		** PUBLIC DISCLOSURE COPY		
Forr	9	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations	омв №. 1545-0047 2021
Depa	rtment o	ay be made public.	Open to Public	
Interr	nal Reve	nue Service Go to www.irs.gov/Form990 for instructions and the lat	est information. AUG 31, 2022	Inspection
				tion number
BCa	heck if pplicabl	C Name of organization MCLENNAN COMMUNITY COLLEGE FOUNDATION	D Employer identifica	tion number
	Addre chang	S ATTN: KIM PATTERSON		
	Name Chang	e Doing business as	74-255027	8
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) Room/su 1400 COLLEGE DR.	ite E Telephone number 254-299-8	606
	return∟ termir			6,511,207.
	ated]Amen	City or town, state or province, country, and ZIP or foreign postal code WACO, TX 76708	G Gross receipts \$	
	_lreturn]Applio		H(a) Is this a group retu for subordinates?	
	⊥tiòn pendi	^{ng} SAME AS C ABOVE	H(b) Are all subordinates inclu	
1 1	ax-ex		527 If "No," attach a lis	
		te: ► WWW.MCLENNAN.EDU	H(c) Group exemption	
KF	orm of	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other ► 🛛 📘 Y	ear of formation: 1985 M	
	art I	Summary		
e	1	Briefly describe the organization's mission or most significant activities: THE MCC	FOUNDATION'S M	ISSION
Governance		SUPPORTS THE DEVELOPMENT OF FUNDS FOR STUDEN	T SCHOLARSHIPS	, STAFF
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of m	ore than 25% of its net asse	
Ň				26
ۍ ه		Number of independent voting members of the governing body (Part VI, line 1b)		26
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		0
tivit		Total number of volunteers (estimate if necessary)		90
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
		Contributions and events (Dark) (III line 14)	Prior Year 1,576,826.	Current Year 2,994,378.
Revenue		Contributions and grants (Part VIII, line 1h)	0.	0.
ver		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	700,664.	1,429,571.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-988.	-1,457.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,276,502.	4,422,492.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	877,675.	2,346,665.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xpe		Total fundraising expenses (Part IX, column (D), line 25)		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	95,372.	90,801.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	973,047.	2,437,466.
	19	Revenue less expenses. Subtract line 18 from line 12	1,303,455.	1,985,026.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sset 3alaı		Total assets (Part X, line 16)	31,600,845.	29,826,134.
et A nd F		Total liabilities (Part X, line 26)	63,568.	1,466,130.
		Net assets or fund balances. Subtract line 21 from line 20	31,537,277.	28,360,004.
	art II	Signature Block alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tomonto, and to the heat of much	nowledge and helief it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of which prep		nowleuge and bellet, it is
uue,	COLLEC		arer nas any knowledge.	
Sia	•	Signature of officer	Date	

Sign											
Here		IVE DIRECTOR									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature Date	Check PTIN								
Paid	NANCY A. LIVINGSTON	NANCY A. LIVINGSTON01/06/									
Preparer			Firm's EIN 74-2533381								
Use Only	Firm's address 5400 BOSQUE BLVI	D STE 600									
	WACO, TX 76710-4459 Phone no. (254)776-4190										
May the IRS discuss this return with the preparer shown above? See instructions IV Ves IV No											
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	MCLENNAN COMMUNITY COLLEGE FOUNDATION
Form	990 (2021) ATTN: KIM PATTERSON 74-2550278 Page 2
	t III Statement of Program Service Accomplishments
	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.
	CAMPUS CAPITAL NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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.
42	(Code:) (Expenses \$ 537,391. including grants of \$
та	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.
4b	(Code:) (Expenses \$ 1,764,636. including grants of \$ 1,764,636.) (Revenue \$)
	FUNDS WERE DISTRIBUTED TO MCLENNAN COMMUNITY COLLEGE TO COVER
	\$1,425,844 IN FACILITIES EXPENSE AND \$338,792 IN VARIOUS COLLEGE
	PROGRAM EXPENSES.
4c	(Code:) (Expenses \$ 44,638. including grants of \$ 44,638.) (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 ► 2,346,665.

ATTN: KIM PATTERSON

Form 990 (2021) ATTN: KIM P.
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)?		100	110	
•	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		X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x	
	Schedule D, Part III				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?				
	If "Yes," complete Schedule D, Part IV	9		X	
10	Did the organization, directly or through a related organization, hold assets in 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,			x	
	t V/				
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37	
	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			v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х		
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	~~~		
iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х		
h	Schedule D, Parts XI and XII	IZd			
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х	
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,	. 14		<u> </u>	
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any				
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to				
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines				
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				
	complete Schedule G, Part III	19		X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X		

ATTN: KIM PATTERSON

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	990 (2021) ATTN: KIM PATTERSON 74-255	0278	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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			v
_	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	054		x
	Schedule L, Part I	25b		
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%	26		x
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		- 23
27	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,	21		
20	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
~-	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	200	x	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
	טרוסטול זו סטרופעטוב ט סטרוגמוזט מ ובסטטרוסב טו דוטנב נט מוץ ווויב ווז גרווט רמול ע		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	6	res	
ia b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	Ō		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
U	(gambling) winnings to prize winners?	1c		
12200			aan	L (2021)

Form	990 (2021) ATTN: KIM PATTERSON	74-2550	278	Р	age 5			
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
				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	2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned	ms?	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	S						
			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		x			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v			
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	~					
_	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c). Did the exemptation receive a payment in evene of $^{0.75}$ mode pathwas a contribution and pathwas a contribution and pathwas a sector to the sector of the sect	aviago provided to the powerQ	7.	х				
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a 7b	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		70	-23				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	70		x			
ام	to file Form 8282?	7d	7c					
	If "Yes," indicate the number of Forms 8282 filed during the year		7e		х			
f	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 6 Did the organization during the user pay premiume directly or indirectly or a personal benefit contract? 							
-	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h					
Ũ		by the	8					
9	Sponsoring organizations maintaining donor advised funds.							
a			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	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					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.				v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt income?	16		X			
4-	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		4-					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes." complete Form 6069.		17					

MCLENNAN COMMUNITY COLLEGE FOUNDATION ATTN: KIM PATTERSON

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Form 990 (2	2021)	ATTN:	KIM	PATTERSON	74-2550278	B Page			
Part VI	Governance,	Manageme	nt, and	I Disclosure. For eac	h "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								

	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 1a 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		X				
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 4		X				
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X				
6	Did the organization have members or stockholders?	6		<u> </u>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		x				
b	more members of the governing body?	7a						
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x				
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		- 23				
8 a		8a	х					
a b	The governing body? 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	00		<u> </u>				
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x				
Sec	tion B. Policies (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		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45		v				
a	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		Δ				
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
104		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	104						
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
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) availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.	,						
	X Own website Another's website Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							

1400 COLLEGE DR, WACO, TX 76708

Form 990 (2021) ATTN: KIM PATTERSON 74-2 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 X

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and tille Average hours per weak weak bit any bit any bits any bit	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per vex. incinterpreter vex. compensation from the organizations in an out of other organizations in an out of org			Position								
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74-2550278 **8** an D,

orm 990 (2021) ATTN: KIM PATTERSON 74-2550278 Page 8												
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per	(do	not c	(Pos heck	C) itior		one	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated snut/uc	,	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	comp fro orga and	other pensati om the anizatio d related nizatior	on d
(18) ALFRED SOLANO DIRECTOR	1.00	x						0.	0 .			0.
(19) EARL STINNETT	1.00									1		
DIRECTOR		x						0.	0 .	,		Ο.
(20) MARY PEREZ	1.00									-		
DIRECTOR		x						0.	0 .	,		Ο.
(21) ELISA RAINEY	1.00											
DIRECTOR		Х						0.	0 .	,		0.
(22) DR. SHARON SHIELDS	1.00											_
DIRECTOR		х						0.	0 .	·		0.
(23) PRISCILLA STINNETT	1.00								•			~
DIRECTOR	1 0 0	X						0.	0 .	, 		0.
(24) GLENDA STRUM	1.00	x						0.	0.			0.
DIRECTOR (25) TED TEAGUE	1.00	^			<u> </u>	-		0.	0.	·		0.
DIRECTOR	1.00	x						0.	0.			Ο.
(26) GENEVA WATLEY	1.00							0.	0.	-		<u>··</u>
DIRECTOR		x						0.	0.			0.
1b Subtotal								0.	101,676		5,86	
c Total from continuation sheets to Part V								0.	0.		0.	
d Total (add lines 1b and 1c)								0.	101,676	1!	15,864.	
2 Total number of individuals (including but r								eceived more than \$100	,000 of reportable			
compensation from the organization												0
											Yes	No
3 Did the organization list any former officer												
line 1a? If "Yes," complete Schedule J for s	such individual									3		Х
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization			
and related organizations greater than \$15										4	$ \rightarrow $	X
5 Did any person listed on line 1a receive or					-			-				37
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or si	uch	pers	son .				5		X
Section B. Independent Contractors									•			
1 Complete this table for your five highest co										sation fi	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	Ithir	ů – – – – – – – – – – – – – – – – – – –	/ear.			
(A) (B) Name and business address NONE Description of services C							(C Comper	-				
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							-					
							╡					
2 Total number of independent contractors (includina but n	ot li	mite	d to	tho	se lis	stec	l above) who received m	ore than			

0

	COMMUNI IM PATTE				LI	EGI	E E	FOUNDATION	74-255	0278
Part VII Section A. Officers, Directors, Tr					nd H	liah	est	Compensated Employ		0170
(A)	(B)		.,)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cł				app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	al trus		yee	mpen				organizations
	below	Individual trustee or director	Institutional trustee	L.	Key employee	Highest compensated employee	er			er gan inzanier ie
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) SHAWN TROCHIM	1.00									
DIRECTOR		х						0.	0.	0.
Total to Part VII, Section A, line 1c										

MCLENNAN COMMUNITY COLLEGE FOUNDATION KIM PATTERSON

		(2021) ATTN: KIM PAT	TERSON			74-2550	278 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response or	r note to any lin		(D)	(0)	
				(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total Tovende		business revenue	from tax under
(0 (0							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
nor Gra		Membership dues 1b	00.575				
fts,		Fundraising events 1c	29,675.				
ia ila		Related organizations 1d					
Sin		Government grants (contributions)					
utio	f	All other contributions, gifts, grants, and					
Oth		similar amounts not included above 1f	2,964,703.				
hon	-	Noncash contributions included in lines 1a-1f		0 004 250			
a C	r	Total. Add lines 1a-1f	>	2,994,378.			
	_	H H	Business Code				
vice	2 a						
ue,	b	'					
ven S	c						
Be	c	' -					
Program Service Revenue	e	'					
-		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes		485,502.			485,502.
		other similar amounts) Income from investment of tax-exempt bond pro		405,502.			405,502.
	4 5						<u> </u>
	5	Royalties(i) Real	(ii) Personal				
	6 6						
		Gross rents 6a Less: rental expenses 6b					
		Less: rental expenses 6b Rental income or (loss) 6c					
		Gross amount from sales of (i) Securities	(ii) Other				
	1 8	assets other than inventory $7a$ 2,995,527.					
	F	Less: cost or other basis					
ē		and sales expenses					
evenue		Gain or (loss)					
		Net gain or (loss)	>	944,069.			944,069.
Other R		Gross income from fundraising events (not		,			
gh	0.0	including \$ 29,675. of					
•		contributions reported on line 1c). See					
		Part IV, line 18	35,800.				
	b	Less: direct expenses 8b	37,257.				
			►	-1,457.			-1,457.
		Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	►				
		Gross sales of inventory, less returns	-				
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
s			Business Code				
Miscellaneous Revenue	11 a	i [
lan, enu	b	, [
Sev Sev	c						
Mis	c	All other revenue					
		• Total. Add lines 11a-11d	►				
	12	Total revenue. See instructions	▶	4,422,492.	٥.	0.	1,428,114.

MCLENNAN COMMUNITY COLLEGE FOUNDATION ATTN: KIM PATTERSON

74-2550278 Page 10

Part IX Statement of Functional Expenses

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)											
Total expenses Produit Service Management and counters Fund alling counters 1 Guits and there assistance to denestic organizations and denestic yownments. Ser Part VI, ine 21 1, 809, 274. 1, 809, 274. 1, 809, 274. 2 Grants and other assistance to denestic individuals. See Part VI, ine 21 537, 391. 537, 391. 5 3 Grants and other assistance to foreign organization, foreign governments, and foreign individuals. See Part VI, ine 15 and 16 5 537, 391. 5 4 Barnefts pation of incurrent officers, directors, truttese, and key employees 1 6 1											
20. dot, was and Not D P arkin. expenses expenses <t< th=""><th></th><th></th><th></th><th>Program service</th><th>Management and</th><th></th></t<>				Program service	Management and						
and domestic governments, see Part IV, line 21 1,809,274. 1,809,274. a Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 21 537,391. 537,391. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 21 537,391. 537,391. 4 Bendifs parts for for methods	70,			expenses	general expenses	expenses					
2 Grants and other assistance to domastic individuals. So Part V, line 22 537, 391. 537, 391. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. So Part V, lines 7, dectors, trustaes, and key employees 537, 391. 537, 391. 4 Benefits paid to of for members for any total solution of current of these, directors, trustaes, and key employees 6 6 Compensation of current of these, directors, trustaes, and key employees 6 7 Other salaries and wages 6 9 Other employee banefits 7 10 Feast or services (noremptoyees): admin(A), amount, list line 11g expenses on Sch O.) 7 11 Feast or services (noremotion 7 14 Information technology 7 15 Feast or services (normation expenses for any (reduct attance role applies on Sch O.) 7 12 Advertising and promotion 7 13 P	1	Grants and other assistance to domestic organizations									
individuals. See Part IV, line 22 537, 391. 537, 391. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 5 4 Brontts paid to or for members		and domestic governments. See Part IV, line 21	1,809,274.	1,809,274.							
3 Grants and other assistance to foreign individuals. See Part V. Ince 15 and 16 	2	Grants and other assistance to domestic									
3 Grants and other assistance to foreign individuals. See Part V. Ince 15 and 16 		individuals. See Part IV, line 22	537,391.	537,391.							
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 microsoft day on polycose trustesce, and key employces for compensation of current officers, directors, trustesce, and key employces defined under section 4980(r(1)) and persons described in section 4980(r(1)) and persons described and curributions (foculud section 401(k) and 02(k) employeer contributions) Other safeting and accurate and curributions (foculud section 401(k) and 02(k) employeer contributions) Other safeting and curributions (foculud section 401(k) and 02(k) employeer contributions) Other safeting and curributions (foculud section 401(k) and 02(k) employeer contributions) Other safeting and curributions (foculud section 401(k) and 02(k) employeer contributions) Other safeting and curributions (foculud section 401(k) and options Other safeting and curributions (foculud section 401(k) and options Other safeting and curributions (foculud section 401(k) and promotion Other safeting and promotion and and tradisi	3										
individuals. See Part W, lines 15 and 16	-	c c									
4 Bendits paid to of or members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disguilled persons (actine and wages) 7 Other sate and wages 8 Person plas accurate and contributions (include section 405(k)(1)) and persons described in section 495(k)(1)) and persons described in section 495(k)(1)) and persons described in section 495(k)(2)(1) and persons described in section 495(k)(1)) and persons described in section 495(k)(2)(1) and persons described in section 495(k)(1)) and persons described in section 495(k)(2)(1) and persons described in section 495(k)(1)) and persons described in section 495(k)(2)(1) and persons described in section 495(k)(1) and persons described in and anortization 495(k)(1) and persons 495(k)(1) and 495											
5 Compensation of current officers, directors, trustess, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4558(1/1)) and persons disorbed in social m4588(1/3)) and persons disorbed in social m4588 (1/3)) and persons disorbed in the social m4588 (1/3) and persons din the social m4588 (1/3) and		F									
tustes, and key employees											
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(2)(3).	5										
persons (as defined under section 4958(fx)(1)) and persons described in section 4958(fx)(8)											
persons described in section 4968(p(3)(8)	6										
7 Other salaries and wages 8 Pension plan accuuls and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management		persons (as defined under section 4958(f)(1)) and									
8 Persion plan accruis and contributions (include section 401 (k) and 403 (b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): admangement		persons described in section 4958(c)(3)(B)									
8 Persion plan accruis and contributions (include section 401 (k) and 403 (b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): admangement	7	Other salaries and wages									
section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal C Accounting C Accounting C Accounting C Differ 1 anounce codes 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royatties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 19 Defree diffusion, depletion, and amortization 21 Payments to affiliates 22 Deprecision, depletion, and amortization 23 Insurance 24 Other expenses. 25 Total functional expenses. 26 Advertising and functional expenses. 27 Advertising and functional expenses. 26 Total functional expenses. 27 Targel 28 Total functional expenses. 29 Total functional expenses. 20 Total functional expenses. 20 Total functional expenses. 20 Total functional expenses. 21 Payments of three points on three depletion. 23 Advertising and mortization. 24 Other expenses. 25 Total functional expenses. 25 Total functional expenses. 26 Total functional expenses. 27 Advertising and functional expenses. 27 Advertising	8										
9 Other employee benefits											
10 Payroll taxes	9										
11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertsing and promotion 13 Office expenses 11 Forgenses 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public ficials 19 Conferences, conventions, and meetings 11 Information technology 19 Conferences, conventions, and amortization 19 Conferences, conventions, and amortization 10 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 10 Intervet 23 GENERAL & ADMINISTRATIV 60 Joint costs from a combined 61 Joint costs from a combined 62 Total intictional expenses and lines 1 through 24e 7 Costs of an out and association 10 Royaness of the organization 10 Costs of the dist of through 24e 10 Costs of the dist line rody of											
a Management											
b Legal											
c Accounting d Lobbying Protessional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11 gamount exceeds 10% of line 25, column (A), amount, list line 11 gexpenses on Sch O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royatties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affliates 22 Depreciation, depletion, and amortization 16 Deprecision, depletion, and amortization 16 Deprecision, depletion, and amortization 17 Travel 21 Payments to affliates 22 Deprecision, depletion, and amortization 23 GENERAL & ADMINISTRATIV 60 60,809. 60 809. 61 Column (B) joint costs from a combined educational expenses. Add lines 11 through 24e 24 Other expenses. 25 Total functional expenses. Add lines 11 through 24e 25 Total functional expenses. Add lines 11 through 24e 24 Other expenses. 25 Total functional expenses. Add lines 11 through 24e 24 Interest. 25 Total functional expenses. Add lines 11 through 24e <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th></t<>											
d Lobbying											
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g anount 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 Royatties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments ot affiliates 22 Other expenses, Itanize expenses not covered atove. (List miscellaneous expenses on Schedule 0.) anount, list line 24e expenses on Schedule 0.) anount, list line at expenses con Schedule 0.) anount, list line at expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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 in rotowing Store 42 (AC 686-70)											
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g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	е										
column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royatiles 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Insurance 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization above, (List miscellance) sexpenses on towered above, (List miscellance) sexpenses on line 24e. If insurance 24 Other expenses, Itemize expenses on towered above, (List miscellance) sexpenses on line 24e. If insurance 25 Total functional expenses. Add lines 1 through 24e 26 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaing and fundraising solicitation, check here 2,437,466. 2,346,6655. 90,801. 0	f	Investment management fees	29,992.		29,992.						
12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royatiles 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses on Schedule (), amount, list line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule (), amount, list line 24e expenses on Schedule (), amount, list line 24e expenses on Schedule (), amount, list line 24e expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined education, Check here in if following SOP 94: (ASC 956-720)	g	Other. (If line 11g amount exceeds 10% of line 25,									
13 Office expenses 14 Information technology 15 Royatiles 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses on line 24e. If inize 24e amount exceeds 10% of line 25, column (A), amount, list line 24e appenses on line 24e. If inize 24e amount exceeds 10% of line 25, column (A), amount, list line 24e appenses on line 24e. If inize 24e amount exceeds 10% of line 25, column (A), amount, list line 24e appenses on line 24e. If of 24 Other expenses 25 Total functional expenses 25 Total functional expenses. Add lines 1 through 24e 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		column (A), amount, list line 11g expenses on Sch 0.)									
13 Office expenses 14 Information technology 15 Royatiles 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses on line 24e. If inize 24e amount exceeds 10% of line 25, column (A), amount, list line 24e appenses on line 24e. If inize 24e amount exceeds 10% of line 25, column (A), amount, list line 24e appenses on line 24e. If inize 24e amount exceeds 10% of line 25, column (A), amount, list line 24e appenses on line 24e. If of 24 Other expenses 25 Total functional expenses 25 Total functional expenses. Add lines 1 through 24e 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	12	Advertising and promotion									
14 Information technology 15 Royatties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other 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 (D), d a GENERAL & ADMINISTRATIV b 60, 809. c 60, 809. c 2, 437, 466. 2, 346, 665. 90, 801. 0 Check her b in following 80P 98-2 (ASC 958-720)	13										
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16 Occupancy	15										
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a GENERAL & ADMINISTRATIV b 60, 809. c 60, 809. c 1 d 2, 437, 466. 2, 346, 665. 90, 801. 0 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)											
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest											
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest											
19 Conferences, conventions, and meetings	10	,									
20 Interest	40										
21 Payments to affiliates											
22 Depreciation, depletion, and amortization											
23 Insurance											
24 Other expenses. Itemize expenses on to 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.) 60,809. a GENERAL & ADMINISTRATIV 60,809. b	22	· · · · · · · · · · · · · · · · · · ·									
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.) a GENERAL & ADMINISTRATIV b 60,809. c 0 d 0 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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 ▶	23										
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amount, list line 24e expenses on Schedule 0.) 60,809. GENERAL & ADMINISTRATIV 60,809. b 60,809. c 60,809. d 60,809. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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)											
a GENERAL & ADMINISTRATIV 60,809. 60,809. b		amount, list line 24e expenses on Schedule 0.)									
c	а		60,809.		60,809.						
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25 Total functional expenses. Add lines 1 through 24e 2,437,466. 2,346,665. 90,801. 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) if following SOP 98-2 (ASC 958-720) 0		All other expenses									
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)		· · · · · · · · · · · · · · · · · · ·	2 427 166	2 316 665	QN 201	0.					
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	-		4,757,400.	2,540,005.	JU, UUI •	0.					
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26	1 5 0									
Check here billion if following SOP 98-2 (ASC 958-720)											
- 000		Check here if following SOP 98-2 (ASC 958-720)									

MCLENNAN COMMUNITY COLLEGE FOUNDATION ATTN: KIM PATTERSON

74-2550278 Page 11

	1 990 (j		LN		/4-	2550276 Page 11
Pa		Balance Sheet				
		Check if Schedule O contains a response or note to any lin		<u></u>		
			(A) Beginning d	-		(B) End of year
	1	Cash - non-interest-bearing		,727.	1	248,762.
	2	Savings and temporary cash investments	100	,173.	2	102,226.
	3	Pledges and grants receivable, net		,412.	3	305,230.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former off				
		trustee, key employee, creator or founder, substantial cont	ributor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persor				
		under section 4958(f)(1)), and persons described in section			6	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	Ь	Less: accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities	27,410	,296.	11	25,817,255.
	12	Investments - other securities. See Part IV, line 11		,232.	12	3,329,264.
	13	Investments - program-related. See Part IV, line 11		-	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		,005.	15	23,397.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		,845.	16	29,826,134.
	17	Accounts payable and accrued expenses		,568.	17	1,466,130.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of S			21	
ŝ	22	Loans and other payables to any current or former officer,				
Liabilities		trustee, key employee, creator or founder, substantial cont				
abil		controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third p			23	
	24	Unsecured notes and loans payable to unrelated third part			24	
	25	Other liabilities (including federal income tax, payables to r				
		parties, and other liabilities not included on lines 17-24). Co				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		,568.	26	1,466,130.
		Organizations that follow FASB ASC 958, check here	X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		,463.	27	45,473.
Ba	28	Net assets with donor restrictions		,814.	28	28,314,531.
pur		Organizations that do not follow FASB ASC 958, check				
ц		and complete lines 29 through 33.				
S 0	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment fu			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or o	ther funds		31	
Net	32	Total net assets or fund balances	31,537		32	28,360,004.
	33	Total liabilities and net assets/fund balances	21 600		33	29,826,134.
						Form 990 (2021)

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Form	1 990 (2021) ATTN: KIM PATTERSON	<u>74</u> -	2550	<u>278</u>	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,42 ,43	2,4	92.			
2									
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,53					
5	Net unrealized gains (losses) on investments	5	-5	,16	2,3	09.			
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				10.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	28	,36	0,0	04.			
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 O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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					1			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	L			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule (Э.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit						
	Act and OMB Circular A-133?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit			1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000				

SCHEDULE A				Dublic Che	rity Statua an		alia Ci	unnort		OMB No. 1545-0047	
(Form 990)					rity Status an nization is a section 50 [.]					2021	
				494	47(a)(1) nonexempt cha	ritable tru	ust.				
Department of the Treasury Internal Revenue Service					Attach to Form 990 or F //Form990 for instruction			nformation		Open to Public Inspection	
Nar	ne of t	the organizati			NITY COLLEGE				Employer	identification number	
		0	ATTN							4-2550278	
Pa	art I	Reason	for Public	Charity Status.	(All organizations must c	omplete t	his part.) S	See instruction	าร.		
The	organ	ization is not a	private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(1)(A)(i).			
2		A school des	ol 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) .									
4											
F	X	city, and state		ar the henefit of a co		d or oporo	tod by a a	overnmentel	unit dooorik	and in	
5	Δ	-	-	Complete Part II.)	llege or university owned	u or opera	led by a g	overnmentar	unit descrit		
6					nental unit described in :	section 1	70(b)(1)(A)	(v)			
7			-	-	intial part of its support f				the general	public described in	
		•		omplete Part II.)		5			5		
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or	
		university:									
10		-		•	than 33 1/3% of its sup	-			-	•	
			ies related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment e and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.								
				mplete Part III.)			3363 acqu		ganzation		
11					ively to test for public sa	fetv. See	section 50	09(a)(4).			
12		-	-	-	ively for the benefit of, to	•			arry out the	e purposes of one or	
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on	
		lines 12a thro	ugh 12d that	describes the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.		
a	• L	Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	y giving	
			-		gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting	
		¬ ~		complete Part IV, Se							
k					l or controlled in connec anization vested in the s						
			•	t complete Part IV,		ame perso	JIS IIAL C		age the sup	poned	
c		¬ ۲	. ,	•	g organization operated	in connec	tion with.	and functiona	Illy integrat	ed with.	
		••	-	• • • •	s). You must complete I					,	
c	1 🗌	Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection	with its suppo	rted organ	zation(s)	
		that is not f	unctionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requiremen	t (see instruct	ions). You must cor	nplete Part IV, Sections	A and D	, and Part	V.			
e	•		•		written determination fro			а Туре I, Туре	e II, Type III		
		•	-	• •	nally integrated support						
1				n about the supporte	d arganization(a)						
<u> </u>	·	i) Name of supp	<u> </u>	(ii) EIN	(iii) Type of organization		inization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organization			(described on lines 1-10 above (see instructions))	Yes	ing document? No	support (see ir	nstructions)	support (see instructions)	
Tot	al										

MCLENNAN COMMUNITY COLLEGE FOUNDATION ATTN: KIM PATTERSON

Schedule A (Form 990) 2021

74-2550278 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1,400,061.	938,672.	1,298,250.	1,547,789.	2,994,378.	8,179,150.	
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	283,899.	306,930.	312,712.	323,746.	348,078.	1,575,365.	
4	Total. Add lines 1 through 3	1,683,960.	1,245,602.	1,610,962.	1,871,535.	3,342,456.	9,754,515.	
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)						1,687,925.	
6	Public support. Subtract line 5 from line 4.						8,066,590.	
	ction B. Total Support						-,,	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	1,683,960.	1,245,602.	1,610,962.	1,871,535.	3,342,456.	9,754,515.	
	Gross income from interest,	, , ,	, , -	, , -	, , , -	, , , -	, , .	
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	250,065.	345,722.	260,506.	404,073.	485,502.	1,745,868.	
۹	Net income from unrelated business						-,,	
5	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	•							
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						11,500,383.	
			200			12	11,500,505.	
	Gross receipts from related activities, First 5 years. If the Form 990 is for th			fourth or fifth toy	voor op o pootion F			
13	organization, check this box and stor	•			-	501(0)(3)		
Sec	ction C. Computation of Publ		rcentage					
	Public support percentage for 2021 (column (f))		14	70.14 %	
	Public support percentage from 2020		•			15	74.18 %	
	33 1/3% support test - 2021. If the c						-	
104	stop here. The organization qualifies	•						
h								
	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17~								
178	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	-			-	-	-		
Ŀ	meets the facts-and-circumstances te	-		• • • •	-	17a and line 15 is t		
Ø	10% -facts-and-circumstances tes						1070 01	
	more, and if the organization meets the							
40	organization meets the facts-and-circ							
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17t	o, check this box a	ina see instructions	S ▶∟	

Schedule A (Form 990) 2021

MCLENNAN	COMMUNITY	COLLEGE	FOUNDATION
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Schedule A (Form 990) 2021

ATTN: KIM PATTERSON

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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 qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 0							
ł	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(,	(0) _0 . 0	(0,2010	(0, 2020	(0, _0_)	(1) 1000
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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 f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
	check this box and stop here						▶∟
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Par	t III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 202	21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2021. If the					33 1/3%, and	
	more than 33 1/3%, check this box an						\blacktriangleright
k	33 1/3% support tests - 2020. If the						3%, and
	line 18 is not more than 33 1/3%, chea						
20	Private foundation. If the organization						
	V						

MCLENNAN COMMUNITY COLLEGE FOUNDATION ATTN: KIM PATTERSON

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Schedule A (Form 990) 2021 ATTN Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **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")? *If* "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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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).*
- 8 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.**
- **b** 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.)

		×	
I		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9c		
	10a		
	10b		

	MCLENNAN COMMUNITY COLLEGE FOUNDATION	4 25502	70	
	dule A (Form 990) 2021 ATTN: KIM PATTERSON 74	4-25502	/ ð Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	cers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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,			
0	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec				
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in</i> Part VI <i>the role the organization</i> 's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	ctions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	cuonsj.		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	/ (see instructi	ons)	
2	Activities Test. Answer lines 2a and 2b below.	(000	Yes	No
a			1.00	
	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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

132025 01-04-22

3b Schedule A (Form 990) 2021

2b

3a

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ATTN: KIM PATTERSON Schedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 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 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7 ot Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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		TTERSON	nizotiono	7	4-2550278 Page 7
Par		(a)(3) Supporting Orga	anizations (continu	ied)	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		-	
	organizations, in excess of income from activity	· · · · · ·		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	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.	he examization is reenancing		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	2		
	(provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6			8 9	
<u>9</u> 10	· · · · · · · · · · · · · · · · · · ·			9 10	
10	Line 8 amount divided by line 9 amount	(i)	(ii)	10	(iii)
Secti	on E - Distribution Allocations (see instructions)	() Excess Distributions	Underdistributior Pre-2021	ıs	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021			MMUNITY PATTERS(FOUNDATION	74-2550278 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Provid 2, 3b, 3c, 4b, 4 ines 2 and 3; Pa	de the e c, 5a, 6 art IV, S	explanations rec , 9a, 9b, 9c, 11 ection E, lines 1	quired by Part II, a, 11b, and 11c; c, 2a, 2b, 3a, ar	; Part IV, Section B, lines nd 3b; Part V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* :
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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

202

Employer identification number

MCLENNAN COMMUNITY COLLEGE FOUNDATION KIM PATTERSON

74-2550278

ATTN:

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 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 contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

(Complete Part II for

(a)

No.

MCLEN	rganization NAN COMMUNITY COLLEGE FOUNDATION	Em
ATTN : Part I	KIM PATTERSON Contributors (see instructions). Use duplicate copies of Part I	f additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
1		\$70,000
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
2		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
3		\$510,713
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
4		\$ <u>1,007,600</u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions

(b)

Name, address, and ZIP + 4

Employer identification number

74 - 2550278

Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

> Person Payroll Noncash

(c)

Total contributions

\$

Page 2

(d)

Type of contribution

(d) Type of contribution

(d) Type of contribution

(d) Type of contribution

(d)

Type of contribution

(d)

Type of contribution

X

X

X

X

Name of or	rganization NAN COMMUNITY COLLEGE FOUNDATION		Employer identification number
ATTN:	KIM PATTERSON		74-2550278
Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Listo received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	1 Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	

Schedule B (Form 990) (2021)

Schedule	B (Form 990) (2021)			Page 4
	organization			Employer identification number
ATTN:	NAN COMMUNITY COLLEGE F KIM PATTERSON	'OUNDA'I'ION		74-2550278
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	For organizations	that total more than \$1,000 for the year
(a) No.	Use duplicate copies of Part III if additiona			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
			_	
		(e) Transfer of gift		
	Transferee's name, address, a	Ind ZIP + 4	Relationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
			_	
		(e) Transfer of gift		
	Transferee's name, address, a	and ZIP + 4	Relationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
<u> </u>				
			_	
		(e) Transfer of gift	I	
	Transferee's name, address, a	and ZIP + 4	Relationship of trai	nsferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
			_	
		(e) Transfer of gift		
	Transferee's name, address, a		Relationship of trai	nsferor to transferee

SC	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
(Form 990) Complete if the organization answered "Yes" on Form 990,					2021
	1 330)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b) .	
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest informa	ation.	Open to Public Inspection
	e of the organizati		ployer identification number		
	5	ATTN: KIM PATTERS	ON		74-2550278
Par	rt I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ne 6.		
			(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at er	nd of year			
2	Aggregate value o	f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4		t end of year			
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
			exclusive legal control?		Yes No
6			advisors in writing that grant funds can be u		
	for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, or for any other purpose of	conferring	
Dec	impermissible priv				Yes No
Par			ganization answered "Yes" on Form 990, P	Part IV, line	7.
1		servation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·		
		n of land for public use (for example, recrea			y important land area
		f natural habitat	Preservation of a	a certified I	historic structure
•		n of open space			
2	Complete lines 2a day of the tax year	5 5	fied conservation contribution in the form o	of a conser	Held at the End of the Tax Year
-				00	
					+
b	•				+
			ructure included in (a)		
a			after 7/25/06, and not on a historic structu		
3			leased, extinguished, or terminated by the		an during the tax
3	year ►	valion easements mouneu, transieneu, re	leased, extinguished, or terminated by the	organizati	on during the tax
4		 where property subject to conservation ea	sement is located		
5		tion have a written policy regarding the pe	·		
Ũ	•	forcement of the conservation easements i			Yes No
6			handling of violations, and enforcing cons		
•					comonto danng the year
7	Amount of expens	 ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easem	ents during the year
	▶\$	с, т с,	o		0
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h))(4)(B)(ii)?	· · · · ·		Yes No
9			ion easements in its revenue and expense		and
	balance sheet, and	d include, if applicable, the text of the footi	note to the organization's financial stateme	ents that de	escribes the
_		ounting for conservation easements.			
Par	rt III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or Ot	ther Sim	ilar Assets.
	Complete if	f the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance	sheet works
	of art, historical tre	easures, or other similar assets held for pul	blic exhibition, education, or research in fu	rtherance of	of public
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that describes these item	IS.	
b	-		58, to report in its revenue statement and b		
			c exhibition, education, or research in furth	erance of p	public service,
		ing amounts relating to these items:			
					\$
					\$
2	0		asures, or other similar assets for financial	gain, prov	de
	-	unts required to be reported under FASB A	-		
					\$
b				►	\$
1114	For Denember 1. D	advation Act Nation, and the Instruction	a fax Faxma 000		Cohodulo D (Corres 000) 0001

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

	MCLENNA	N COMMUNIT	Y COLLEGE	FOUNDATION				
		KIM PATTER						Page 2
Par	rt III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Simi	ar Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	significant	t use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's exe	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o						-	
	to be sold to raise funds rather than to be ma						Yes	No
Par	TTIV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" or	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa		1		•			
та	Is the organization an agent, trustee, custod							
h	on Form 990, Part X?					L	Yes	└── No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:			l	Amount	
-	Designing belongs				10		Amount	
	Beginning balance							
	Additions during the year							
f	Distributions during the year				<u>ie</u> 1f			
	Ending balance Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • •	L		
	rt V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year			years back	(e) Four y	/ears back
1a	Beginning of year balance	31,491,814.	24,707,381.	21,591,989.	20,	750,231.	17,	864,781.
	Contributions	2,932,112.	1,575,838.	1,380,774.	9	902,054.	1,	627,565.
	Net investment earnings, gains, and losses	-3,732,738.	6,181,652.	2,671,976.		706,057.	2,	004,608.
d	Grants or scholarships	2,346,665.	942,822.	822,092.		703,479.		686,862.
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	29,992.	30,235.	50,435.		62,874.		59,861.
g	End of year balance	28,314,531.	31,491,814.	24,707,381.	21,	591,989.	20,	750,231.
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:				
а	5 1 5	.0000	_%					
b	Permanent endowment 44.4300	%						
С	Term endowment 55.5700	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered for	the organi	zation	г.	
	by:							Yes No
	(i) Unrelated organizations							X
	(ii) Related organizations						3a(ii)	X
-	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the		owment funds.					
Fai	rt VI Land, Buildings, and Equipm Complete if the organization answere) Part IV lina 11a S	Soo Form 000 Part X	lino 10			
			· · ·					welve
	Description of property	(a) Cost or o basis (investr		• •	ccumulat preciation		(d) Book	value
1a	Land							
b	Buildings							
с	Leasehold improvements							
d	Equipment							
	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		. 🕨 🗌		0.
						<u> </u>	D (E	0001 2024

Schedule D (Form 990) 2021

MCLENNA	NO	COMMUNITY	COLLEGE	FOUNDATION
ATTN:	ктı	M PATTERSC	N	

74-2550278 Dags 3

Schedul	e D (Form 990) 2021	ATTN:	KIM	PATTERSON	7	4-2550278 Page 3
Part V	/II Investments -	Other Secur	ities.			
				on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Des	cription of security or cate	egory (including name	of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Fina	ncial derivatives					
(2) Clos	ely held equity interest	:s				
(3) Othe	er					
(A) .	LIMITED PART	FNERSHIP				
(B)	INTEREST			3,329,264.	END-OF-YEAR MARKE	T VALUE
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Co	ol. (b) must equal Form 99	90, Part X, col. (B) lir	ne 12.) 🕨	3,329,264.		
Part V	/III Investments -	 Program Rel 	ated.			
	Complete if the or	ganization answe	red "Yes'	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description o	of investment		(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Co	ol. (b) must equal Form 99	90, Part X, col. (B) lir	ne 13.) 🕨			
Part I	X Other Assets.					
	Complete if the or	ganization answe	red "Yes'	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
			(a)	Description		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (C	Column (b) must equal F		col. (B) lir	ne 15.)		•
Part >	Other Liabiliti	es.				
	Complete if the or	ganization answe	red "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	25.
1.	(a) [Description of liabi	lity			(b) Book value
(1)	Federal income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (C	Column (b) must equal F	orm 990, Part X,	col. (B) lir	ne 25.)	Þ	>
2. Liab	ility for uncertain tax po	ositions. In Part XI	II, provid	e the text of the footnote to	the organization's financial statement	s that reports the

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... 🗴

MCLENNA	AN	CC	MMUNITY	COLLEGE	FOUNDATION
<u> እ</u> መጠ ነ	דא	M	PATTERSC	N	

Sche	edule D (Form 990) 2021 ATTN: KIM PATTERSON		•	74-:	2550278	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Re	evenue per Ro	eturr	ı.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	-421,	,731.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		Γ			
а	Net unrealized gains (losses) on investments	2a −5,	162,309.			
b	Donated services and use of facilities	2b	348,078.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	-4,814,	
3	Subtract line 2e from line 1			3	4,392,	,500.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		Γ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,992.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		,992.
E	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	ור		5	4,422,	492.
5				•		, 1)2.
	rt XII Reconciliation of Expenses per Audited Financial S			•		1921
		tatements With E		•	rn.	
	rt XII Reconciliation of Expenses per Audited Financial S	tatements With E	xpenses per	•		
Pa	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I	tatements With E	xpenses per	Retu	rn.	
P a 1	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements	ine 12a.	xpenses per	Retu	rn.	
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ine 12a.	xpenses per	Retu	rn.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2b 2b	xpenses per	Retu	rn.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	xpenses per	Retu	rn. 2,755,	,552.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	xpenses per 348,078.	Retu	rn. 2,755, 348,	,552.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	xpenses per 348,078.	1	rn. 2,755,	,552.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	xpenses per 348,078.	1 2e	rn. 2,755, 348,	,552.
Pa 1 2 a b c d e 3	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	xpenses per 348,078.	1 2e	rn. 2,755, 348,	,552.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	xpenses per 348,078.	1 2e	rn. 2,755, 348, 2,407,	,552. ,078. ,474.
Pa 1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	xpenses per 348,078. 29,992.	1 2e	rn. 2,755, 348, 2,407, 29,	,078. ,474.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	xpenses per 348,078. 29,992.	1 2e 3	rn. 2,755, 348, 2,407,	,078. ,474.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE FOUNDATION'S NET ASSETS WITH DONOR RESTRICTIONS - RESTRICTED IN
PERPETUITY CONSIST OF APPROXIMATELY 300 ENDOWMENT FUNDS. THESE
DONOR-RESTRICTED ENDOWMENT FUNDS AT AUGUST 31, 2022 AND 2021 HAVE BEEN
ESTABLISHED PRINCIPALLY FOR (A) SCHOLARSHIPS (APPROXIMATELY \$11,494,000
AND \$11,232,000, 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, RESPECTIVELY). AS REQUIRED
BY PROFESSIONAL STANDARDS, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS,
INCLUDING FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS
132054 10-28-21 Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

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

PROGRAMS:

	2022	2021
SCHOLARSHIPS	\$ 12,469,232	15,818,036
EDUCATIONAL PURPOSES UNDER TITLE III GRANT	2,052,717	2,473,350
DISTINGUISHED LECTURE SERIES	422,213	563,395
FACILITY IMPROVEMENTS	791,210	320,236

\$ 15,735,372 19,175,017

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

MCLENNAN COMMUNITY COLLEGE FOUNDATION Schedule D (Form 990) 2021 ATTN: KIM PATTERSON 74-2550278 Page 5 Part XIII Supplemental Information (continued) 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 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 1D. BEGINNING WITH THE FISCAL YEAR ENDED AUGUST 31, 2016, ADMINISTRATIVE EXPENSES ARE REPORTED SEPARATELY ON LINE 1F.

SCHEDULE G	Suppleme	ntal Information Regarding	; Fun	drais	ing or Gaming	Activ	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19, (or if the	2021
Department of the Treasury		Attach to Form 990			-			Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization MCLENNAN COMMUNITY COLLEGE FOUNDATION Employer								
Name of the organizatio	dentification number 0278							
		Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV,	line 17	. Form 990-	EZ filers are not
 Indicate whether th Mail solicitation Mail solicitation Internet and Phone solicitation Phone solicitation In-person so	tions I email solicitations itations olicitations on have a written o ted in Form 990, P 0 highest paid indiv	sed funds through any of the followi e Solicita f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of I fundra I (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees,	Y	es No
(i) Name and addres or entity (fund	ss of individual	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody utrol of utions?	(iv) Gross receipts from activity	tò (or fi	mount paic retained by undraiser ed in col. (i)	
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	outions	s or has been notified	u It Is e	exempt from	i registration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

		MCLENNA	N COMMUNITY	COLLEGE FOUN	DATION	
Sch	edul	le G (Form 990) 2021 ATTN :	KIM PATTERSO	N	74-	2550278 Page 2
Pa	art I	II Fundraising Events. Complete if the	ne organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	I more than \$15,000
		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross recei	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				ANNUAL	NONE	(add col. (a) through
			GOLF TOURNAM	HEARTS IN TH		col. (c)
Ð			(event type)	(event type)	(total number)	001. (0) /
enu						
Revenue	1	Gross receipts	47,915.	17,560.		65,475.
_			00.115	6 5 6 0		00 685
	2	Less: Contributions	23,115.	6,560.		29,675.
			24 000	11 000		25 000
	3	Gross income (line 1 minus line 2)	24,800.	11,000.		35,800.
	4	Cash prizes				
	_	N				
ŝ	5	Noncash prizes				
ense	6	Rent/facility costs	11,811.			11,811.
Direct Expenses	0					11/0110
ц	7	Food and beverages	2,566.	3,740.		6,306.
Dire	Ι.					
	8	Entertainment				
	9	Other direct expenses		4,145.		19,140.
	10	Direct expense summary. Add lines 4 throug		•	•	37,257.
	11	Net income summary. Subtract line 10 from I				-1,457.
Pa	art I	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., .	bingo/progressive bingo		col. (a) through col. (c))
Re						
	1	Gross revenue				
ses	2	Cash prizes				
Expenses		New cook wines				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
Ē	-					
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		►	
		ter the state(s) in which the organization cond				
		he organization licensed to conduct gaming a				. Ves No
b) If "	No," explain:				
40-	14/-	ro only of the organization's contine lines	wokod wooponded ant	orminated during the tor	voor?	Vaa N-
		ere any of the organization's gaming licenses r			yeal ?	Yes No
Ľ	, 11	Yes," explain:				

132082 10-21-21

Schedule G (Form 990) 2021

Sch	nedule G (Form 990) 2021	MCLENN. ATTN:			MUNIT ATTER					ION	74-2	2550)278	Page 3
	Does the organization conduct ga												Yes	No
	Is the organization a grantor, bene												163	
12													Yes	No No
40	to administer charitable gaming?												162	
	Indicate the percentage of gaming											مدا	1	0.4
	The organization's facility											13a	1	%
	An outside facility											13b		%
14	Enter the name and address of th	·			U	0	0 1		vents boo	ks and red	cords:			
	Address ►													
15a	a Does the organization have a con	tract with a th	ird part	ty fron	m whom t	he orgar	nization r	eceives	gaming r	evenue?		🗆	Yes	🗌 No
ŀ	If "Yes," enter the amount of gam	ina revenue re	acaivad	1 by th	ne organiz	ation	• ¢			and the a	nount			
Ľ	of gaming revenue retained by the						φ			anu une ai	nount			
_														
C	: If "Yes," enter name and address	of the third pa	arty:											
	Name													
	Address 🕨													
16	Gaming manager information:													
	Name 🕨													
	Gaming manager compensation 🕨 \$													
	Description of services provided	▶												
		<u> </u>			— .									
	Director/officer	Employe	ee		L In	depend	ent contr	ractor						
17	Mandatory distributions:													
a	a Is the organization required under	r state law to n	nake cl	harital	ble distrib	outions f	rom the g	gaming	proceeds	to				
	retain the state gaming license?											🏼	Yes	└── No
k	Enter the amount of distributions	required unde	er state	law to	o be distri	buted to	o other ex	xempt o	organizatio	ons or spe	nt in the			
_	organization's own exempt activit	U												
Pa	ITTIV Supplemental Infor	mation. Pro	vide th	ne exp	lanations	required	d by Part	I, line 2	b, columr	ıs (iii) and	(v); and Pa	art III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. A	lso pro	ovide a	any additi	onal info	rmation.	See ins	tructions.					

Schedule G (Form 990) Part IV Supplemental Info	OMMUNITY COLLEGE PATTERSON	FOUNDATION	74-2550278 Page 4

SCHEDULE I Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.											
Name of the organization MCLENNAN COMMUNITY COLLEGE FOUNDATION Employer ide ATTN: KIM PATTERSON											
Part I General Information on Grants a		011					74-2550278				
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?	-									
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "ץ	es" on Form 990, Parl	IV, line 21, for any				
1 (a) 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 WACO, TX 76708	74-1541260		338,792.	0.			DISTRIBUTED FOR VARIOUS COLLEGE PROGRAM EXPENSES.				
MCLENNAN COMMUNITY COLLEGE 1400 COLLEGE DRIVE WACO, TX 76708	74-1541260		44,638.	0.			PROFESSIONAL DEVELOPMENT EXPENSES FOR CONFERENCES AND CONTINUING EDUCATION FOR FACULTY AND STAFF				
MCLENNAN COMMUNITY COLLEGE 1400 COLLEGE DRIVE WACO, TX 76708	74-1541260		1,425,844.	0.			DISTRIBUTIONS FOR FACILITIES EXPENSES FOR THE COLLEGE.				
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 			ne line 1 table								

Schedule I (Form 990) 2021

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

Schedule I (Form 990) 2021

ATTN: KIM PATTERSON

74-2550278

Page 2

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

(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 460 STUDENTS RECEIVED					
SCHOLARSHIPS DURING THIS FISCAL YEAR.	460	1,024.	0.		
EMERGENCY GRANTS FOR STUDENTS WHICH AVERAGED \$303					
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 330	330	303.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART III, COLUMN (A):

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

AVERAGED	\$303	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 330 STUDENTS RECEIVED EMERGENCY GRANTS DURING

THIS FISCAL YEAR

132102 10-26-21

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

 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.

 MCLENNAN COMMUNITY COLLEGE FOUNDATION

 ATTN:
 KIM PATTERSON

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
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. THE

FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE AND, UPON APPROVAL, IS

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) 20	21	Page 2
Name of the organization	MCLENNAN COMMUNITY COLLEGE FOUNDATION	Employer identification number
	ATTN: KIM PATTERSON	74-2550278

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 9, CHANGES IN NET ASSETS:

ROUNDING

10.

FORM 990, PART XI, LINE 2C: PROCESS FOR OVERSIGHT OF FINANCIAL AUDIT

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR