SCANNED DEC 1 2 2018

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Go to www.irs.gov/Form990 for instructions and the latest information

2017 Open to Public Inspection

<u>A</u>	For th	e 2017 c	alendar year, or tax year beginning , and ending				
В	Check if a	applicable	C Name of organization		Employe	r Identification number	
Ш	Address o	change	Midland College Foundation				
	Name cha	ange	Doing business as	Deem/euri	23-7315067 E Telephone number		
一	Initial retu	, i	Number and street (or PO box if mail is not delivered to street address) 3600 N. Garfield	Room/suite		684-7851	
H	Final retui	ım/	City or town, state or province, country, and ZIP or foreign postal code			<u> </u>	
님	terminated	i i	Midland TX 79705	۱,	Gross rec	ceipts \$ 9,422,109	
Ц	Amended	retum	F Name and address of pnncipal officer	<u>_</u>	5 C.OCC 1C.		
	Application	n pending	Rick Bender	H(a) Is this a group	retum for	subordinates? Yes X No	
				H(b) Are all subor	dinates inc	duded? Yes No	
			<i>M</i>	If "No," a	ttach a list	(see instructions)	
	Tax-exen	npt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527]			
J	Website	► W	ww.midlandcollegefoundation.org	H(c) Group exemp	otion numb	er 🕨	
K	Form of o	organization	X Corporation Trust Association Other ► 1 L Y	ear of formation 19	73	M State of legal domicile TX	
F	Part I	Su	ımmary				
	1 1	•	escribe the organization's mission or most significant activities				
8			and College Foundation, Inc. is a non-profit organ				
nan		_	provide support for the educational goals of Midland	d College a	and 1	ts	
Governance			ents.				
			is box I if the organization discontinued its operations or disposed of more than 25	% of its net asse	1	1 24	
مخ ده			of voting members of the governing body (Part VI, line 1a)		3	24	
ţį	1		of independent voting members of the governing body (Part VI, line 1b)		5	0	
Activities	1		nber of individuals employed in calendar year 2017 (Part V, line 2a) nber of volunteers (estimate if necessary)		6	5	
ĕ	1		elated business revenue from Part VIII, column (C), line 12		7a	-258,531	
	1		ated business taxable income from Form 990-T, line 34		7b	-258,531	
_	 5	Net dilici	ated business taxable income norm rorm 550-1, line 54	Prior Year		Current Year	
6)	8 (Contributi	ions and grants (Part VIII, line 1h)	1,473	,792	4,756,477	
Revenue	9 F	Program	service revenue (Part VIII, line 2g)			0	
eve	10 1	Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)	1,608		4,907,565	
œ	11 (Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-241,933	
	12	Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,827		9,422,109	
	13 (Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)	1,372	, 515	1,793,415	
	1		paid to or for members (Part IX, column (A), line 4)		0		
S	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)			0	
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)			0	
픐			draising expenses (Part IX, column (D), line 25) ▶ 0	E C E	222	422 EQ4	
ш	I	-	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,937	,333	433,524	
		•	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		, 189	2,226,939 7,195,170	
= 8	19 1	Revenue	less expenses Subtract line 18 from line 12	Beginning of Curre		End of Year	
86	20 1	Total asse	ets (Part X, line 16)	48,553		56,395,734	
88	21		ilities (Part X, line 26)		,616	404,781	
Net Assets or Fund Balances	22 1		is or fund balances Subtract line 21 from line 20	48,013	, 975	55,990,953	
	art II) Sig	gnature Block /				
U	nder per	nalties of p	perjury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the best	of my kr	nowledge and belief, it is	
tn	ue, corre	ect, and co	omplete Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge		11.00	
		×	to the		_ /X /	11-15-2018	
Sig		Sı	ightanue of officer	3 dui - 0 -	Date		
He	re	- -	Rick Bender ype or pnnt name and btle	Admin Ser	ATCE	es	
		<u> </u>	preparer's name Preparer's signature	Date	Chack	T PTIN	
Pai	d	1	ouglas	1/ 15/14	Check Sey-em	" 1	
	- parer		Tabasas Millan C Co CDMc DC	1 1// =	s EIN	85-0214336	
	Only	Firm's nan	550 W Texas Ave Ste 1000		. JF		
	•	Firm's add	. Midland My 70701-4270	Pho	ne no	432-683-1835	
May	the IR		s this return with the preparer shown above? (see instructions)	IVED	·- <u>-</u>	X Yes No	
For			A d M discount of the control of the			Form 990 (2017)	
DAA			NOV 1	9 2018 S			
				, , , , , , , , , , , , , , , , , , ,	G	132	

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Form 990 (2017)	Midland College	Foundation 23	-7315067	Page 2
	Statement of Program Ser	•	s Port III	X
1 Briefly desc Midland	cribe the organization's mission lack to College Foundation of the college support for the college sup	on, Inc. is a non-proche educational goals	fit organization es	stablished
pnor Form	anization undertake any significant 990 or 990-EZ? scribe these new services on Sche	program services during the year which were	not listed on the	Yes X No
3 Did the organizes?		ke significant changes in how it conducts, any	program	Yes X No
4 Describe the expenses S	e organization's program service a	ccomplishments for each of its three largest parameters are required to report the amount of	_	
4a (Code Payment) (Expenses \$ s made to Midland	including grants of \$ I College for the opera) (Revenue \$ ating budget)
			· 	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
	•			
4¢ (Code) (Expenses \$	including grants of \$) (Revenue \$)
	,	, , ,		
Ad Other progr	am conscer Decembe in Cabadida	0)		
4d Other progra (Expenses	ram services (Describe in Schedule \$ 1,793,415 incl	uding grants of \$ 1,793,415	(Revenue \$	
4e Total progra	am service expenses	1,793,415		Form 990 (2017)

Part IV Checklist of Required Schedules

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2
- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I
- 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
- 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 98-197 If "Yes," complete Schedule C. Part III
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D, Part I
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III
- 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
- 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
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes." complete Schedule D, Part IX
 - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X
 - 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- 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
- 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
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III

	Yes	No
	x	
2	X	
3		X
4		x
5		X
6		x
7		X
8		x
9		x
10	Х	
11a		X
11b		X
11c		x
11d		v
11e		X
11f		<u>X</u>
12a	X	
12b		x
13		X
14a		X
14b		_ X _
15		x
16		x
17		X
18_		x
 19		x
 For	m 990	(2017)

Part IV | Checklist of Required Schedules (continued)

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21	x	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			_
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			_
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		}	
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		ı	
	current or former officers, directors, trustees, key employees, highest compensated employees, or	i		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	}	-	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
C				
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	_		77
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		J	v
• •	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-+	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			x
1 F -	or IV, and Part V, line 1	34		$\frac{\mathbf{x}}{\mathbf{x}}$
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	25h		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	36		x
27	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	\dashv	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		- [
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	~'· †		
-0	19? Note . All Form 990 filers are required to complete Schedule O	38		X
	10 Mars 1 p. 1 cm. 300 more did redelled to complete conteste 3			

_		<u> 731506</u>	7			F	age 5
L Pa	art V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this F	Part V				1	ᆚ
		1.	J	4.4		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1:	$\overline{}$	0			`
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		b				
C	Did the organization comply with backup withholding rules for reportable payments to vendors	and			1		
2-	reportable gaming (gambling) winnings to prize winners?	1			1c		X
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ا ا		0	1	ĺ	1 1
	Statements, filed for the calendar year ending with or within the year covered by this return			<u> </u>			4
þ	If at least one is reported on line 2a, did the organization file all required federal employment ta Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instr				20	-	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•			3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sch				3b	 	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or		ont	v	35		\vdash
744	over, a financial account in a foreign country (such as a bank account, securities account, or o			7			
	account)?	ALICE IIIIGITO			4a		x
b	If "Yes," enter the name of the foreign country				1		<u> </u>
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fina	ancial Acco	ount	ts			
	(FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	ear?			5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		2		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
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?				6a		_x_
b	If "Yes," did the organization include with every solicitation an express statement that such con	ntributions o	or				
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).					1	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and part	tly for good	İs				لـــا
	and services provided to the payor?				7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	th it was			f		
	required to file Form 8282?				7c		_X_
q	If "Yes," indicate the number of Forms 8282 filed during the year	_70	<u> </u>			<u></u>	لنبذ
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be			,	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	t contract?	'		7f		_ <u>X</u> _
g	If the organization received a contribution of qualified intellectual property, did the organization				7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the or	-			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma	intained by	/ the	е	- <u>-</u> -	<u>`</u>	
_	sponsonng organization have excess business holdings at any time during the year?				8	<u> </u>	 ,
9	Sponsoring organizations maintaining donor advised funds.				<u> </u>	<u> </u>	
a	Did the sponsoring organization make any taxable distributions under section 4966?	-0			9a		
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	II.			9b		 ,
10	Section 501(c)(7) organizations. Enter	10	اء				
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10	\neg		┥. 1		-
ь 11	Section 501(c)(12) organizations. Enter	<u>_10</u>	<u> </u>		┥`		٠, إ
'' a	Gross income from members or shareholders	111	اء			, `	
b	Gross income from other sources (Do not net amounts due or paid to other sources	<u> </u>	-		-		- 1
·	against amounts due or received from them)	111	ь		1	;	. [
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		_		12a		
. <u>-а</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12			,		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		 1		7	-	1
a	Is the organization licensed to issue qualified health plans in more than one state?				13a		
•	Note. See the instructions for additional information the organization must report on Schedule	0			1		•
h	Enter the amount of reserves the organization is required to maintain by the states in which				fr.		ł
•	the organization is licensed to issue qualified health plans	13	ь			•	1
С	Enter the amount of reserves on hand	13			٠. ا	•	į
14a	Did the organization receive any payments for indoor tanning services during the tax year?				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in So	hedule O			14b		
DAA					For	m 990	(2017)

10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			ــنــ
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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	I		
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

ec	tion C. Disclosure
7	List the states with which a copy of this Form 990 is required to be filed ▶ None
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply
	Own website Another's website X Upon request Other (explain in Schedule O)
9	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
0	State the name, address, and telephone number of the person who possesses the organization's books and records
R:	ick Bender 3600 N. Garfield,

TX 79705

<u>432-684-7851</u>

Midland

Form 990 (201)	Midland College	Foundation	23-7315067	7	Page 7
Part VII	Compensation of Officers	Directors, Trustees,	Key Employees, Highest	Compensated Employees	s, and
	Independent Contractors				
	Check if Schedule O contain	is a response or note	to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Ke	y Employees, and Highes	st Compensated Employees		

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo:	x, unle icer a	ess pe	ition more rson i	than on	en e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) Joe de Compiegne						П				
	0.00								_	_
President	0.00	X		X		Ш		0	0	0
(2) Cadell Liedtke										
	0.00	1						_	_	_
Vice President	0.00	X		X		Ш		0	0	0
(3) Linda Cowden		1			1					
	0.00	1						_		
Secretary	0.00	X		X	<u> </u>	\sqcup		0	0	0
(4) Richard Coats										
	0.00	Ì								
Treasurer	0.00	X		X		Ш		0	0	0
(5) Spencer Beal										
	0.00				ŀ				_	
Director	0.00	X			<u> </u>	↓ ↓		0	0	0
(6) Mike Black										
	0.00	l			ĺ				_	
Director	0.00	X	L	_	ļ			0	0	0
(7) Arnulfo Carrasc										
	0.00								_	_
Director	0.00	X	_	_	L			0	0	0
(8) Gary Douglas				ļ		1 1				
	0.00	l						_	_	
Director	0.00	X		<u> </u>	┝			0	0	0
(9) Julie Edwards										
	0.00								_	_
Director	0.00	X		<u> </u>	\vdash	╁┷╁		0	0	0
(10) Becky Ferguson										
	0.00	l						1	_	0
Director	0.00	X		<u> </u>	<u> </u>	\vdash		0	0	
(11) Jim Henry										
	0.00							_	^	_
Director	0.00	X			Ц	Ш		0	0	Form 990 (2017)
DAA										Form 33U (2017)

Part VII Section A. Officers	, Directors, Tru	istee	s, K	ey E	mp	oyee	s, a	and Highest Compensated	Employees (continued)		
(A) Name and title	(B) Average hours per week (list any	bo	x, unfi	Pos check ess pe	erson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(12) Duncan Kenned	_										
Director	0.00 0.00	x						l	o	o	
(13) Tim Leach					-						
Director	0.00 0.00	x						0	0	0	
(14) Taylor Mayne											
Director	0.00 0.00	x						o	o	О	
(15) Richard McMil		^	-		┢		ļ				
(22, 22, 23, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24	0.00										
Director	0.00	X						0	0	0	
(16) Tricia Michie											
Director	0.00 0.00	X	l	l	l			o	o	О	
(17) Paul Morrow	0.00	-	-	\vdash	 	Н					
	0.00										
Director	0.00	X				Ш		0	0	0	
(18) Glenn Rogers	0 00										
Director	0.00 0.00	x		İ				o	o	0	
(19) Julia Swallov		-	\vdash								
	0.00										
Director	0.00	X	<u> </u>	L	<u> </u>		<u></u>	0	0	0	
1b Sub-total	to to Dout VIII (20041	4				>				
c Total from continuation shee d Total (add lines 1b and 1c)	us to Part VII, t	SOCU	011 7	•			•				
Total number of individuals (increportable compensation from				thos	e list	ed a	bove	e) who received more than	\$100,000 of		
3 Did the organization list any fo employee on line 1a? If "Yes,"	•					•	•	oyee, or highest compensa	ated	Yes No	
For any individual listed on line organization and related organ individual	1a, is the sum	of re	eport	able	com	pens	atio			, , , X	
5 Did any person listed on line 1 for services rendered to the or									ındıvıdual	5 X	
Section B. Independent Contracto											
Complete this table for your five compensation from the organization.	ation Report co	ensa mpe	ted i	ndep ion f	oend or th	ent c e cal	ontr lend	ar year ending with or with	in the organization's tax ye		
Name and	(A) business address							Descript	(B) ion of services	(C) Compensation	
									· · ·		
Total number of independent or received more than \$100,000 or control or	ontractors (inclu of compensation	ding fron	but n the	not l	ımıte anız	d to ation	thos	se listed above) who			

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	еу Е	mpl	oyee	es, a	and Highest Compensated	i Employees (continued)	
(A) Name and title	(B) Average hours per week	bo	x, uni	Pos check ess pe	erson	than o	en	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	or director	Institutional	Officer	Key employee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
		66	trustee			risated				
(20) Carole Warren	l									
Director	0.00	x						0	o	o
(21) Ralph Way	0.00	1	一		H	 				0
•	0.00									
Director	0.00	X	<u> </u>	┞		1		0	0	0
(22) Terry Wilkins	0.00	}								
Director	0.00	x						0	o	0
(23) Modesta Will:										
_	0.00									
Director (24) Word Wilson	0.00	X	├	1			<u> </u>	0	0	0
(24) Word Wilson	0.00									
Director	0.00	x						0	0	0
		┢	⊢			Н				
1b Sub-total		L	L							<u> </u>
c Total from continuation shee	ets to Part VII,	Secti	on A	4			•			
d Total (add lines 1b and 1c)	·						>			
2 Total number of individuals (in reportable compensation from	_		d to	thos	e list	ed a	bove	e) who received more than	\$100,000 of	
	the organization	.,	_					······································	·	Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensa	ited	3
4 For any individual listed on line								n and other compensation	from the	
organization and related organ	nzations greater	than	\$15	50,00	1 °00	f "Ye	s," c	complete Schedule J for su	ch	4
individual5 Did any person listed on line 1	a receive or acc	crue	com	pens	atıor	fron	n an	ny unrelated organization or	ındıvıdual	7
for services rendered to the or		/es,"	com	plete	Scl	nedul	e J	for such person		5
Section B. Independent Contracto			40d				antr	nation that received more t	than \$100,000 of	
Complete this table for your five compensation from the organization.	zation Report oc	mpe	nsat	ion f	or th	e cal	end	ar year ending with or with	in the organization's tax ye	
Name and	(A) business address						L.	Descript	(B) on of services	(C) Compensation
									<u> </u>	
										
						-				-
2 Total number of independent of	contractors (inclu	ding	but	not I	ımıte	d to	thos	se listed above) who		1. C. A. A.
received more than \$100,000	of compensation	fron	n the	org	anız	ation	▶	·		

إبرة	ות_ע	Check if Schedule		tains a	response (or note to any line	in this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats st	1a	Federated campaigns	1a					·	
Sa	b	Membership dues	1b						
Š, A	С	Fundraising events	1c						,
활	d	Related organizations	1d						i
S,E	е	Government grants (contributions)	1e						
tion S	f	All other contributions, gifts, grants,	ļļ						,
ğξ		and similar amounts not included above	1f		756,477				
E D	g	Noncash contributions included in lines 1a	+1f S	; З,	000,920				
<u>2 p</u>	h	Total. Add lines 1a-1f				4,756,477		<u> </u>	
971					Busn Code			ļ	
949	2a							ļ	
8	þ				-				
يخ	C								
33	d				ļ				
ran	θ,	AU -44			ļ			<u></u>	
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	T	All other program service reve	enue				<u> </u>	L	
_		Total. Add lines 2a-2f Investment income (including	dvadon	de inter	act .				
	3	and other similar amounts)	alvideli	us, intere	-51, ►	785,395	,		785,395
	4	Income from investment of ta	v_evemr	nt hand r	rocede >	100,000			703,333
	5	Royalties	-cxciii	n bona p	Noceeus P	16,598			16,598
		(i) Real		(11)	Personal		P		
	6a		$\neg \neg$		_		ii		4
	b	Less rental exps			***				
	С	Rental inc or (loss)							
	d	Net rental income or (loss)							
	7a	7a Gross amount from (i) Securities (ii)				,			
		other than inventory 4,122,170					•		
	b	Less cost or other							•
		basis & sales exps							
	С	Gain or (loss) 4,122	,170						
		Net gain or (loss)	_	_		4,122,170	4,122,170	·	
ğ	8a	Gross income from fundraising even	ents						·
evenue		(not including \$					•		
Š		of contributions reported on line 10)						
ē	_	See Part IV, line 18	a						
Other		Less direct expenses	ַןמ				•	·	
		Net income or (loss) from fun-		events_		Þ			
ļ	эа	Gross income from gaming activities	J			u j			
	_	See Part IV, line 19	a b					1	
		Less direct expenses Net income or (loss) from gar		natios					
		Gross sales of inventory, less		IVILICS		•			
	100	returns and allowances	اء			· · ·		~	
	h	eturns and allowances a							ţ
		Net income or (loss) from sale		entory					
1		Miscellaneous Revenue			Busn Code	•	,		
- 1	11a	PTP Investments			900003	-258,531		-258,531	
	b								
l	C								
	d	All other revenue							
	е	Total. Add lines 11a-11d			•	-258,531		14 1	
	12	Total revenue. See instruction	ns		<u> </u>	9,422,109	4,122,170	-258,531	801,993

Sect	ion 501(c)(3) and 501(c)(4) organizations must of Check if Schedule O contains a resp			mplete column (A)	
Do 1	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			<u> </u>	
•	and domestic governments See Part IV, line 21	1,793,415	1,793,415		
2	Grants and other assistance to domestic			•	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				<u> </u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				ļ.
	trustees, and key employees				
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 salanes and wages				<u> </u>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes				
11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	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				<u> </u>
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings			· · · · · · · · · · · · · · · · · · ·	ļ
20 24	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	- 		·	
22 23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 246 If	/ s	, , , 'i, 'i,	اه. الوالولونية والأولونية الإسالة الاستراط	
	line 24e amount exceeds 10% of line 25, column	, ' ' "	, * In	。 埃克特特斯斯斯	1 F41,0 1
	(A) amount, list line 24e expenses on Schedule O)	and the second	State of the book of	a haring on the	aphalent of
а	Community Enrichment Prog	322,007		322,007	
b	Operating Expenses	104,253		104,253	
С	Promotional Expenses	7,264		7,264	
d					
8	All other expenses			400	
25		2,226,939	1,793,415	433,524	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and		1		
	fundraising solicitation Check here ▶ ☐ if				
AA.	following SOP 98-2 (ASC 958-720)				Form 990 (2017)
•					101111 444 (2011)

Part 2		7313007		Page 1
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cashnon-interest bearing	357,018	_1_	577,04
2	Savings and temporary cash investments	5,587,816	_2_	5,823,74
3	Pledges and grants receivable, net	6,706,590	_3_	187,00
4	Accounts receivable, net	1,800	4	45
5	Loans and other receivables from current and former officers, directors,	•		7
	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L		5	
6				•
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
3	organizations (see instructions) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		_7	·
` °	Inventories for sale or use	C1 F00	8	
9	Prepaid expenses and deferred charges	61,500	9	27,50
10a	Land, buildings, and equipment cost or	, · · · ·		,
	other basis Complete Part VI of Schedule D			
	Less accumulated depreciation [10b]	25 707 470	10c	40 740 000
11	Investments—publicly traded secunties	35,787,478	11	49,749,083
12	Investments—other secunties See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets	£1 200	14	20.01
15	Other assets See Part IV, line 11	51,389 48,553,591	15	30,913 56,395,73
16	Total assets. Add lines 1 through 15 (must equal line 34)	39,989	16	
17	Accounts payable and accrued expenses	499,627	17	23,13 381,64
18	Grants payable	433,021	18	361,04
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	· · · · · · · · · · · · · · · · · · ·	, ,		
	trustees, key employees, highest compensated employees, and			
	disqualified persons Complete Part II of Schedule L		22	1
23	, ,		23	
24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		-24	
25			İ	
ŀ	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
26	,	539,616	26	404,783
- 26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	333,010	20	202,10.
,	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 30 31 32	Unrestricted net assets	11,633,123	27	14,821,168
28	Temporanly restricted net assets	17,021,230	28	21,511,722
29	· · ·	19,359,622	29	19,658,063
23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and			
;	complete lines 30 through 34.	•	İ	
30	Capital stock or trust principal, or current funds		30	
31			31	 -
32			32	
33	Total net assets or fund balances	48,013,975	33	55,990,953
34	Total liabilities and net assets/fund balances	48,553,591	34	56,395,734

Form	990 (2017) Midland College Foundation	23-7315067			Pa	ge 12
L'Pa	rt XI 1 Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in	this Part XI		_		X
1	Total revenue (must equal Part VIII, column (A), line 12)		1	9,4		
2	Total expenses (must equal Part IX, column (A), line 25)		2	2,2		
3	Revenue less expenses Subtract line 2 from line 1		3	7,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, colu	ımn (A))	4	<u>48,0</u> :	<u>13,9</u>	<u>975</u>
5	Net unrealized gains (losses) on investments		5	7	81,	808
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Pnor period adjustments		8	_		
9	Other changes in net assets or fund balances (explain in Schedule O)		9	_		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equ	al Part X, line				
	33, column (B))		10	55,99	90,9	<u>953</u>
Pa	rt XIII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in	this Part XII				. لــاـــ
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual	Other		(** *		
	If the organization changed its method of accounting from a prior year or checked	l "Other," explain in		F# .	3.	* 1
	Schedule O.			44.2.4		1
2a	Were the organization's financial statements compiled or reviewed by an indeper	ident accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year	ear were compiled or		147		
	reviewed on a separate basis, consolidated basis, or both			(""")	, '¥	J. 69.18
	Separate basis Consolidated basis Both consolidated and s	eparate basis		100	<u> </u>	<u> </u>
b	Were the organization's financial statements audited by an independent accounts	ant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the ye	ar were audited on a			7 ×5	15 T
	separate basis, consolidated basis, or both			1,5%	2. A &	
	X Separate basis Consolidated basis Both consolidated and s	eparate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes re	esponsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an	independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during	g the tax year, explain in		15.0	100 m	1.70
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit	or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization	tion did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken			3b		
				For	m 99 ((2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Midland College Foundation 23-7315067 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 12, 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)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. |X| 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) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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) 8 A community trust described in section 170(b)(1)(A)(vI). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions) Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% 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 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (III) Type of organization (Iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing support (see omanization (described on lines 1-10 other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2017 Midland College Foundation 23-7315067 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 3,169,871 7,448,746 1,800,406 1,473,792 4.756.477 18,649,292 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,800,406 7,448,746 Total. Add lines 1 through 3 3,169,871 1,473,792 4,756,477 18,649,292 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) 3,884,225 Public support, Subtract line 5 from line 4 14,765,067 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2016 (e) 2017 (a) 2013 (b) 2014 (c) 2015 (f) Total Amounts from line 4 3,169,871 7,448,746 1,800,406 1,473,792 4,756,477 18,649,292 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from 1,036,860 -250,288 810,693 1,295,797 801,993 3,695,055 similar sources 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) Total support. Add lines 7 through 10 11 22,344,347 12 12 Gross receipts from related activities, etc. (see instructions) 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 66.08% 14 15 15 Public support percentage from 2016 Schedule A, Part II, line 14 73.95% 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2017

supported organization

instructions

1145							
		dland Col				7315067	Page 3
<u>LP</u> a	art III Support Schedule for (
	(Complete only if you che						Part II'
	If the organization fails to tion A. Public Support	quality under t	ne tests listed	pelow, please o	omplete Part I	1)	/
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 2015	(4) 2016	(2) 2017	(D. Total
	Gifts, grants, contributions, and membership	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			·			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		· · · · · · · · · · · · · · · · · · ·			-	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	35/2			The Briefly	
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	/(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		/				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	/					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines/9, 10c, 11,						
	and 12)		<u></u>				
14	First five years. If the Form 990 is for the organization, check this box and stop he		st, second, third, for	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	▶□
Sec	tion C. Compűtation of Public S	Support Percen	tage				
15	Public support percentage for 2017 (line		•	ın (f))		15	%_
16	Public support percentage from 2016 Sch					16	%_
	tion D. Computation of Investm						
17	Investment income percentage for 2017			, column (f))		17	<u>%</u>
IR	Investment income percentage from 201	n achenule A PAIT.	ne mae r/			18	70

33 1/3% support tests-2017. 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 6 33 1/3% support tests—2016. 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

LPart IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All S	Supporting (Organizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) C purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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 by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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	3a		
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	3b		<u> </u>
	3c		
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	10a	•	
	10b		ئـــــــــــــــــــــــــــــــــــــ
(Fo	rm 99	0 or 990-	EZ) 2017

Schedu Schedu	le A (Form 990 or 990-EZ) 2017 MIGLANG COLLEGE FOUNDATION 23-73	T200\		_Page 5
Par	t IV Supporting Organizations (continued)			- -
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	440		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
	on or type i cuppersuity organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	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 carned out the purposes of the supported organization(s) that operated,			•
	supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ı		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	:	44	
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ	11°	l
	the supported organization(s)			
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		•	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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	<u></u> -		
C = 4!	supported organizations played in this regard	3		L
	on E. Type III Functionally-Integrated Supporting Organizations	-47		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instru	icuons)		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	unctructional		
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	msuucions)		
2 4	Activities Test Answer (a) and (b) below.	ſ	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	-110
_	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,	į į		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	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	1 . 1		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		; 	
~	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Sched	ule A (Form 990 or 990-EZ) 2017 Midland College Foundation		<u>23-7315</u>	067Page 6
k Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	ganiza	ations	
1	Check here if the organization satisfied the integral Part Test as a qualifying trust on No	ov 20,	1970 (explain in Part VI) S	
	instructions. All other Type III non-functionally integrated supporting organizations mu	ist com	plete Sections A through E	
Sect	tion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year
	- Adjusted Net Income		(A) Filor Teal	(optional)_
1	Net short-term capital gain	1		
2	Recovenes of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
со	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	, l	The state of the state of	
ins	structions for short tax year or assets held for part of year)	p /4 .	1	San Broke March
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other	ڊ چ <u>ور</u> ن		。
	factors (explain in detail in Part VI)	3.40	為多"特別性性"	Takk Till Stal
2	Acquisition indebtedness applicable to non-exempt-use assets	2		. =
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions)	4		=
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5_		
6	Multiply line 5 by 035	6		
7	Recovenes of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	lon C - Distributable Amount		阿尔拉斯斯	Current Year
1_	Adjusted net income for pnor year (from Section A, line 8, Column A)	1	独走,本質質四個人	
2	Enter 85% of line 1	2	新人,外、是下,当由于大概和	
3	Minimum asset amount for pnor year (from Section B, line 8, Column A)	3	子 会がでぬき	
4		4	to solder ?	
5	Income tax imposed in prior year	5	TO CHANGE THE	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		3. W. 13. V	
en	nergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functionally integrated	Type	III supporting organization (see

instructions)

Schedu	ule A (Form 990 or 990-EZ) 2017 Midland College I	Foundation	23-7315	067 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2017 from Section C, line 6			
<u>1</u> 0	Line 8 amount divided by line 9 amount			
_	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
<u>-</u> _a	h			
	From 2013			
	From 2014			
	From 2015	· · · · ·		
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)		,	
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			,
	Section D, line 7 \$	1.		
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	-		
	Remainder Subtract lines 4a and 4b from 4	-	•	
5	Remaining underdistributions for years prior to 2017, if	,		
•	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions	1		
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in]		
	Part VI See instructions			
	Excess distributions carryover to 2018. Add lines 3	†"		1
•	and 4c			. 1
8	Breakdown of line 7			i
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			1
				T

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 Midland College Foundation

23-7315067

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Go to www.irs.gov/Form990 for Instructions and the latest information.

OMB No 1545-0047

Employer Identification number

Open to Public Inspection

Mid	Land College Foundation		23-7315067
Part I	Organizations Maintaining Donor Advised Ful	nds or Other Similar Funds or	
	Complete if the organization answered "Yes" on I		
		(a) Donor advised funds	(b) Funds and other accounts
l To	al number at end of year		
2 Ag	gregate value of contributions to (during year)		
3 Ag	gregate value of grants from (during year)		
Ag	gregate value at end of year		
Dio	the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	
fun	ds are the organization's property, subject to the organization's exc	lusive legal control?	☐ Yes ☐ N
Dic	the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
oni	y for chantable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose	
_ cor	ferring impermissible private benefit?		Yes 🔲 N
art I			
	Complete if the organization answered "Yes" on I		
Pu	pose(s) of conservation easements held by the organization (check		
Н	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	
μ	Protection of natural habitat	Preservation of a certified histor	nc structure
Ш	Preservation of open space		
	mplete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a cons	
	ement on the last day of the tax year		Held at the End of the Tax Y
	al number of conservation easements		2a
	al acreage restricted by conservation easements		2b
	mber of conservation easements on a certified historic structure incl	• •	2c
	mber of conservation easements included in (c) acquired after 7/25/	06, and not on a	
	onc structure listed in the National Register		
	mber of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ation during the
	year ▶		
	nber of states where property subject to conservation easement is		
	es the organization have a written policy regarding the periodic mor	itonng, inspection, handling of	п п.
	ations, and enforcement of the conservation easements it holds?		Yes 1
Sta	ff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation	easements during the year
	ount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation ease	ments during the year
> :		the annual of contrast 470/b)/41/f)	()
	es each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(n)(4)(B)	(I) Yes T N
	section 170(h)(4)(B)(ii)?		
	Part XIII, describe how the organization reports conservation easemance sheet, and include, if applicable, the text of the footnote to the		
	ance siteet, and include, if applicable, the text of the loodlote to the anization's accounting for conservation easements	organizations imanda statements that	describes the
art I		Historical Treasures, or Other	Similar Assets
41.	Complete if the organization answered "Yes" on F		
If th	e organization elected, as permitted under SFAS 116 (ASC 958), n		balance sheet
	ks of art, historical treasures, or other similar assets held for public		
put	lic service, provide, in Part XIII, the text of the footnote to its finance	ial statements that describes these items	•
	e organization elected, as permitted under SFAS 116 (ASC 958), to		
	ks of art, historical treasures, or other similar assets held for public		
	lic service, provide the following amounts relating to these items		
	Revenue included on Form 990, Part VIII, line 1		▶ \$
٠,	Assets included in Form 990, Part X		▶ \$
	e organization received or held works of art, historical treasures, or	other similar assets for financial gain, pr	rovide the
	owing amounts required to be reported under SFAS 116 (ASC 958)		
	renue included on Form 990, Part VIII, line 1	3	> \$
	ots included in Form 990. Part Y		▶ \$

Schedule D (Form 990) 2017 Midland	College For	<u>indation</u>	23-7	<u>315067</u>	Page 2		
Part III Organizations Maintainii	ng Collections of	Art, Historical Tr	easures, or Othe	r Sim <u>ilar Assets</u>	(continued)		
3 Using the organization's acquisition, access collection items (check all that apply)	sion, and other records	, check any of the foll	owing that are a signifi	cant use of its			
a Public exhibition	d \square	Loan or exchange pro	grams				
b Scholarly research		Other	J ···-				
c Preservation for future generations							
4 Provide a description of the organization's	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part						
XIII		of art bustomest tunner.					
5 During the year, did the organization solice					□ v ₂₂ □ N ₂		
assets to be sold to raise funds rather that Part IV Escrow and Custodial A		ant of the organization	is collection?		Yes No		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21							
1a Is the organization an agent, trustee, custo	dian or other intermed	any for contributions o	r other assets not				
included on Form 990, Part X?	dian or other intermed	ary for continuouons o	Outer assets not		☐ Yes ☐ No		
b If "Yes," explain the arrangement in Part X	III and complete the fol	llowng table			☐ 163 ☐ 160		
b ii res, explain the altangement iii ratt A	in and complete the lo	liowing table			Amount		
c Beginning balance				1c			
d Additions during the year				1d			
e Distributions during the year				1e			
f Ending balance				1f			
2a Did the organization include an amount on	Form 990 Part X line	21 for escrow or cus	todial account liability?	<u> </u>	Yes No		
b If "Yes," explain the arrangement in Part X		•	•		□ H		
Part V Endowment Funds.	m onear here is the ex	planation not been pr	Ovided Off Fall XIII				
Complete if the organization	on answered "Yes"	on Form 990. Par	rt IV. line 10				
	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back		
1a Beginning of year balance	28,877,911	27,258,936	29,762,545	29,792,105			
b Contributions	444,603	466,869	488,725	795,433			
c Net investment earnings, gains, and					1		
losses	4,395,337	2,367,477	-1,596,737	830,259	4,602,785		
d Grants or scholarships	1,272,420	1,113,093	1,395,987	1,655,252			
Other expenditures for facilities and	,,,		.,,-,-		 		
programs							
f Administrative expenses							
g End of year balance	32,445,431	28,980,089	27,258,836	29,762,545	29,792,105		
2 Provide the estimated percentage of the co	L				1,		
a Board designated or quasi-endowment ▶	26.47 %	(19, (-),					
b Permanent endowment ▶ 35.11 %							
c Temporanly restricted endowment ▶	38. 4 2 %						
The percentages on lines 2a, 2b, and 2c s							
3a Are there endowment funds not in the pos	•	tion that are held and	administered for the				
organization by					Yes No		
(i) unrelated organizations					3a(i) X		
(ii) related organizations					3a(ii) X		
b If "Yes" on line 3a(ii), are the related organ	zations listed as requir	ed on Schedule R?			3b		
_4 Describe in Part XIII the intended uses of	=						
Part VI Land, Buildings, and Eq							
Complete if the organization		on Form 990, Par	t IV, line 11a. See	Form 990, Part >	K, line 10		
Description of property	(a) Cost or other b			ccumulated	(d) Book value		
	(investment)	(othe	r) de	preciation			
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other							
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part	X, column (B), line 10	c)	<u> </u>			

Part VII	Investments—Other Securities.	5 000 5 4 8 4 8	441 0 5 000 6	
	Complete if the organization answered "Yes" on			
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)	ļ <u></u>	Cost or end-of-ye	ar market value
(1) Financial				
	ld equity interests	ļ		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			<u> </u>	
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11c. See Form 990, F	Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)			<u> </u>	
(4)				
(5)				
				
(6)				
<u>(7)</u>		 		
(8)				
(9)	(h) must sound Form 000. Don't V and (D) line 421 h	<u> </u>		······································
	n (b) must equal Form 990, Part X, col (B) line 13) ► Other Assets.	<u> </u>		
Part IX	Complete if the organization answered "Yes" on l	Form 990, Part IV, line	e 11d See Form 990, F	Part X, line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)			· · · · · · · · · · · · · · · · · · ·	
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)			· · · · · · · · · · · · · · · · · · ·	
	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. Complete if the organization answered "Yes" on line 25	Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book value		· · · · · · · · · · · · · · · · · · ·
	ncome taxes	,,,,	,	
	TICOTILE TAXES			
(2)		 		
(3)		 	`	•
(4)			}	
(5)				
<u>(6)</u>		 	}	
_(7)				
		ļ	n 1	į i
_(9)			14 .	
	(b) must equal Form 990, Part X, col (B) line 25) ▶	<u> </u>	<u> </u>	
	uncertain tax positions. In Part XIII, provide the text of the foot			
organization's 1	lability for uncertain tax positions under FIN 48 (ASC 740) Ch	eck here if the text of the f	ootnote has been provided in	Part XIII

<u>Sche</u>	dule D (Form 990) 2017 Midland Col	llege	Foundation	23-731506	7	Page 4
Pa	rt XI Reconciliation of Revenue pe	er Audite	d Financial Stateme	nts With Revenue per Re	turn.	
	Complete if the organization an	swered "	Yes" on Form 990, Pa	art IV, line 12a		
1	Total revenue, gains, and other support per audit	ited financia	al statements		1	10,203,917
2	Amounts included on line 1 but not on Form 990,	, Part VIII, I	ine 12 [.]			-
а	Net unrealized gains (losses) on investments			2a 781,808		
b	Donated services and use of facilities			2b]	
С	Recovenes of pnor year grants			2c]]	
d	Other (Describe in Part XIII)			2d		
е	Add lines 2a through 2d				2е	<u>781,808</u>
3	Subtract line 2e from line 1				3	9,422,109
4	Amounts included on Form 990, Part VIII, line 12	2, but not or	n line 1	1 1]]	
а	Investment expenses not included on Form 990,	Part VIII, II	ne 7b	4a		
b	Other (Describe in Part XIII)			4b		
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4c. (This must eq	ual Form 9	90, Part I, line 12)		5	9,422,109
_Pa	rt XII Reconciliation of Expenses p	er Audit	ed Financial Stateme	ents With Expenses per	Returr	1.
	Complete if the organization and	swered "	Yes" on Form 990, Pa	art IV, line 12a.		
1	Total expenses and losses per audited financial	statements			1	2,226,939
2	Amounts included on line 1 but not on Form 990,	, Part IX, lır	ne 25			
а	Donated services and use of facilities			2a	1 1	
b	Prior year adjustments			2b		
С	Other losses			2c		
d	Other (Describe in Part XIII)			2d		
9	Add lines 2a through 2d				2е	
3	Subtract line 2e from line 1				3	2,226,939
4	Amounts included on Form 990, Part IX, line 25,	but not on	line 1	1 1		
а	Investment expenses not included on Form 990,	Part VIII, la	ne 7b	4a		
b	Other (Describe in Part XIII)			4b		
С	Add lines 4a and 4b				4c	

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

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

5

2,226,939

Schedule D (Form 990) 2017 Midland College Foundation

Part XIII | Supplemental Information (continued)

23-7315067

Page 5

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Open to Public Inspection 2017

OMB No 1545-0047

Employer Identification number 23-7315067 Midland College Foundation General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance? 2 Does to 10 the consistance and the grants of grant finds in the Initial States.	the amount of the granteness	rants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and	eligibility for the grant	s or assistance, and	O.	X Yes
ऌ	Domestic Organ	izations and nore than	and Domestic Go \$5,000 Part II car	wernments. Con no be duplicated if	iplete if the orga	anization answ e is needed.	reganitations in the Ornest States. The organization answered "Yes" on Form space is needed. The organization answered "Yes" on Form space is needed.
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Midland College District	75-1403958		1.793.415				Support Midland Coll
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table 	Suor	listed in the line 1 table	1 table				T 0

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) Midland College Foundation	ege Foundation	2;	23-7315067		. Page 2
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	Domestic Individuals.	Complete if the o	rganization answered	"Yes" on Form 990, Part	IV, line 22.
Part III can be duplicated if additional space is needed	nal space is needed				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
					•
	!				
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ide the information requir	red in Part I, line	2, Part III, column (b)	; and any other additional	Information

51145

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

► Go to www irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

fidland College Foundation

Midland College Foundation 23-7315067 Part I Types of Property (c) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art --- Works of art 2 Art - Historical treasures 3 Art - Fractional interests 5° 2° + 1 ·4 · Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes R Intellectual property 104000 3,000,920 High/Low Average X 9 Securites - Publicly traded 10 Securities - Closely held stock Secunties - Partnership, LLC, 11 or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution -- Other 15 Real estate -- Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific speamens 24 Archeological artifacts 25 Other ► (Other ▶(26 27 Other ►(28 Other ▶(29 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required X 30a to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

Schedule M (Form 990) 2017

Page 2

90) 2017 Midland College Foundation 23-7315067

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.

51145

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2017

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

► Go to www.irs.gov/Form990 for the latest Information.

Open to Public Inspection

Name of the organization

Midland College Foundation

Employer Identification number 23-7315067

Form 990, Part III, Line 4d - All Other Accomplishment

Payments made to Midland College for the operating budget

and fund Midland College scholarships.

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

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

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

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

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

Form 990, Part XI - Additional Information

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