						0	0	0
LISA KROEKER BOARD MEMBER	1 00	х						0	0	0
BILL LOEWEN	1 00	,,								
BOARD MEMBER		×						0	0	0
NATE LOEWEN	1 00	x						0	0	0
BOARD MEMBER DEAN NACHTIGALL	1 00						_			
BOARD MEMBER		x						0	0	0
DENNIS PENNER	1 00									
BOARD MEMBER		Х						0	0	0
ELAINE SETZER-MAXWELL BOARD MEMBER	1 00	х						0	0	0
TIM SULLIVAN	1 00	x						0	0	0
BOARD MEMBER										

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

compensated Employees, and make	spenaent coi	10.000	,, ,					•	•	
(A) Name and Title	(B) A verage hours per week (list any hours	per more than one box ist person is both ar and a director/tr				nless ficer	•	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
WILBUR UNRAU BOARD MEMBER	1 00	x						0	0	0
RICHARD UNRUH BOARD MEMBER	1 00	х						0	0	0
JULES GLANZER PRESIDENT	40 00			х				126,881	0	23,368
KIRBY FADENRECHT VP - BUS AFFAIRS/FINANCE	40 00			х				76,371	0	11,318
FRANK JOHNSON VP - ACADEMIC AFFAIRS	40 00			х				76,183	0	11,508

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493294001486

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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. 2015

Inspection

Employer identification number Name of the organization TABOR COLLEGE INC 48-0556726 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other organization listed in your governing monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes

Pa	Support Schedule for (Complete only if you Part III. If the organize	checked the bo	x on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to d	jualify under
Se	ection A. Public Support	•	•		, <u>, , , , , , , , , , , , , , , , , , </u>		
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
•	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	(4,72022	(-)	(9,2323	(=,===	(0)2020	(i)
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
14	ection C. Computation of Pul Public support percentage for 2019			11 column (f))		14	
15	Public support percentage for 201			: 11, Column (1))		14	
	33 1/3% support test—2015.If the	-	•	v on line 12 and	lino 14 is 22 1/20	15	this box
	and stop here. The organization qui 33 1/3% support test—2014. If the box and stop here. The organizatio	alıfıes as a publıc organızatıon dıd	ly supported organic not check a box	anızatıon on lıne 13 or 16a			► □
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me	— 2015. If the organization meets the fa	anization did not o	check a box on lir tances test, chec	ck this box and st	op here. Explain	orted ▶□
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nızatıon meets th	e "facts-and-circ	umstances" test	c, check this box a	nd stop here.	
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	- '

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 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 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 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 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(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

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			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 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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
b	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.	3b		
c	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.	3с		
4 a	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		ı
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 despite being controlled or supervised	4b		
c	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 $170(c)(2)(B)$ purposes.	4 c		
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, (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		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
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 benefited by one or more of its supported organizations, or (c) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial 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? If "Yes," complete Part II 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 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 .	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		
C	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	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).	10b		l
	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) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
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		_

Pai	Supporting Organizations (continued)			
Se	ection 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, 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 carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection 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 the supported organization(s).	1		
Se	ection 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 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 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 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		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	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

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
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 prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j 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			
b Applied to 2015 distributable amount			
c 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)			
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 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI 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).

Facts	And	Circum	stances	Test
-------	-----	--------	---------	------

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493294001486

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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.

rnal Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ir</u>	s.gov/f	orm990. Inspection
Name of the organ	nization		Emplo	oyer identification number
ADOK COLLEGE INC			48-0	556726
		r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds o	r Accounts.
		(a) Donor advised funds	(b)	unds and other accounts
Total numb	per at end of year			
A ggregate year)	value of contributions to (during			
Aggregate	value of grants from (during year)			
A ggregate	value at end of year			
_		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advıs	ed Yes No
used only for		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		purpose Yes No
art III Conse	ervation Easements. Comple	ete if the organization answered "Yes"	on Form	990, Part IV, line 7.
Preservat Protection Preservat Complete line	ion of land for public use (e g , recre n of natural habitat ion of open space es 2a through 2d if the organization	_	certified	ally important land area historic structure of a conservation
easement on	the last day of the tax year			Held at the End of the Year
a Total number	of conservation easements		2a	Held at the Lild of the Tear
_	restricted by conservation easeme	ents	2b	
Number of co	nservation easements on a certified	d historic structure included in (a)	2c	
	nservation easements included in (ture listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
Number of cor tax year ►	nservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the	organization during the
Number of sta	ates where property subject to cons	ervation easement is located 🛌		
	anization have a written policy regai d enforcement of the conservation (ding the periodic monitoring, inspection, har easements it holds?	ndling of	┌ Yes
Staff and volu year	nteer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing cons	ervation easements during the
▶				
	penses incurred in monitoring, insp	ecting, handling of violations, and enforcing o	conserva	tion easements during the year
►\$	ncorrection assessment remarked !-	no 2/d) above cation the results and a	ction 17	7/h)/4)
(B)(ı) and sec	tion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		☐ Yes ☐ No
balance sheet		ts conservation easements in its revenue ar : of the footnote to the organization's financia asements		
		ctions of Art, Historical Treasures,	or Oth	er Similar Assets.
	_	ed "Yes" on Form 990, Part IV, line 8.		
works of art, h	nistorical treasures, or other similar	FAS 116 (ASC 958), not to report in its rever assets held for public exhibition, education, note to its financial statements that describe	, or resea	rch in furtherance of public
works of art, h		FAS 116 (ASC 958), to report in its revenue r assets held for public exhibition, education, o these items		
(i) Revenue inc	luded on Form 990, Part VIII, line	1	► \$_	
(ii) Assets inclu	ded in Form 990, Part X			
If the organiza	ation received or held works of art,	historical treasures, or other similar assets f SFAS 116 (ASC 958) relating to these items	for financ	
Revenue inclu	uded on Form 990, Part VIII, line 1			► \$

Assets included in Form 990, Part X

Par	1111	Organizations Maintaining (continued)	Collections of	Art, His	torica	l Treasures,	or Ot	her Similar A	ssets
3		g the organization's acquisition, acc ction items (check all that apply)	ession, and other re	cords, ch	·	_		-	e of its
а	┌ P	ublic exhibition		d	┌ Lo	an or exchange	progra	ms	
b	Гя	Scholarly research		е		ther			
c	_	reservation for future generations							
4		de a description of the organization	's collections and ex	vnlain how	ythey fu	rther the organi	zation's	e evemnt nurnose	ın
	Part)	XIII							
5		g the year, did the organization soli is to be sold to raise funds rather th							□ No
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form 9	990, Pa	rt IV, line 9, o	or repo	orted an amour	nt on Form 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inte	ermediary	for cont	ributions or othe	erasse	ts not ryes	□ No
b	If'	'Yes," explain the arrangement in P	art XIII and comple	te the foll	lowing ta	able		Am	ount
c	Be	ginning balance					1c		
d	Αd	ditions during the year					1d		
e	Dis	stributions during the year					1e		
f		ding balance					1f		
2a		ne organization include an amount o	on Form 990, Part X	, lıne 21, 1	for escr	ow or custodial a	 account	t liability? 「Yes	
		·	,	,				•	
ь	If"Y€	es," explain the arrangement in Part	XIII Check here if	the expla	anation h	nas been provide	ed in Pa	art XIII	<u></u> Г
Pa	rt V	Endowment Funds. Comple	ete if the organiza	ition ans	wered	"Yes" to Form	990, F	Part IV, line 10	•
			(a)Current year	(b) Prio		b (c)Two years		d) Three years back	(e)Four years back
1a	Begir	nning of year balance	8,701,859		8,535,363	7,524	1,940	5,984,979	5,235,311
b	Cont •	ributions · · · · · · ·	95,600		179,670	198	3,195	1,163,981	815,840
С	Netı Iosse	nvestment earnings, gains, and es	272,635		285,80	7 1,141	,637	662,460	169,009
d		ts or scholarships • • • •							
e		r expenditures for facilities programs • • • • • • •	346,364		298,98	1 329	9,409	286,480	235,181
f	A dmı	nistrative expenses							_
g	End o	of year balance	8,723,730		8,701,859	9 8,535	5,363	7,524,940	5,984,979
2	Provi	de the estimated percentage of the	current year end ba	lance (lın	e 1g, co	lumn (a)) held a	s		_
а	Board	d designated or quasi-endowment 🕨	23 230 %						
b	Perm	anent endowment ► 64 100 %							
С	Temr	orarily restricted endowment 🕨	12 670 %						
•	-	percentages on lines 2a, 2b, and 2c)					
За		here endowment funds not in the po			hat are	held and admını	stered	for the	
	-	ization by							Yes No
		related organizations						<u> </u>	(i) Yes
ь		elated organizations es" on 3a(ii), are the related organiz			• •				(ii) No
4		ribe in Part XIII the intended uses							,
	t VI	Land, Buildings, and Equip	<u> </u>	- CHGOWIII	- Tarra				
		Complete if the organization		Form 99	90, Par	t IV, lıne 11a.	See Fo	orm 990, Part እ	(, line 10.
		Description of property			(a) st or other investme		er basıs	Accumulated (c) depreciation	(d)Book value
	Land				0501101	, (othe	,		
	Land Buildin			· ' -		 			
U	• •					26,	539,583	9,077,96	3 17,461,620
С	Leasel	nold improvements							
d	Equipn	nent				5,	187,078	4,623,09	2 563,986
e	Other			[<u> </u>		
		liman da bhuairich da 20 L			(D) '	m = 10(=\\\)			10.00= 00=
ıota	ı. Add	lines 1a through 1e <i>(Column (d) mu</i> s	st equal Form 990, Pa	art X, colur	nn (B), li	ne 10(c).)		<u> ▶ </u>	18,025,606

	See Form 990, Part X, line 12. (a) Description of security or catego (including name of security)	pry	(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1) Fınancıal				Cost of end-of-year market value
2) Closely-h	eld equity interests			
3) 0 ther				
iotal (Column	(b) must equal Form 990, Part X, col (B) line 12)	*		
Part VIII	Investments—Program Related			
	Complete if the organization answer (a) Description of investment	ed 'Yes' on Form 990,		ee Form 990, Part X, line 13. (c) Method of valuation
	(a) Description of Investment		(b) Book value	Cost or end-of-year market value
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13)	*		
Part IX	Other Assets. Complete if the organiza	tion answered 'Yes' on Fo	orm 990, Part IV, line	
	(a) De	scription		(b) Book value
	n (b) must equal Form 990, Part X, col.(B) lin			▶ Part IV, line 11e or 11f.
	Other Liabilities. Comblete il the o	rganization answered	'Yes' on Form 990.	
Part X	See Form 990, Part X, line 25.		Yes on Form 990,	,
Part X		(b) Book value	Yes on Form 990,	<u> </u>
Part X	See Form 990, Part X, line 25. (a) Description of liability		Yes on Form 990,	<u> </u>
Part X 1. Federal Incor	See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value		
Part X 1. Federal Incor	See Form 990, Part X, line 25. (a) Description of liability me taxes REDIT	(b) Book value	24	<u> </u>
Part X 1. Federal Incor	See Form 990, Part X, line 25. (a) Description of liability me taxes	(b) Book value	24	<u> </u>
Part X 1. Federal Incor	See Form 990, Part X, line 25. (a) Description of liability me taxes REDIT	(b) Book value	24	<u> </u>
Part X 1. Federal Incor	See Form 990, Part X, line 25. (a) Description of liability me taxes REDIT	(b) Book value	24	
Part X 1. Federal Incor	See Form 990, Part X, line 25. (a) Description of liability me taxes REDIT	(b) Book value	24	, and the second
Part X 1. Federal Incor	See Form 990, Part X, line 25. (a) Description of liability me taxes REDIT	(b) Book value	24	
Part X 1. Federal Incor	See Form 990, Part X, line 25. (a) Description of liability me taxes REDIT	(b) Book value	24	
Part X 1. Federal Incor	See Form 990, Part X, line 25. (a) Description of liability me taxes REDIT	(b) Book value	24	
Part X 1. Federal Incor	See Form 990, Part X, line 25. (a) Description of liability me taxes REDIT	(b) Book value	24	
Part X 1. Federal Incor	See Form 990, Part X, line 25. (a) Description of liability me taxes REDIT	(b) Book value	24	

Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retu	rn
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	24,919,727
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	219,714
3	Subtract line 2e from line 1	3	24,700,013
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)		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	24,700,013
Par	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per Re	turn.
1	Total expenses and losses per audited financial statements	1	22,383,495
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		· · · · · · · · · · · · · · · · · · ·
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	22,383,495
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		22,303,133
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b		4-	
C -	Add lines 4a and 4b	4c 5	22.202.405
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	22,383,495

Part XIII Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET UNREALIZED GAINS ON INVESTMENTS
SCHEDULE D, PART V, LINE 4	ENDOWMENTS ARE HELD PRIMARILY TO PROVIDE FUNDS FOR SCHOLARSHIPS OR TO MAINTAIN FACILITIES

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493294001486

Employer identification number

48-0556726

OMB No 1545-0047

Open to Public **Inspection**

(Form 990 or 990-EZ)

SCHEDULE E Schools

Department of the Treasury Internal Revenue Service

Name of the organization TABOR COLLEGE INC

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1_	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to students' rights or privileges?	5a		No
Ь	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		No
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
ь	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information.

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

any other additional morniation (see instructions)	
Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE FOLLOWING STATEMENT IS INCLUDED IN THE COLLEGE CATALOG WHICH IS DISTRIBUTED TO ALL PROSPECTIVE STUDENTS TABOR COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, RELIGION, DISABILITY, OR NATIONAL OR ETHNIC ORIGIN IN ITS ADMINISTRATION OF ITS EDUCATIONAL POLICIES, FEDERAL, STATE, AND INSTITUTIONAL FINANCIAL AID POLICIES, SCHOLARSHIP PROGRAMS, LOAN PROGRAMS, ATHLETIC PROGRAMS, ADMISSIONS CRITERIA, OR ANY OTHER COLLEGE-ADMINISTERED PROGRAMS
SCHEDULE E, PART I, LINE 6	TABOR COLLEGE RECEIVES MONEY FROM FEDERAL STUDENT LOAN PROGRAMS FOR ITS STUDENTS

Schedule E (Form 990 or 990-EZ) (2015)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493294001486

OMB No 1545-0047

Open to Public **Inspection**

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

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

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

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization TABOR COLLEGE INC

Employer identification number

48-0556726

Part I General Information	n on Grants and	l Assistance					
Does the organization maintain r the selection criteria used to awa Describe in Part IV the organiza	ard the grants or as	sıstance?				tance, and	√ Yes
Part III Grants and Other Assistanthat received more than \$	_			plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	., for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 50	1(c)(3) and governi	ment organizations lis	ted in the line 1 table .			.	

Enter total number of other organizations listed in the line 1 table

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY (1) GRANTSVARIOUS STUDENTS	193	107,296						
CHURCH MATCHING (2) SCHOLARSHIPSVARIOUS STUDEN	99 TS	49,260						
(3) INSTITUTIONAL SCHOLARSHIPS AND GRANTSVARIOUS STUDENTS	585	7,458,989						
Part IV Supplemental Inform	ation. Provide the info	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.			
Return Reference Explanation								

Return Reference	Explanation
PART I, LINE 2	TABOR COLLEGE EVALUATES EACH STUDENT FOR FEDERAL AND STATE FINANCIAL AID USING THE INFORMATION ON THE FAFSA FORM AS WELL AS OTHER APPLICATION MATERIALS COMPLETED FOR THEIR INSTITUTIONAL AID OFFERINGS STUDENTS MUST MEET ALL DEPARTMENT OF EDUCATION GUIDELINES TO RECEIVE FEDERAL FINANCIAL AID, INCLUDING LOANS SUCH GUIDELINES INCLUDE, BUT ARE NOT LIMITED TO, SATISFACTORY ACADEMIC PROGRESS, ATTENDANCE, NUMBER OF HOURS, AND A CLEAN FINANCIAL AID HISTORY STUDENTS MAY BE ELIGIBLE FOR MERIT-BASED AID AND SOME MAY BE ELIGIBLE FOR NEED-BASED FINANCIAL AID IN ADDITION TO BOTH NEED- AND MERIT-BASED QUALIFICATIONS, STUDENTS MUST MEET ELIGIBILITY REQUIREMENTS FOR CERTAIN AID ELEMENTS ALL DETERMINATIONS ARE MADE BY THE FINANCIAL AID OFFICE IN CONJUNCTION WITH ACADEMIC DEPARTMENTS, ATHLETIC DEPARTMENTS, ADMISSIONS STAFF, AND DEVELOPMENT/ADVANCEMENT STAFF

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493294001486

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

2015

Open to Public Inspection

Internal Revenue Service Name of the organization TABOR COLLEGE INC

Employer identification number

48-0556726

Pa	rt I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses do			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exec			2	Yes	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all the used by a related organization to establish compens	nat appl				
	✓ Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	⊽	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, or a related organization	Part VI	I, Section A, line $f 1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	iqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions m	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	a, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in Part III			8		No
9	If "Yes" on line 8, did the organization also follow th section 53 4958-6(c)?	e rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	` '	(E) Total of columns		
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 JULES GLANZER PRESIDENT	(i)	126,881	0	0	0	23,368	150,249	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information										
Return Reference	Explanation									
	FINANCE COMMITTEE REGULARY COMPARES SALARY FOR PRESIDENT TO THAT OF SIMILAR ORGANIZATIONS PRESIDENT HAS A WRITTEN CONTRACT WHICH IS APPROVED BY THE BOARD									

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493294001486

Open to Public

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

Inspection

Intern:	al Revenue Service		►Informatio	n about Schedule	K (Form 990) and it	ts instructions	is at <u>w</u>	ww.ir	s.gov/form	<u>1990</u> .				Inspe	ct ion		
Name	of the organization										Em	oloyer id	entifica	ation nun	nber		
TABO	OR COLLEGE INC										48	-05567	26				
Pa	rt I Bond Is	sues															
	(a) Issuer name		(b) Issuer EIN (c) CUSIP #		(d) Date issued	(e) Issue price		(f) Description of purpose			(g) Defeased		(h) On		(i) Pool		
												behalf of issuer		financing			
											Yes	No	Yes	No	Yes	No	
					06-12-2013	6,370		REPAYMENT OF BONDS AND			Х		Х		Х		
	COLLEGE FINANCE AUTHORITY							OTHER DEBTS AND CAMPUS IMPROVEMENTS									
Par	tIII Proceed	ls															
						<u> </u>	4	В			С			D			
	1 Amount of bonds retired						490,000										
														<u> </u>			
3	Total proceeds		6,370,000														
4	Gross proceeds		248,425														
5			eeds														
6	Proceeds in refunding escrows						4,092,368							<u> </u>			
7	Issuance costs from proceeds						165,316						<u> </u>				
8	Credit enhancement from proceeds																
9	Working capital expenditures from proceeds																
10	Capital expenditures from proceeds						1,863,891										
11	O ther spent proceeds																
12	O ther unspent p																
13	Y ear of substantial completion						2014										
						Yes	N	lo	Yes	No	Yes		No	Yes	;	No	
14	Were the bonds issued as part of a current refunding issue?					X											
15	Were the bonds issued as part of an advance refunding issue?						×	×									
16	Has the final allocation of proceeds been made?					Х											
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?					х											
Par	t IIII Private																
									В			C		D			
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ation a manter			I C which award	Yes	No	o	Yes	No	Yes	<u> </u>	No P	Yes		No	
1	property finance	ation a partner d by tax-exem	r in a partnership, or npt bonds? . . .	a memper or an L			X	(

Are there any lease arrangements that may result in private business use of bond-

Х

50110	date it (1 offil 330 / 2013									raye Z
Par	Private Business Use (Continued)	_								-
		_		A	В	ı		c		D
			Yes	No	Yes	No	Yes	s No	Yes	No
3a 	Are there any management or service contracts that may result in private of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final									
prop	erty?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		×						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use bother than a section 501(c)(3) organization or a state or local government							•		
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government	ersection								
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the borussued?			х						
	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all non-bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			Х						
Par	t IV Arbitrage	<u>'</u>			<u>.</u>		<u> </u>	l .	•	<u>'</u>
		Α			В		С		D	
		Yes	No	Yes	No	Y	'es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х							
2	If "No" to line 1, did the following apply?				•		•			•
а	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
с	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed						1			
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
ь	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

Pа	Arbitrage (Continued)								
		A		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?		Х						
Pa	rt V Procedures To Undertake Corrective Action				•	•			
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		x						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2015

DLN: 93493294001486

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury

(6) B LOEWEN

(7) J LOEWEN

www.irs.gov/form990. Internal Revenue Service Name of the organization

Employer identification number TABOR COLLEGE INC 48-0556726 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and (c) Description of (d) Corrected? organization transaction Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (d) Loan to (e)Original (f)Balance **(g)** In (i)Written (c) (h) Purpose of ınterested with or from the principal due default? Approved agreement? organization loan organization? amount by board or person committee? From Yes No Yes Yes No Total **>** \$ Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance interested person and the person organization (1) R ISAAC GRANDSON OF DONOR 15,660 SCHOLARSHIP (2) A JANZEN GRANDSON OF DONOR 18,000 SCHOLARSHIP (3) R NEUFELD GRANDSON OF DONOR 15,595 SCHOLARSHIP (4) H KLAASSEN DAUGHTER OF DONOR 18,000 SCHOLARSHIP (5) M EDIGER GRANDDAUGHTER OF 18,950 SCHOLARSHIP DONOR

SON OF NATHAN

DAUGHTER OF NATHAN

OEWEN

LOEWEN

15,250 SCHOLARSHIP

17,750 SCHOLARSHIP

	sactions Involvin					
Complete if the o	organization answe	red "Yes" on Fori	<u>m 990, Part IV, line 2</u>	8a, 28b	, or 28c.	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh o organı reven	f zation's	
				Yes	No	
Part V Supplemental						
Provide additional	ntormation for respon	ses to questions or	Schedule L (see instruc	tions)		
Return Reference			Explanation			

Schedule L (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

DLN: 93493294001486

OMB No 1545-0047

2015

Inspection

Open to Public

SCHEDULE M (Form 990)

Noncash Contributions

► Attach to Form 990.

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

Name of the organization TABOR COLLEGE INC

Department of the Treasury

Internal Revenue Service

Employer identification number

					48-0556726	
Part I Type	es of Property					
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of	d) determining ibution amounts
. Art—Works o						
2 Art—Historic						
Art—Fraction						
Books and pu						
-						
Cars and other						
·	nnes				_	
•	property					
	ublicly traded .	Х	1	6,725	NYSE PRICE LIST	ING
	losely held stock .					
	artnership, LLC, ests					
Securities—M	liscellaneous					
Q ualified con contribution-	-Hıstorıc					
Qualified con	 servation -Other					
Real estate—						
	Commercial					
	Other					
Collectibles						
Food inventor						
	edical supplies					
=						
,	ıfacts					
Scientific spe						
•	lartıfacts					
Other ► (raremaces	X	9	101 697	PRICE PER ELEV	A T O R
RM COMMODI	TIES)		-			
Other►(
Other►()					
Other ► ()					
			inization during the tax yea		29	
for which the	organization comple	etea Form 8	283, Part IV, Donee Acknowledge	owleagement		Waa N
n During the w	oor did the organiza	tion receive	a by contribution any prope	erty reported in Part I, lines	1 through 20 that	Yes No
- ,						
it must hold	for at least three ye	ars from the	e date of the initial contribu	ition, and which is not requi	red to be used	
for exempt p	urposes for the enti	re holding p	period?			30a N
b If "Yes," des	cribe the arrangem	ent in Part 1	II			
				review of any non-standard		31 N
a Does the org		e third parti	ies or related organizations	to solicit, process, or sell	noncash • • •	
b If "Yes," des	cribe in Part II					
		t an amount	: in column (c) for a type of	property for which column (a) is checked.	
describe in F			(2), (3, 4, 5, 6, 6)	F F	,,	

Page 2

_	 	411	- "	٧.	٠.	•••	-	,,	, ,			_
)a	rt				S	ìц	ם	σl	e	m	6

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2015)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493294001486

OMB No 1545-0047

2015

Open to Public Inspection

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.

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

Name of the organization TABOR COLLEGE INC

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

48-0556726

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	VP FOR BUSINESS AND FINANCE, REVIEWS COPY OF FORM 990 PREPARED BY PAID PREPARER FORM 990 IS ALSO REVIEWED BY THE FINANCE COMMITTEE WHICH IS A SUB-COMMITTEE OF THE FULL BOARD PRIOR TO SUBMISSION
FORM 990, PART VI, SECTION B, LINE 12C	BOARD CHAIRPERSON IS RESPONSIBLE FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY
FORM 990, PART VI, SECTION B, LINE 15A	BOARD ANNUALLY REVIEWS COMPENSATION OF PRESIDENT AS COMPARED TO OTHER SIMILAR ORGANIZATIONS
FORM 990, PART VI, SECTION C, LINE 19	THIS INFORMATION IS NOT TYPICALLY AVAILABLE TO THE PUBLIC

► Attach to Form 990.

DLN: 93493294001486

SCHEDULE R (Form 990)

Name of the organization TABOR COLLEGE INC

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Complete if the organization answered "Yes" on Form 990, Part 1V, line 33, 34, 35b, 36, or 37.

► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Employer identification number

2015

Open to Public Inspection

				48-05567	'26			
Part I Identification of Disregarded Entities Complete	te if the organization a	answered "Yes" or	n Form 990, P	art 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) t controlling entity		
Part III Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during th	ations Complete if the tax year.	e organization an	swered "Yes"	on Form 990, Pa	irt IV, line	34 because it	had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ection (e) Public charity (if section 501		(f) Direct controlling entity	Section (13) co	
(A)TADOD FOLINDATION INC	ELIND DATEING	WC.	F01/C)/2)	PUBLIC CHARTI			Yes	No
(1)TABOR FOUNDATION INC 400 S JEFFERSON	FUND RAISING	KS	501(C)(3)	POBLIC CHARTI	Y			No
HILLSBORO, KS 67063 23-7052414								
(2)ASSOCIATED COLLEGES OF CENTRAL KANSAS 210 S MAIN	FACILITIES AND SERVICES	KS	501(C)(3)	PUBLIC CHARTI	-Y			No
MCPHERSON, KS 67460 48-6127349								
		1						1

Jenedale IV (1 0111 330 y 2013										raye
	Identification of Related Organizations Taxable as because it had one or more related organizations treated			•		ation answ	ered "Yes	" on Form 9	990, Part IV	/, line 34	
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(F
	Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disproprtionate	Code V-UBI	General or	Percei
	related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocations?	amount in box	managing	owne
			(state or	entity	unrelated,		assets		20 of	partner?	

Name, add related	lrèss, and EIN of organization		Legal domicile (state or foreign country)	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate ations?	e Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging ner?	Percentage ownership
					311,			Yes	No		Yes	No	
		_	_						·				_

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?		_
								Yes	No	_

Part V Transactions With Related Organizations Complete if the organization answers	wered "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	No
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)			•	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s).				11		No
m Performance of services or membership or fundraising solicitations by related organization(s).				1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				1o		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	te this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	nvolved	
L)ASSOCIATED COLLEGES OF CENTRAL KANSAS	М	255,618				
						,

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

revenue) that was not a related organization. See instructions													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											1	1	İ
			<u> </u>	_		-	1	I		<u> </u>		_	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015