** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

Α	or the	\pm 2022 calendar year, or tax year beginning $$ SEP $$ $$ $$ 1 $$ $$ $$ 2 $$ $$ 2 $$ $$ $$ and $$ $$	ending A	UG 31, 2023	
В	Check if applicable	MCLENNAN COMMUNITY COLLEGE FOUNDATION		D Employer identifi	ication number
	Addres change	ATTN: WESLEY LIVESAY			
	Name change	Doing business as		74-25502	78
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1400 COLLEGE DR.	Room/suite	E Telephone number 254-299-	
	termin ated			G Gross receipts \$	8,823,224.
Г	Ameno			H(a) Is this a group r	
F	Applic			for subordinates	
_	pendir	SAME AS C ABOVE		H(b) Are all subordinates i	
$\overline{\Gamma}$	Гах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	1 ` ´	a list. See instructions
	Websit		1 021	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Year		M State of legal domicile: T X
	art I	Summary	L 10a1	or formation.	VI Otate of legal dofficine, 222
		Briefly describe the organization's mission or most significant activities: ${ m THE}$ ${ m M}$	ICC FO	UNDATTON'S	MISSION
e	'	SUPPORTS THE DEVELOPMENT OF FUNDS FOR STUI			
Governance	2	Check this box if the organization discontinued its operations or dispose			
Ver	3			3	1
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			26
∞	1 -	Total number of individuals employed in calendar year 2022 (Part V, line 1a)			0
Activities &		Total number of volunteers (estimate if necessary)			90
:		Total unrelated business revenue from Part VIII, column (C), line 12			<u> </u>
Ą		Net unrelated business taxable income from Form 990-T, Part I, line 11			
_	<u> </u>	Net difference business taxable from Form 550 1,1 art 1, fine 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,994,378.	2,898,644.
Revenue	9			0.	0.
Ver	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,429,571.	
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,457.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,422,492.	
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,346,665.	804,690.
	1			0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	160			0.	0.
ens	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	0.	<u> </u>	- 0.
Ä	1,0			90,801.	103,798.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,437,466.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,985,026.	2,511,106.
		Revenue less expenses. Subtract line 16 from line 12	Re	ginning of Current Year	End of Year
Net Assets or		Total coosts (Dout V. line 10)		29,826,134.	32,689,605.
SSe	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		1,466,130.	91,362.
let /	21			28,360,004.	32,598,243.
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20		20,300,004.	32,330,243.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	inter and to the heet of m	v knowledge and helief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of whi			y knowledge and belief, it is
truc	, 001100	t, and complete. Declaration of proparor (ethor than emotify 5 based on an information of win	on proparor	nas any knowleage.	
ei.	.	Signature of officer		I Date	
Sig		WESLEY LIVESAY, EXECUTIVE DIRECTOR			
He	е	Type or print name and title			
			Τr	Date Check [PTIN
Pai	1	Print/Type preparer's name NANCY A. LIVINGSTON NANCY A. LIVINGS		1/23/24 officer Lift self-emplo	
					74-2533381
	parer Only	E 400 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =	ш, Р.С	Firm's EIN 7	- 70000T
USE	Unity	Firm's address 5400 BOSQUE BLVD STE 600 WACO, TX 76710-4459		Dhana na / 2	254)776-4190
		MUCO! IV INIIN_##73		Pilotte no. (Z	X Ves No

Form 990 (2022) ATTN: WESLEY LIVESAY

Part III Statement of Program Service Accomplishments 74-2550278 Page 2

Pai	Check if Schedule O contains a reappage or note to any line in this Bort III
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MCC FOUNDATION'S MISSION SUPPORTS THE DEVELOPMENT OF FUNDS FOR
	STUDENT SCHOLARSHIPS, STAFF AND FACULTY PROFESSIONAL DEVELOPMENT AND
	CAMPUS CAPITAL NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$643,399. including grants of \$643,399.) (Revenue \$)
	AWARDS SCHOLARSHIPS TO STUDENTS OF MCLENNAN COMMUNITY COLLEGE TO
	ENCOURAGE EDUCATIONAL OPPORTUNITIES. IN ADDITION, THE FOUNDATION
	PROVIDES EMERGENCY GRANTS TO STUDENTS OF MCLENNAN COMMUNITY COLLEGE WHO
	ENCOUNTER EXTRAORDINARY EVENTS THAT COULD NEGATIVELY AFFECT THEIR
	ABILITY TO CONTINUE THEIR COLLEGE EDUCATION. THE FOUNDATION ALSO
	SUPPORTS PAULANNE'S PANTRY TO PROVIDE BASIC FOOD AND HYGIENE ITEMS FOR
	STUDENTS EXPERIENCING ECONOMIC INSECURITIES.
	DIODENID ENLENGING ECONOMIC INDECONTILED.
4b	(Code:) (Expenses \$ 103,055. including grants of \$ 103,055.) (Revenue \$)
40	(Code:) (Expenses \$103,055. including grants of \$103,055.) (Revenue \$) FUNDS WERE DISTRIBUTED TO MCLENNAN COMMUNITY COLLEGE TO COVER \$34,068
	IN FACILITIES EXPENSE AND \$68,987 IN VARIOUS COLLEGE PROGRAM EXPENSES.
	IN PACIBITIES EXTENSE AND \$00,507 IN VARIOUS CONDEGE TROGRAM EXTENSES.
4-	(Code:) (Expenses \$ 58,236 • including grants of \$ 58,236 •) (Revenue \$)
4c	(Code:) (Expenses \$ 58,236. including grants of \$ 58,236.) (Revenue \$) GRANTS TO MCLENNAN COMMUNITY COLLEGE TO BE USED TO FUND PROFESSIONAL
	DEVELOPMENT CONFERENCES AND CONTINUING EDUCATION FOR FACULTY AND STAFF.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 804,690.
	Form 990 (2022)

MCLENNAN COMMUNITY COLLEGE FOUNDATION ATTN: WESLEY LIVESAY

Form 990 (2022) ATTN: WESLE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			Х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	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 Part VIII, lines	17		
18		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	-21	
19	,	19		х
20a	complete Schedule G, Part III	20a		X
zua b		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	

WESLEY LIVESAY

Form 990 (2022) ATTN: WESLEY LIVE Part IV Checklist of Required Schedules (continued) 74-2550278 Page 4

			Yes	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	X	<u> </u>
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			١
	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			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period 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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's 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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3,7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l		3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١		₩.
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
р	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?			
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	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 on Schedule O for Part VI, lines 11b and 19?	20	х	1
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
· u				
	Check if Schedule O contains a response or note to any line in this Part V			NI-
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_		_		
b	Enter the Hamber of Forms W Za moladed of time 1a. Enter of three applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.		
	(gambling) winnings to prize winners?	1c		

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 26								
	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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 26								
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		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
•	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74							
b	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75							
а	The governing body?	8a	х						
a h	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 21						
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104							
	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?								
b									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
·	on Schedule O how this was done	12c	Х						
13		13	X						
14	Did the organization have a written whistleblower policy? 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	17							
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		Х					
	Other officers or key employees of the organization	15b		X					
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.00							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
ioa		16a		Х					
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa							
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	and the second of the second o	16b							
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100							
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only	availak	nle					
.0	for public inspection. Indicate how you made these available. Check all that apply.	Oi iiy)	avandl	-10					
10		finan	rial						
19		man	Jiai						
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records								
20	WESLEY LIVESAY - 254-299-8604								
	1400 COLLEGE DR, WACO, TX 76708								

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	l	(C)				out	(D)	(E)	(F)		
Name and title	Average	(do		Posi heck i		l than c	one	Reportable	Reportable	Estimated		
	hours per week					s both r/trus		compensation from	compensation from related	amount of other		
	(list any	tor						the	organizations	compensation		
	hours for	or dire	a			ted		organization	(W-2/1099-MISC/	from the		
	related	istee (truste		eo	pensa		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	ual tru	ional		ploye	t com	_	1099-NEC)		and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) KIM PATTERSON	40.00											
EXECUTIVE DIRECTOR				Х				0.	125,578.	0.		
(2) BETSY REEDER	1.00								_	_		
PAST CHAIR		Х		Х				0.	0.	0.		
(3) VIK DEIVANAYAGAM	1.00											
CHAIR	1 00	Х		Х				0.	0.	0.		
(4) MARY PEREZ	1.00									•		
TREASURER (5) DR. TOWNSTEEL MOUNTS	1 00	Х		Х				0.	0.	0.		
(5) DR JOHNETTE MCKOWN	1.00	7,7		3,7					0	0		
SECRETARY	1 00	Х		Х				0.	0.	0.		
(6) BRIDGET HEINS DIRECTOR	1.00	х						0.	0.	0.		
(7) DANA HASSELL	1.00	Λ						0.	0.	<u> </u>		
VICE-CHAIR	1.00	Х		х				0.	0.	0.		
(8) LEN BROWN	1.00	21						0.	0.	<u> </u>		
DIRECTOR	1.00	х						0.	0.	0.		
(9) RICK BROPHY	1.00							, ·	•			
DIRECTOR		х						0.	0.	0.		
(10) DR SANDRA GOSS	1.00											
DIRECTOR		Х						0.	0.	0.		
(11) DEIDRA EMERSON	1.00											
DIRECTOR		Х						0.	0.	0.		
(12) NELL HAWKINS	1.00											
DIRECTOR		Х						0.	0.	0.		
(13) TRAMMELL KELLY	1.00											
DIRECTOR		Х						0.	0.	0.		
(14) J. DAVID DICKSON	1.00											
DIRECTOR		Х						0.	0.	0.		
(15) DONALD LEWIS	1.00								_	_		
DIRECTOR		Х						0.	0.	0.		
(16) PAUL MCCLINTON	1.00									_		
DIRECTOR	1 22	Х				_		0.	0.	0.		
(17) ANDY HARWELL	1.00	<u></u>								_		
DIRECTOR		Х						0.	0.	0.		

ATTN: WESLEY LIVESAY

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)	(B) (C)						(D)	(E)			(F)	
Name and title	Average	(do		Posi) than (one	Reportable	Reportable		Esf	timate	d
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	า	am	ount o	of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related	- 1		other	
	(list any hours for	irecto						the	organizations			oensatom the	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	C/		anizati	_
	organizations	ruste	l trus		ee/	mpen		1099-NEC)	1099-1120)		•	d relate	
	below	Individual trustee or director	Institutional trustee	75	Key employee	sst co	- Le					nizatio	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) MOSIE HOLLEY	1.00												
DIRECTOR		Х						0.		0.			0.
(19) EARL STINNETT	1.00												
DIRECTOR		Х						0.		0.			0.
(20) HERMANN PEREIRA	1.00												
DIRECTOR		Х						0.		0.			0.
(21) ELISA RAINEY	1.00												
DIRECTOR		Х						0.		0.			0.
(22) DR. SHARON SHIELDS	1.00												
DIRECTOR		Х						0.		0.			0.
(23) DEBBIE SARTAIN	1.00												
DIRECTOR		Х						0.		0.			0.
(24) GLENDA STRUM	1.00												
DIRECTOR		Х						0.		0.			0.
(25) DR. DIANNE SAWYER	1.00												
DIRECTOR		Х						0.		0.			0.
(26) GENEVA WATLEY	1.00									-			
DIRECTOR		х						0.		0.			0.
1b Subtotal	I			l	<u> </u>	_		0.	125,57				0.
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)								0.	125,57	8.			0.
Total number of individuals (including but not not not not not not not not not no							o re						
compensation from the organization	or invinced to the	030	11310	u ac	JOVC	,, vvii	10 10	conved more than \$100,	ooo or reportable				C
componsation from the organization												Yes	No
3 Did the organization list any former officer,	director trusto	ee k	ev e	mnl	OVE	e or	· hia	ihest compensated emp	lovee on	ſ			
line 1a? If "Yes," complete Schedule J for si											3		Х
4 For any individual listed on line 1a, is the su										····			
and related organizations greater than \$150			-					•	-		4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors	piete Scriedule	2	or st	ICH L	bers	OH				···· I			
Complete this table for your five highest cor	mnensated inc	lene	nde	nt cc	ntr	acto	re th	nat received more than \$	100 000 of comp	ensat	ion fro	m	
the organization. Report compensation for t										CHSat	1011110	111	
(A)	irie caleridai ye	Jai C	iluii	ig w	itire	JI VVI		(B)	ear.		(C	٠,	
Name and business	NC	ONE	7				Description of s	ervices	C	omper		า	
		-11					\dashv				<u> </u>		
							\dashv						
							\dashv						

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 ATTN: WESLEY LIVESAY 74-2550278

Part VII Section A. Officers, Directors, True (A) Name and title	(B) Average hours per week (list any hours for related	(cl		(C Pos	nd H C) ition that	ı		(D) Reportable	(E) Reportable	(F) Estimated
Name and title	Average hours per week (list any hours for related			Pos	ition		lv/\	Reportable	Reportable	Estimated
	week (list any hours for related	ector			1		ıy <i>)</i>	compensation	compensation	amount of
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) SHAWN TROCHIM	1.00	7.7						_	0	•
IRECTOR		X						0.	0.	0

WESLEY LIVESAY

Form 990 (2022) ATTN:
Part VIII Statement of Revenue ATTN:

		Check if Schedule O contains a re	esponse d	or note to any lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S	1 2	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı a		1b					
ij g	D.		1c	36,793.				
ts, Ar	C			30,733.				
ia i	d		1d					
ns, Sim	е	3 (1e					
er S	f	All other contributions, gifts, grants, and		0.064.054				
βĖ		•••	1f	2,861,851.				
dat	g	Noncash contributions included in lines 1a-1f	1g \$					
<u>2 g</u>	h	Total. Add lines 1a-1f			2,898,644.			
				Business Code				
ė	2 a	ı						
Σĕ	b	·						
Se	С							
am	d	_						
Program Service Revenue	е	•						
Pro	f	All other program service revenue						
		Total. Add lines 2a-2f						
	3	Investment income (including dividen						
	•				541,944.			541,944.
	4	Income from investment of tax-exemp			,			,
	5	Royalties	-					
	3	noyalties (i)	Real	(ii) Personal				
	٠.	 ''	ricai	(ii) i crooriai				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss)						
		` ′		/**\ O!!				
	7 a		curities	(ii) Other				
		assets other than inventory $\boxed{7a}$ $\boxed{5,3}$	46,636.					
	b	Less: cost or other basis						
ne		and sales expenses	61,383.					
Revenue	С	Gain or (loss)7c	14,747.					
Be		Net gain or (loss)	<u></u>		-14,747.			-14,747.
her		Gross income from fundraising events (no						
₹		including \$ 36,793.	of					
		contributions reported on line 1c). Se	е					
		Part IV, line 18	8a	36,000.				
	b	Less: direct expenses		42,247.				
		Net income or (loss) from fundraising			-6,247.			-6,247.
		Gross income from gaming activities.						
		Part IV, line 19	I .					
	h	Less: direct expenses						
		Net income or (loss) from gaming acti						
		Gross sales of inventory, less returns						
		and allowances						
	h	Less: cost of goods sold						
$\overline{}$		Net income or (loss) from sales of inve	Critory	Business Code				
sn	44 ~			Duomiess Ooue				
Miscellaneous Revenue	11 a							
llar æn	b							
Sce	C							
Ξ̈́	d	All other revenue						
		• Total. Add lines 11a-11d			2 410 504			E00 0E0
	12	Total revenue. See instructions			3,419,594.	0.	0.	520,950.

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Part IX Statement of Functional Expenses

ecti	on 501(c)(3) and 501(c)(4) organizations must comp			ripiete column (A).	
	Check if Schedule O contains a respon	7.5.		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	182,084.	182,084.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	622,606.	622,606.		
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	20 262		20 262	
f		29,362.		29,362.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
22 23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	GENERAL & ADMINISTRATIV	74,436.		74,436.	
b		. = , = • •		,	
c					_
d					_
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	908,488.	804,690.	103,798.	0.
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 (2022)
Part X Balance Sheet

Pai	LA	Balance Sheet				
		Check if Schedule O contains a response or I	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		248,762.	1	44,760.
	2	Savings and temporary cash investments			2	2,212,930.
	3	Pledges and grants receivable, net			3	176,668.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ		6		
ξ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
Ä	9	Prepaid expenses and deferred charges		0.	9	53,235.
	10a	Land, buildings, and equipment: cost or othe				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	25,817,255.		26,439,778.	
	12	Investments - other securities. See Part IV, lin	3,329,264.	12	3,738,541.	
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	23,397.		23,693.	
	16	Total assets. Add lines 1 through 15 (must e		4 144 444		32,689,605.
	17	Accounts payable and accrued expenses			17	91,362.
	18	Grants payable	I	18		
	19	Deferred revenue	I	19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Comple			21	
es	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, su				
ja ja		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D		1,466,130.	25	91,362.
	26	Total liabilities. Add lines 17 through 25		1,400,130.	26	91,302.
ý		Organizations that follow FASB ASC 958, o	heck here X			
nce	0.7	and complete lines 27, 28, 32, and 33.		45,473.	27	45,473.
<u>ala</u>	27					32,552,770.
g B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC		20,314,331.	20	32,332,110•
Ë		<u> </u>	956, Check here			
þ	20	and complete lines 29 through 33.		20		
əts	29 30	Capital stock or trust principal, or current fun Paid-in or capital surplus, or land, building, or			29 30	
\ss	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances				32,598,243.
Ž	33	Total liabilities and net assets/fund balances		20 026 124		32,689,605.
	33	Total liabilities and fiet assets/fully balances		25,020,154.	J	52,000,000 Farma 990,000

Form 990 (2022) ATTN: WESLEY LIVESAY 74-2550278 Page 12

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,41	9,5	94.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	90	8,4	88.		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,51	1,1	06.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,36	28,360,004.			
5	Net unrealized gains (losses) on investments	5	1,727,133.				
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 on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	32,59	8,2	43.		
Pa	rt XII Financial Statements and Reporting	•					
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				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 "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or guidite, explain why on Schedule O and describe any steps taken to undergo such guidite		3h				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

MCLENNAN COMMUNITY COLLEGE FOUNDATION

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

ATTN: WESLEY LIVESAY 74-2550278 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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: 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). 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 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 10 An organization that normally receives (1) more than 33 1/3% 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 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 on 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	938,672.	1298250.	1547789.	2994378.	2898644.	9677733.
2	Tax revenues levied for the organ-						
	ization'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		312,712.		348,078.		
4	Total. Add lines 1 through 3	1245602.	1610962.	1871535.	3342456.	3385246.	11455801.
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)						3598378.
	Public support. Subtract line 5 from line 4.						7857423.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1245602.	1610962.	1871535.	3342456.	3385246.	11455801.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	345,722.	260,506.	404,073.	485,502.	541,944.	2037747.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					6,247.	6,247.
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						13499795.
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	· ·				. , . ,	
0-	organization, check this box and stop						
	ction C. Computation of Publi						FO 20
	Public support percentage for 2022 (I					14	58.20 %
	Public support percentage from 2021					15	70.14 %
16a	33 1/3% support test - 2022. If the c						77
	stop here. The organization qualifies	. ,	•		li 45 i- 00 4 (00)		
D	33 1/3% support test - 2021. If the constitution must						
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			=			
L	meets the facts-and-circumstances te	-	•	*	-	7a, and line 15 is:	
O	10% -facts-and-circumstances test	-					1U70 UI
	· · · · · · · · · · · · · · · · · · ·				-		
18	· ·						
18	more, and if the organization meets the organization meets the facts-and-circu Private foundation. If the organization	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to under the tests listed below inlease complete Part II \

Se	ction A. Public Support	slow, please comp	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
_	check this box and stop here						<u></u>
	ction C. Computation of Publi						
	Public support percentage for 2022 (li			column (f))		15	<u>%</u>
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					127	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the						/ IS HOL
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the		-	•			ınd
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	anization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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 lines 3b and 3c 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on 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.
- 10a 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 line 10b below.
 - 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.)

		Yes	No
	1		
	2		
	3a		
	٥L		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- 1.		
	5b 5c		
	30		
	6		
	7		
	7		
	8		
	9a		
	0.		
	9b		
	9c		
	10a		
	10b	000	
ule	A (Forn	n 990)	2022

	Mills A (Mills South Sou		- 10	age o
Pa	rt IV Supporting Organizations (continued)		, I	
	Here the considering and the sixt on each the first form and of the fall of the sixt of th		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 on lines 11b and	110		
h	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a 11b		
		110		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
Sec	tion 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			
<u></u>	the supported organization(s).	1		
Sec	tion 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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ü	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		
Sec	stion E. Type III Functionally Integrated Supporting Organizations		'	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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		
b	Did the activities described on line 2a, above, 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 lines 3a and 3b below.			
а				
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	i l	l

Schedule A (Form 990) 2022 ATTN: WESLEY LIVESAY

74-255<u>0278 Page 6</u>

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

		LIVESAY			4-2550278	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continue}	ed)		
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	i	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
_	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

74-2550278 Page 8 ATTN: WESLEY LIVESAY Schedule A (Form 990) 2022 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. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

MCLENNAN COMMUNITY COLLEGE FOUNDATION ATTN: WESLEY LIVESAY

Employer identification number

74 - 2550278

Organization type	e (check one):
Filers of:	Section:
Form 990 or 990-E	\overline{X} 501(c)($\overline{3}$) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	anization is covered by the General Rule or a Special Rule . ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections contribut	rganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; m 990-EZ, line 1. Complete Parts I and II.
contribut literary, c	rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one tor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering column (b) instead of the contributor name and address), II, and III.
year, cor is checke purpose.	rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ntributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively, charitable, etc., contributions totaling \$5,000 or more during the year \$
answer "No" on P	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must art IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify et the filing requirements of Schedule B (Form 990).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Name of organization

MCI_ENNAN_COMMUNITY_COLLEGE_FOUNDATION

Employer identification number

MCLENNAN COMMUNITY COLLEGE FOUNDATION ATTN: WESLEY LIVESAY

74-2550278

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,007,992.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

MCLENNAN COMMINITY COLLEGE FOUNDATION

Employer identification number

MCLENNAN COMMUNITY COLLEGE FOUNDATION ATTN: WESLEY LIVESAY

74-2550278

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

MCLENNAN COMMUNITY COLLEGE FOUNDATION ATTN: 74-2550278 WESLEY LIVESAY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

MCLENNAN COMMUNITY COLLEGE FOUNDATION

ATTN: WESLEY LIVESAY **Employer identification number** 74-2550278

Pai	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	d in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose o	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and ent	orcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	s of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of	-	asures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	nue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furth	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treat			
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assats included in Form 900 Part V			•

MCLENNAN COMMUNITY COLLEGE FOUNDATION 74-2550278 Page 2 ATTN: WESLEY LIVESAY Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program Scholarly research h Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 28,314,531 31,491,814. 24,707,381. 21,591,989 20,750,231. **1a** Beginning of year balance 2,817,961. 2,932,112. 1,575,838. 1,380,774, 902,054. Contributions 2,254,330. -3,732,738. 6,181,652. 2,671,976. 706,057. Net investment earnings, gains, and losses Grants or scholarships 804,690. 2,346,665. 942,822, 822,092, 703,479. Other expenditures for facilities and programs 29,362. 29,992. 30,235. 50,435. 62,874. Administrative expenses 32,552,770. 28,314,531. 31,491,814. 24,707,381, 21,591,989. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: .0000 Board designated or quasi-endowment

39.9290 Permanent endowment

60.0710 % Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the

organization by: (i) Unrelated organizations (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total, Add lines 1a through 1e. (Column (d) must equa	J Form 990 Part Y colum	nn (R) line 10c)		0.

Schedule D (Form 990) 2022

Yes

3a(i)

No

Schedule D (Form 990) 2022 ATTN: WESLEY LIVESAY 74-2550278 Page 3

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
) Financial derivatives			•
Closely held equity interests			
Other			
(A) LIMITED PARTNERSHIP			
(B) INTEREST	3,738,541.	END-OF-YEAR	MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,738,541.		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Other Assets. Complete if the organization answered "Yes"		l 11d. See Form 990, Part X,	
Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	l 11d. See Form 990, Part X,	line 15. (b) Book value
Other Assets. Complete if the organization answered "Yes" (a)		l 11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a)		l 11d. See Form 990, Part X,	
Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		l 11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X,	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes"	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

74-2550278 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
Complete	e if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1 Total revenue, g	ains, and other support per audited financial statements			1	5,603,967.	
2 Amounts include	ed on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized g	gains (losses) on investments	2a	1,727,133. 486,602.			
b Donated service	es and use of facilities	2b	486,602.			
c Recoveries of pr	rior year grants	2c				
d Other (Describe	,	2d			0 040 505	
e Add lines 2a thr	ough 2d			2e	2,213,735.	
3 Subtract line 2e				3	3,390,232.	
	ed on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	20 262			
	enses not included on Form 990, Part VIII, line 7b		29,362.			
b Other (Describe		·			20 262	
c Add lines 4a and				4c	29,362. 3,419,594.	
5 Total revenue. A	add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) ciliation of Expenses per Audited Financial Stat	tements Wi	th Evnances ner E	5 Patur		
	e if the organization answered "Yes" on Form 990, Part IV, line		tii Expenses per i	ictuii	••	
				1	1,365,728.	
•	and losses per audited financial statementsed on line 1 but not on Form 990, Part IX, line 25:			1	1,303,720.	
	es and use of facilities	2a	486,602.			
	tments	1 1	400,002.			
	unents					
•••	in Part XIII.)					
e Add lines 2a thr	,			2e	486,602.	
3 Subtract line 2e				3	879,126.	
	ed on Form 990, Part IX, line 25, but not on line 1:					
	enses not included on Form 990, Part VIII, line 7b	4a	29,362.			
b Other (Describe						
c Add lines 4a and				4c	29,362.	
5 Total expenses.	Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.			5	908,488.	
Part XIII Supple	emental Information.					
•	ns required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XII, lines 2d and 4b. Also complete this part to provide any			; Part ›	(, line 2; Part XI,	
MCTHE FOUND	ATION'S NET ASSETS WITH DONOR R	ESTRICT:	IONS - RESTR	ICTI	ED IN	
	CONSIST OF APPROXIMATELY 330 EN					
DONOR-RESTR	ICTED ENDOWMENT FUNDS AT AUGUST	31, 20	23 AND 2022	HAVI	E BEEN	
ESTABLISHED	PRINCIPALLY FOR (A) SCHOLARSHI	PS (APP	ROXIMATELY \$	11,9	913,000	
AND \$11,494,000, RESPECTIVELY), (B) A DISTINGUISHED LECTURE SERIES						
(APPROXIMATELY \$506,000 AND \$506,000, RESPECTIVELY), (C) MAINTENANCE OF						
STEINWAY PIANOS OWNED BY THE DISTRICT (APPROXIMATELY \$326,000 AND						
\$326,000, RESPECTIVELY), AND (D) OTHER EDUCATIONAL PURPOSES UNDER A TITLE						
III GRANT (APPROXIMATELY \$253,000 AND \$253	,000, R	ESPECTIVELY)	. A	S REQUIRED	
BY PROFESSI	ONAL STANDARDS, NET ASSETS ASSO	CIATED I	WITH ENDOWME	NT I	FUNDS,	

INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS

ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE

OF DONOR-IMPOSED RESTRICTIONS.

EXPLICIT DONOR STIPULATIONS DEFINE AMOUNTS THAT MAY BE EXPENDED FOR EACH OF THE FOUNDATION'S ENDOWMENTS. AS A RESULT, THE FOUNDATION CLASSIFIES AS DONOR RESTRICTED NET ASSETS (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS (DECREMENTS) TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENTS.

DONOR RESTRICTED NET ASSETS ARE AVAILABLE FOR THE FOLLOWING SPECIFIC SCHOLARSHIPS-\$13,994,986; EDUCATIONAL -TITLE III GRANTS-\$2,157,262; DISTINQUISHED LECTURE SERIES - \$503,810; AND FACILITY IMPROVEMENTS - \$2,898,664., FOR A TOTAL OF DONOR RESTRICTED NET ASSETS OF \$19,554,722.

PART X, LINE 2:

FORM 990, PART IV, LINE 11F:

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS GENERALLY NOT SUBJECT TO FEDERAL INCOME TAX.

THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN THE RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. THE

74-2550278 Page 5

ATTN: WESLEY LIVESAY

74-2550278 Page 5 Schedule D (Form 990) 2022 Part XIII Supplemental Information (continued) FOUNDATION RECORDS INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN MANAGEMENT AND GENERAL EXPENSES. SCHEDULE D, PART V, LINE 4 - INTENDED USE OF ENDOWMENT FUNDS THE PERMANENTLY RESTRICTED FUND IS INTENDED FOR SCHOLARSHIPS FOR STUDENTS ATTENDING MCLENNAN COMMUNITY COLLEGE. TEMPORARILY RESTRICTED FUNDS ARE FOR SCHOLARSHIPS AND VARIOUS CAMPUS IMPROVEMENTS INCLUDING THE SCIENCE AND HPC BUILDINGS. SCHEDULE D, PART V, LINE 1D AND 1F: IN YEARS PRIOR TO THE YEAR ENDED AUGUST 31, 2016, ADMINISTRATIVE EXPENSES OF THE ENDOWMENT FUND WERE INCLUDED WITH GRANTS AND SCHOLARSHIPS ON LINE BEGINNING WITH THE FISCAL YEAR ENDED AUGUST 31, 2016, ADMINISTRATIVE EXPENSES ARE REPORTED SEPARATELY ON LINE 1F.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization MCLENNAN COMMUNITY COLLEGE FOUNDATION Employer identification number ATTN: WESLEY LIVESAY 74-2550278 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022

WESLEY LIVESAY

ATTN:

74-2550278 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events ANNUAL MCC ANNUAL NONE (add col. (a) through GOLF TOURNAM HEARTS IN TH col. (c)) (event type) (total number) (event type) 52,693. 20,100. 72,793. Gross receipts 36,793. 27,893. 8,900. 2 Less: Contributions 24,800. 11,200. 36,000. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 12,301. 12,301. 6 Rent/facility costs 2,887. 4,919. 7,806. 7 Food and beverages 8 Entertainment 17,508. 4,632. 22,140. Other direct expenses 42,247. 10 Direct expense summary. Add lines 4 through 9 in column (d) -6,247.11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

ATTN: WESLEY LIVESAY 74-2550278 Schedule G (Form 990) 2022 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a **b** An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? _____ Yes **b** If "Yes," enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address Gaming manager information: Name Gaming manager compensation Description of services provided Director/officer **Employee** Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G	(Form 990)	ATTN:	WESLEY	LIVESAY	74-2550278	Page 4
Part IV	(Form 990) Supplemental Info	rmation _{(con}	ntinued)			
		,	,			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

MCLENNAN COMMUNITY COLLEGE FOUNDATION

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization MCLENNAN COMMUNITY COLLEGE FOUNDATION ATTN: WESLEY LIVESAY							Employer identification number 74-2550278	
Part I General Information on Grants a	ınd Assistance							
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?				-			
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	'es" on Form 990, Part	IV, line 21, for any	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
MCLENNAN COMMUNITY COLLEGE 1400 COLLEGE DRIVE	74-1541260		00.700				DISTRIBUTED FOR VARIOUS	
WACO, TX 76708 MCLENNAN COMMUNITY COLLEGE 1400 COLLEGE DRIVE WACO, TX 76708	74-1541260		89,780. 58,236.	0.			COLLEGE PROGRAM EXPENSES. PROFESSIONAL DEVELOPMENT EXPENSES FOR CONFERENCES AND CONTINUING EDUCATION FOR FACULTY AND STAFF	
MCLENNAN COMMUNITY COLLEGE 1400 COLLEGE DRIVE WACO, TX 76708	74-1541260		34,068.	0.			DISTRIBUTIONS FOR FACILITIES EXPENSES FOR THE COLLEGE.	
2 Enter total number of section 501(c)(3) a	ınd government org	anizations listed in th	e line 1 table	<u> </u>		1		
3 Enter total number of other organization	s listed in the line 1	table						

ATTN:

Page 2

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

WESLEY LIVESAY

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT SCHOLARSHIPS FOR TUITION/FEES/BOOKS.					
SCHOLARSHIPS RANGE FROM \$250 TO \$1,000 PER					
SEMESTER. APPROXIMATELY 532 STUDENTS RECEIVED					
SCHOLARSHIPS DURING THIS FISCAL YEAR.	532	1,104.	0.		
EMERGENCY GRANTS FOR STUDENTS WHICH AVERAGED \$297					
PER GRANT IN THE FISCAL YEAR. THE AMOUNT OF THE					
GRANT IS DETERMINED BY THE NATURE OF THE EMERGENCY					
AND THE STUDENT'S CIRCUMSTANCES, APPROXIMATELY 48	48	297.	0.		

Part IV	Supplemental Information	Provide the information require	d in Part I, line 2; Part III	l, column (b); and an	y other additional information.
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PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: EMERGENCY GRANTS FOR STUDENTS WHICH

AVERAGED \$297 PER GRANT IN THE FISCAL YEAR. THE AMOUNT OF THE GRANT IS

DETERMINED BY THE NATURE OF THE EMERGENCY AND THE STUDENT'S

CIRCUMSTANCES.APPROXIMATELY 48 STUDENTS RECEIVED EMERGENCY GRANTS DURING

THIS FISCAL YEAR

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MCLENNAN COMMUNITY COLLEGE FOUNDATION WESLEY LIVESAY

Employer identification number 74-2550278

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND FACULTY PROFESSIONAL DEVELOPMENT, CAMPUS CAPITAL PROJECTS AND STUDENT EMERGENCY NEEDS.

FORM 990, PART VI, SECTION B, LINE 11B:

WHEN THE FORM 990 IS COMPLETED, THE EXECUTIVE DIRECTOR REVIEWS THE 990 AND CONFERS WITH THE INDEPENDENT ACCOUNTANT ON QUESTIONS AND/OR CHANGES. THEBY THE AUDIT COMMITTEE AND, UPON APPROVAL, FORM 990 IS THEN REVIEWED THEN SENT TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND COMMENT. UPON APPROVAL BY THE FULL BOARD OF DIRECTORS, THE FORM 990 IS FINALIZED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS ADDRESSED AND REVIEWED WITH THE FULL BOARD OF DIRECTORS AT LEAST ANNUALLY WHEN THE ANNUAL POLICY FORM IS SIGNED BY EACH DIRECTOR. THE EXECUTIVE DIRECTOR MONITORS ALL TRANSACTIONS OF THE FOUNDATION AND IF ANY TRANSACTIONS DEAL DIRECTLY OR INDIRECTLY WITH AN OFFICER, DIRECTOR OR AGENT OF THE FOUNDATION, SPECIAL REVIEW IS COMPLETED TO ENSURE CONFLICT OF INTEREST ISSUES ARE ADDRESSED.

FORM 990, PART VI, SECTION B, LINE 15:

MCLENNAN COMMUNITY COLLEGE PROVIDES ALL THE EMPLOYEES FOR THE FOUNDATION. THE FOUNDATION REIMBURSES THE COLLEGE FOR THE COST FOR THE COORDINATOR OF OPERATIONS AND SCHOLARSHIPS, WHOSE SALARY IS SET BY THE COLLEGE ACCORDING TO THEIR PAY GRADES. THE FOUNDATION DOES NOT REIMBURSE THE COLLEGE FOR ANY OTHER EMPLOYEES.

Schedule O (Form 990) 2022 Page 2 MCLENNAN COMMUNITY COLLEGE FOUNDATION Name of the organization **Employer identification number** 74-2550278 ATTN: WESLEY LIVESAY FORM 990, PART VI, SECTION C, LINE 19: ANY DOCUMENTS WHICH ARE NOT POSTED ON THE FOUNDATION'S WEBSITE ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. INFORMATION ON HOW TO REQUEST SUCH DOCUMENTS IS ON THE WEBSITE AT WWW.MCLENNAN.EDU/FOUNDATION. FORM 990, PART VIII, COMPENSATION OF EXECUTIVE DIRECTOR THE EXECUTIVE DIRECTOR IS PAID BY MCLENNAN COMMUNITY COLLEGE. SIXTY PERCENT OF HER SALARY IS FOR HER WORK AS THE EXECUTIVE DIRECTOR OF THE MCLENNAN COMMUNITY COLLEGE FOUNDATION AND FORTY PERCENT IS FOR HER WORK DIRECTLY FOR THE COLLEGE. THE AMOUNT REPORTED HERE IS THE SIXTY PERCENT THAT RELATES TO HER WORK AS THE EXECUTIVE DIRECTOR OF THE FOUNDATION. FORM 990, PART XI, LINE 2C: PROCESS FOR OVERSIGHT OF FINANCIAL AUDIT THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR