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SCANNED DEC 1 5 2010

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

A	For th	ne 2009 ca	alendar	year, or tax year beginning $July l$, 2009, and ending	g June 30		, 20 10
R.	Check if	applicable	Please	C Name of organization Lewis-Clark State College Fou	ındatiorD	I Freelo	yer identification number
_		change	use IRS	Doing Business As			0396878
			label or print or	Number and street (or PO box if mail is not delivered to street address) Room/suit	te E		one number
$\overline{}$	Name c	•	type See	500 8th Avenue		(208)	792-2353
$\overline{}$	Initial re		Specific			(200)	172-2333
$\overline{}$	Termina Amende	ted ed return	Instruc- tions.	Lewiston, ID 83501	G	Gross re	eceipts \$ 859186
	Application	on pending		me and address of principal officer 500 8th Ave.	H(a) Is this a	group return	for affiliates? Yes XNo
			Dr.	Robin Henderson Lewiston, ID 83501	4	_	included? Yes No
ı		empt status		501(c) (³)◀ (insert no)	If "No,"	attach a	list (see instructions)
J	Webs	ite: ▶ ht	ttp:/	/www.lcsc.edu/alumni/foundation	H(c) Group exe	emption nui	mber ▶
K	Form of	organization	X Corp	oration ☐ Trust ☐ Association ☐ Other ►	on. 1984 N	1 State of	f legal domicile Idaho
P	art I	Summ	ary	· · · · · · · · · · · · · · · · · · ·	·		
				the organization's mission or most significant activities. Lewi	is-Clark	State	College
	' '	Founda	ation	the organization's mission or most significant activities: Lewi	inisters	and π	namages gifts
9	'	and in	vest	ments for the benefit of Lewis-Clark State	College	9 1	whlic four-year
an	'			med and operated by the State of Idaho.	- GOTTERE	<u>, a r</u>	dbiic rour year
é	_ '						
ĝ	2			if the organization discontinued its operations or disposed of more than 25%	of its net assets		26
۰	3					3	26
ties	4	Number	of inde	ependent voting members of the governing body (Part VI, line 1b)	4	26
Activities & Governance	5	Total nur	nber of	f employees (Part V, line 2a)		5	0
Ac	6	Total nur	mber of	f volunteers (estimate if necessary)		6	0
	7a	Total gro	ss unre	elated business revenue from Part VIII; coturnin (C), line 12.		7a	0
	b	Net unre	lated b	usiness taxable income from Form 990-1, line 34.	<u> </u>	7b	0
				25	Prior Year		Current Year
Revenue	8	Contribut	tions ai	nd grants (Part VIII, line ith) NOV 1 Q 2010	4316		15771
	9	Program	service	e revenue (Part VIII, Ine 2g)	490981		836282
Š	10			ome (Part VIII, column (A), lines 3, 4, and 7d)	47903		7133
æ	11			Part VIII, column (A), lines (5) 6 g (8 c, 9 c) 10 c, and 11 e)	0		,,,,,,
	12	Total reve	enue – a	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	543200		859186
	t				398550		507533
				ılar amounts paid (Part IX, column (A), lines 1-3)	<u>39855U</u> 0		<u> </u>
S	14			or for members (Part IX, column (A), line 4)	0		
Expenses	15			ompensation, employee benefits (Part IX, column (A), lines 5-10)			0
ê	16a			ndraising fees (Part IX, column (A), line 11e)	0		0
Ω	b	Total fund	draising	g expenses (Part IX, column (D), line 25) ▶	111000		
	17	Other ex	penses	i (Part IX, column (A), lines 11a-11d, 11f-24f)	111389		85773
				. Add lines 13-17 (must equal Part IX, column (A), line 25) 🗀	509939		593306
	19	Revenue	less ex	penses Subtract line 18 from line 12	33261		265880
Sor	<u>š </u>			LE	Beginning of Curr	ent Year	End of Year
Set	20	Total ass	sets (Pa	art X, line 16)	4501178		<u>5056679</u>
L As	21		-	(Part X, line 26)	729078		708760
Net Assets	22			und balances. Subtract line 21 from line 20	3772100		4347919
P	art II	Sign	ature	Block			
				f perjury, I declare that I have examined this return, including accompanying schedu			
		and belie	of, or ist tru	ue, correct, and complete Declaration of preparer (other than officer) is based on a	all information of	which pr	eparer has any knowledge
Sig	an		VXII.	W XXxx LIver	111	.14	. 10
	ere	Sign	ature of	officer/	Date	<u> </u>	
• • •			Ro	bird, Henderson, Loundation	Mucin	den	1 / -
		Type	or print	name and title	LINCOLL	<i>),,,</i>	<u> </u>
	-	1			eck if P	rongror'e :	dentifying number
		Preparer' signature		self	f- ┌ (s	reparer's i ee instruc	dentifying number tions)
Pai	d	Jignatule		em	ployed > L		
Pre	parer's						
	Only	Firm's na		ours	EIN	<u> </u>	
_	· · · · · ·	address,		+4 💆	Phone no	▶ ()
Μa	y the	IRS disci	uss this	s return with the preparer shown above? (see instructions)			. Yes No

Form 990 (2009)

Form 990 (2009)	Lewis-Clark	State	College	Foundation.	Inc.	_	82-0396878

Page 2

'ar	Statement of Program Service Accomplishments
	Briefly describe the organization's mission. Lewis-Clark State College Foundation, Inc. provides financial support and administ
	and manages gifts and investments for the benefit of Lewis-Clark State College, a
	public four-year college owned and operated by the State of Idaho.
	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
1	(Code:) (Expenses \$ 285678
	Foundation Scholarship Programs - see attached description
b	(Code:) (Expenses \$ 221855
	,
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······
	······································
t	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
-	Total program service expenses ▶ 507533

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	!	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	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	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		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Χ

u en	Oncomist of frequired ochequies (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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		х
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 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	i	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X	v
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	38	х	

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable			
h	C.S. Information Returns. Effect -0- if not applicable			
b	Enter the fightest of Forms W 2d included in time 1d. Lines of the dephetosic			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 lf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)	:		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
þ	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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 transaction?	5b		<u> </u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
	Prohibited Tax Shelter Transaction?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ		
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_	· · · · ·	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the organization make any taxable distributions under section 4966?	9b	-	
b 1∩	Did the organization make a distribution to a donor, donor advisor, or related person?			
10 a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			}
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			<u> </u>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

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

Section A. Governing Body and Management

Sec	tion A. Governing body and management			
_	· · · · · · · · · · · · · · · · · ·		Yes	No_
1a	Enter the number of voting members of the governing body	-		
р	Enter the number of voting members that are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
_	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		v
	supervision of officers, directors or trustees, or key employees to a management company or other person?			<u>X</u> X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6	-	X
6	Does the organization have members or stockholders?	-		
7a		7a		X
	of the governing body?	7b		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	X	
	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	00	^	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	_		
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1		
••	form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	Х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			-
C	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	<u> </u>		
	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 (or 1024 if applicable), 990, and 990-T (501)	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
•	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: Trudy Alva, Lewis-Clark State College, 500 8th Ave., Lewis	ords o	fthe	0250
		ton,	<u>τη</u>	<u>035</u> 0
	208-792-2353			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

★ Check this box if the organization did not compared to the companies of the comp		any c	curr			cer, d	irec			
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per				_			Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
See Attached										
						`				
					_		L			<u> </u>
				_					- 	
									-	

Pa	t VII Section A. Officers, Directors, Tru	stees, Key	Emp	loye	ees,	and	d Hig	hest	t Compensated	Employees (co	ontinue	d)
	(A)	(B)			•	C)			(D)	(E)		(F)
	Name and title	Average hours per week	Individual trustee	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	comp fr org	timated nount of other opensation om the anization direlated anizations
		_						_				
					!							
												
											<u> </u>	
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						_		-				- -
				_	 						ļ	
											ļ	
	Total	<u> </u>						<u> </u>	0	0	<u> </u>	0
2	Total number of individuals (including but i reportable compensation from the organization)		to the	ose	liste	ed a	above	e) Wh	no received mo	ore than \$100,0	00 in	
											T	Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest o	ompensated	3	X
4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of repo	ortabl	e c	omp	ens	sation					
_	ındıvıdual								·		4	X
5 —	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	olete :	Sch	edu	le J	for s	any uch	person	anization for	5	X
Se	ction B. Independent Contractors										`	
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	contra	ecto	rs that receive	d more than \$1	00,000	of
	(A) Name and business add	iress							(B) Description of s	ervices	(C) Comper) nsation
	None							-				
											_	
		<u> </u>										
2	Total number of independent contractors (i more than \$100,000 in compensation from	ncluding bin the organ	ut not lizatio	lım n ▶	ited	to 1	those	liste	ed above) who	received		:

Part	: VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its ts	12	Federated campaigns 1a					
퉏		Todoratod odiripaigno , , .					
g,E		Wichiberamp dues					
ifts r a		Tanaraionig oronto					
<u>e</u>		Tiolated organizations				•	
Sin	е	Government grants (contributions). 1e					
iğ ğ	f	All other contributions, gifts, grants,	15771				
흔들		and similar amounts not included above 1f	15771				
Contributions, gifts, grants and other similar amounts		Noncash contributions included in lines 1a-1f: \$]		
<u> </u>	h	Total. Add lines 1a-1f	🕨	15771			
ē			Business Code				
Ē	2a	Scholarship Revenue	611710	766435	766435		
æ	b	Donations to Benefit LC	611710	69847	69847		
Program Service Revenue	c						
Ξ	Ι.						
u S	d						-
ᆵ	e f	All other program service revenue .					
Š	g		•	836282			
	9			030202			
	3	Investment income (including dividends		7133			7133
		other similar amounts)		/133			/133
	4	Income from investment of tax-exempt bon	d proceeds 🕨		<u> </u>		
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	С	Rental income or (loss)			ļ. <u>.</u>	<u> </u>	
	d	Net rental income or (loss)	🕨				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	ь	Less: cost or other basis					
	~	and sales expenses .					
	٦	Gain or (loss)					
Φ		Gross income from fundraising					
evenue	oa	events (not including \$					
Š		of contributions reported on line 1c).	Į				
Œ		See Part IV, line 18					
ē		•					
Other		Less: direct expenses b Net income or (loss) from fundraising e	events •				
			, , , ,				
	9a	Gross income from gaming activities.					
	١.	See Part IV, line 19					
		Less: direct expenses b			<u> </u>		
		Net income or (loss) from gaming activ	ities ▶		<u> </u>		
	10a	Gross sales of inventory, less					
		returns and allowances a					
		Less: cost of goods sold . b			ļ	ļ	
	င	Net income or (loss) from sales of invent					
		Miscellaneous Revenue	Business Code		ļ		
	11a						
	b						
	С						
	ď	All other revenue					
		Total. Add lines 11a–11d					
		Total revenue. See instructions.		859186	836282		7133

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.								
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	221855	221855						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	285678	285678						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees								
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).								
9	Other employee benefits								
10									
11	Fees for services (non-employees)								
	Management								
	Legal								
	Accounting								
	Lobbying								
	Professional fundraising services. See Part IV, line 17								
	Investment management fees								
	Other				- .				
_	Advertising and promotion								
13	Office expenses				1811-81				
14	Information technology								
15	Royalties								
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.	14298		14298					
23	Insurance	2415		2415					
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)								
а	Gift Annuity Expenses	54114		54114					
b	Real Property Mgmt Expenses	14606		14606					
C	Banking Fees	340		340					
d									
е									
	All other expenses			211 = 11					
25	Total functional expenses. Add lines 1 through 24f	593306	507533	85773					
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.								

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1 (Cash-non-interest-bearing		1	
2 9	Savings and temporary cash investments	493960	2	<u>584235</u>
3 F	Pledges and grants receivable, net		3	<u>5850</u>
	Accounts receivable, net	5168_	4	1233
5 F	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6 F	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
7 N 8 H	Notes and loans receivable, net		7	
8 1	nventories for sale or use	1273	8	637
	Propaid expenses and deferred charges		9	
10a L	Land, buildings, and equipment cost or 10a 300740 other basis. Complete Part VI of Schedule D			
bl	Less: accumulated depreciation	257271	10c	118267
11 1	nvestments—publicly traded securities	3743506	11	4254457
i i	nvestments - other securities. See Part IV, line 11		12	
i	nvestments-program-related. See Part IV, line 11		13	
	Intangible assets		14	
	Other assets. See Part IV, line 11		15	92000
	Total assets. Add lines 1 through 15 (must equal line 34)	4501178	16	5056679
	Accounts payable and accrued expenses		17	7260
	Grants payable		18	
1	Deferred revenue		19	
	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22 F	Payables to current and former officers, directors, trustees, key			
6	employees, highest compensated employees, and disqualified		 	
	persons. Complete Part II of Schedule L		22	
	Secured mortgages and notes payable to unrelated third parties		23	
	Unsecured notes and loans payable to unrelated third parties	729078	24	701500
	Other liabilities. Complete Part X of Schedule D	729078	25	701300
	Total liabilities. Add lines 17 through 25	729078	26	708760
9	complete lines 27 through 29, and lines 33 and 34.		 	
1	Unrestricted net assets	~	27	
28 1	Temporarily restricted net assets	ļ	28	·
29 F	Permanently restricted net assets		29	
(a	Organizations that do not follow SFAS 117, check here ▶ 🔯 and complete lines 30 through 34.			
30 (Capital stock or trust principal, or current funds		30	
31 F	Paid-in or capital surplus, or land, building, or equipment fund		31	
32 F	Retained earnings, endowment, accumulated income, or other funds		32	
	Total net assets or fund balances	3772100	33	4347919
⁻ 34 ⊺	Total liabilities and net assets/fund balances	4501178	34	5056679

Pal	Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	<u> </u>		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			-
	issued on a consolidated basis, separate basis, or both:	1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Lewis-Clark State College Foundation, Inc.

Employer identification number 82: 0396878

Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	org			idation because it is:							
1	Ŏ		•	rches, or association	•			•		•	
2				on 170(b)(1)(A)(ii). (At							
3				hospital service organ		-	ın sectio	n 170(b)	(1)(A)(iii).		
4				ation operated in conj						170(b)(1)(A)(iii). Enter the
		hospital's na	ame, city, and st	ate:							
5	ΧX	-	tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II)	ge or uni	iversity o	wned or	operated	by a gov	ernmenta	I unit described in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v)).	
7		An organizat	tion that normally	y receives a substantia	al part of	its suppo	ort from a	governn	nental uni	t or from	the general public
	_			(1)(A)(vi). (Complete F							
8	님			d in section 170(b)(1)							_
9	Ш	An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33\% % of its									
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)										
40											
10 11	H		-	and operated exclusive	•	-	-				ta aamu aut the
• •	ш	_	-	blicly supported organ	-		_				•
				at describes the type							
		a ☐ Type		_		oe III–Fun			-		Type III-Other
е	\Box			tify that the organizat							, ·
•	_										
	persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).										
f											
			, check this box								
g		•	·	the organization acce	epted any	aift or c	ontribution	on from a	nv of the		· · · · <u>–</u>
Ī		following pe		J					,		
		(i) A persor	n who directly o	r indirectly controls, e	either alo	ne or tog	ether wi	th persor	ns describ	oed in (ii)	Yes No
				ning body of the supp							11g(i)
		(ii) A family	member of a pe	erson described in (i) a	above?						11g(ii)
				of a person described							11g(iii)
<u>h</u>		Provide the	following inform	ation about the suppo	orted org	anızatıon	(s).				_
(1)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amount of
	OIĘ	janization		(described on lines 1-9 above or IRC section		sted in your document?	the organization in col (i) of your		organization in col (i) organized in the		support
				(see instructions))			sup	port?	-	S ?	
					Yes	No	Yes	No	Yes	No	
						-		-			
		<u>-</u>		-				 	-		
								1			
				-		 					
		-		-							

Total

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 485846 471402 679944 490129 836282 2963603 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 485846 471402 679944 490129 836282 2963603 Total. Add lines 1 through 3 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 1517549 shown on line 11, column (f) 1446054 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 485846 679944 471402 490129 836282 2963603 7 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 9781 24276 19790 21080 7133 82060 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3045663 11 Total support. Add lines 7 through 10 . Gross receipts from related activities, etc. (see instructions) 0 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 15 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization $\ldots \ldots \ldots \ldots \ldots \ldots \blacktriangleright$ \square 17a 10%-facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 🔒 🕒 b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	id the box of	II III e e oi ra	art 1.)			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)				(3)	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	·					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						<u> </u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	() 2225		1 () 2007	(), 2020	1 () 2222	T 70
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					_	
14	First five years. If the Form 990 is for to organization, check this box and stop I			nd, third, fourtl	-		
Sec	tion C. Computation of Public Sup	pport Perce	ntage				
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S					15	<u>%</u>
Sec	tion D. Computation of Investmen	nt Income Po	ercentage				
17 18	Investment income percentage for 2009 Investment income percentage from 20	•		•	olumn (f)) .	17	<u>%</u> %
19a	·	anization did n	ot check the b	ox on line 14, a	and line 15 is i	more than 331/3	%, and line _
b	33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this	ization did not	check a box o	n line 14 or line	19a, and line	6 is more than	331/3 %, and
20		-	-	-	•		

FORM 990, Schedule B Part I: List of Contributors over \$5,000

(a) No. (b) Name

(b) Address

(d) Type of	Contributions
(c) Aggregate	contributions

Contributio															
ntributions	262507	92000	00006	61857	20000	34963	25100	21154	21000	20000	13200	7846	7600	2000	2000

FORM 990, Schedule B Part II: Noncash Property (a) No. from

Part I (b) Description of noncash property given

92000 3/31/2010 11484 12/4/2009 50373 12/17/2009

Date

9

(၁) FIM V

received

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Year" to Form 990,

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number 82: 0396878 Lewis-Clark State College Foundation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b 2c c Number of conservation easements on a certified historic structure included in (a) . . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year **>**..... Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: **b** Assets included in Form 990, Part X

Sched	dule D (Form 990) 2009 Lewis-Clar	k State Coll	Lege Founda	tion,	Inc	82-0396878	Page 2
Par	t III Organizations Maintain	ng Collections	of Art, Historic	al Treası	ures, or C	ther Similar As	sets (continued)
3	Using the organization's acquisition collection items (check all that appl		other records, ch	eck any o	of the follow	ving that are a sig	nificant use of its
a b c	Public exhibition Scholarly research Preservation for future general Provide a description of the organiz	cions	e 🗌	Other			
_	Part XIV.						
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta	ained as part of th	ne organiza	ation's coll	ection?	Yes No
Par	Escrow and Custodial A IV, line 9, or reported an				on answe	red "Yes" to Fori	n 990, Part
	Is the organization an agent, trusted included on Form 990, Part X? If "Yes," explain the arrangement in						☐ Yes ☐ No
b	ir res, explain the arrangement in	ran Aiv and Con	ipiete the follow	ing table.		Am	ount
_	Beginning balance				10	-	
	Additions during the year					1	-
e	Distributions during the year						
f	Ending balance						
2a	Did the organization include an am If "Yes," explain the arrangement in	ount on Form 990					Yes No
Pai	rt V Endowment Funds. Co	mplete if the or	ganization answ	vered "Y	es" to Fo	rm 990, Part IV,	line 10.
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	2581068	2909252				
b	Contributions	420334	172683				
С	Net investment earnings, gains, and losses						
d	Grants or scholarships	(38347)	(84871)				
	Other expenditures for facilities and programs						
f g	Administrative expenses . End of year balance	3161721	2581068				
2	Provide the estimated percentage of	of the year end ba	lance held as				
a b	Board designated or quasi-endown Permanent endowment ► 10	nent ▶					
	Term endowment ▶%			•			
3a	Are there endowment funds not in the	e possession of the	ne organization th	at are hel	ld and adm	inistered for the	Yes No
	organization by						
							3a(i) X
_	(ii) related organizations						3a(ii) <u>X</u>
ь 4	Describe in Part XIV the intended u						30
	t VI Investments—Land, Bu					line 10	. <u>-</u>
ı aı	Description of investment	(a) Cost or of		ost or other		Accumulated	(d) Pook value
	Description of investment	(a) Cost or of	ent) ba	sis (other)		epreciation	(d) Book value
1a	Land			13252			13252
b	Buildings		2	87488	1	82473	105015
С	Leasehold improvements						
	Equipment						
	L Add lines 1a through 1e (Column (d)		90 Part Y colum	n /R) line 1	10(a))		119267

Part VII	orm 990) 2009 Lewis-Clark State Investments-Other Securities		. line 12.	
	Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
Financial de	erivatives			
Closely-held	d equity interests			
Other				
				· · · · · · · · · · · · · · · · · · ·
			 	
		·		
		<u>-</u>		<u> </u>
				· · · · · · · · · · · · · · · · · · ·
	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related	d. See Form 990, Part X	(, line 13.	
(a	a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
_				
				
				
	- · · · -			
				
Total. (Column ((b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Par			1
Ciferal	Residential Real Propert	(a) Description		(b) Book value
GIILEG	Residential Real Propert	у то ве зота		92000
		 		
			·	02000
	mn (b) must equal Form 990, Part X, col. (<u> </u>	92000
Part X	Other Liabilities. See Form 990,		_ _	
1. Federal inco	(a) Description of liability	(b) Amount	_	
	innuities Payable	701500	_	
GIIC	indicies layable	701300	$\overline{}$	
			_	
		· 	_	
Total (Calina	(h) must equal Form COO Part V and (D) line OF 1	701500	_	
Total (Column I	(b) must equal Form 990, Part X, col. (B) line 25.)	701500		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sched	oule D (Form 990) 2009 Lewis-Clark State College Foundation, Inc 82-0	3968	78 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	Stater	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	_
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	10	r Dotum
		de pe	
1	Total revenue, gains, and other support per audited financial statements	· -'	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains on investments	Ì	
a	26	\dashv	İ
b	Recoveries of prior year grants	\dashv	
G G	Other (Describe in Part XIV.)	\dashv	
d e	Add lines 2a through 2d	20	-
3	Subtract line 2e from line 1	· 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	.	
a	Investment expenses not included on Form 990, Part VIII, line 7b		1
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	. 40	5]
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	
Par	† XIII Reconciliation of Expenses per Audited Financial Statements With Exper	ises j	er Return
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b			
С	Other losses	_	
d	Other (Describe in Part XIV.)	-	_
	Add lines 2a through 2d	. 2	
3	Subtract line 2e from line 1	. <u> 3</u>	:
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b	\dashv	
	Other (Besonbo III far XIV.)	4	∄
5	Add lines 4a and 4b	5	
	t XIV Supplemental Information		
and this	art V, Line 4 - Intended use of endowment funds is for scholars attending Lewis-Clark State College	and 4b	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Part II

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

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

OMB No. 1545-0047

Open to Publi 2009

2 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed **Employer identification number** Yes Yes 82 ; 0396878 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. Lewis-Clark State College Foundation, Inc. the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance Name of the organization

ograms

Part IV and Schedule I-1 (Form 990) if additional	I-1 (Form 990) II	additional space	space is needed				△ · · · · · · · ·
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lewis-Clark State College 500 8th Ave. 82-6000935	82-6000935	501(c)(3)	97150	124705	Book	Building	Support of
Lewiston, ID 83501							1
					•		
2 Enter total number of section 501(c)(3) and government organizations	11(c)(3) and governr	nent organizations					

3 Enter total number of other organizations

- 82-0396878

m 990) 2009 Lewis-Clark State College Foundation, Inc. - 82-0396878

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III Grants an

(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 non-cash assistance
Scholarships for students attending Lewis-Clark State College	181	285679	0		
			•		
)		
Part IV Supplemental Information. Complete this part	this part to pr	ovide the information	on required in Part	to provide the information required in Part I, line 2, and any other additional information.	additional information.
Lewis-Clark State College provides annual by the donor.	•	rts to the Fou	ndation for a	y part of the ca	reports to the Foundation for any part of the cash grant that is restricted

Schedule I (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

2009

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Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

ne of the organization
Lewis-Clark State College Foundation, Inc.

Employer identification number 82 : 0396878

Part I Types of Property (b) (a) (c) Check if Number of contributions Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g revenues Art—Works of art Art-Historical treasures . . Art-Fractional interests . . Books and publications . . Clothing and household goods Cars and other vehicles Boats and planes 7 8 Intellectual property 0 Average of high/low of 9 Securities-Publicly traded . stock on the date of gift 10 Securities—Closely held stock . Securities-Partnership, LLC, or trust interests Securities-Miscellaneous 12 Qualified conservation contribution - Historic structures Qualified conservation contribution-Other . . . X 0 Real Estate Appraisal Real estate-Residential . . 15 16 Real estate—Commercial 17 Real estate—Other Collectibles 18 Food inventory 19 Drugs and medical supplies . 20 21 Taxidermy 22 Historical artifacts . . 23 Scientific specimens . . 24 Archeological artifacts . . . 25 Other ▶ (.....) Other ▶ (.....) 26 27 28 Other ▶ (.....) Number of Forms 8283 received by the organization during the tax year for contributions for 0 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a | X contributions? b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M	4 (Form 990) 2009	Lewis-Clark	State Co.	llege Fou	indation,	inc	82-0396878	Page 2
Part II	Suppleme 32b, and	ental Information 33. Also complete	Complete this part fo	this part to per any addition	orovide the onal informa	informationation	n required by F	art I, lines 30b,
See	Attached							
		•••••						
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FORM 990, Schedule M

Line 9 - 3 separate stock gifts were given by 2 donors

Line 15 - 1 residential real estate property gift was given by 1 donor.

Line 32b - Stock transactions are received and liquidated by an independently owned, full service investment firm hired by the Foundation to professionally manage its investment portfolio. A local real estate firm has been hired to sell the residential real estate property gifted to the Foundation.

Line 33 - Revenues from both Line 9 and Line 15 were designated in support of the scholarship programs of the Foundation specifically identified in Part III, Line 4a

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Lewis-Clark State College Foundation, Inc.	82 i 0396878
See Attached	
······	•
	•
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······	

FORM 990, Schedule O

Part III, Line 3 - A significant change was made to the organization's program service regarding the Center for Arts and History. The Center is a multi use building featuring gallery exhibits, performing arts series, fine arts education special events literature, visual and performing arts with programming support provided by Lewis-Clark State College. The Foundation owns the building and supports the overhead expenses associated with the building. In March 2009, the building was significantly damaged by fire resulting in it being uninhabitable for the tax year 2009. Also as a result, the Foundation's support of overhead expenses were significantly minimized for the tax year 2009.

Part VI, Line 11A - Form 990 is completed by the Treasurer and reviewed by the officers of the Board (President, Vice President and Secretary) prior to signature and filing. The completed Form 990 and all schedules are available to all directors for their review.

Part VI, Line 12c - The Secretary of the corporation reviews the annual conflict of interest disclosures to determine any potential issues. While the potential for conflicts of interest are extremely limited due to activities and processes of the corporation, which is primarily scholarships to students attending Lewis-Clark State College, resolution is immediate with on-going monitoring provided by the Secretary as needed

Part VI, Line 19 - Copies of the corporation's governing documents, conflict of interest policy, and financial statements are available to the public upon request

Part XI, Line 2 - The corporation's financial statements are discreetly presented in the financial statements of Lewis-Clark State College as per Governmental Accounting Standards Board (GASB) Statement No 39, Determining Whether Certain Organizations Are Component Units, an amendment of GASB 14. As a component unit of Lewis-Clark State College, the corporation's financial statements are audited by an independent auditing firm. The corporation does not prepare or receive separate audited financial statements.

FORM 990, Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a List all of the organization's current officers, directors, trustees and key employees

(A)			(B)			(0	C)			(D)	(E)	(F)
				Position (check all that apply)								
Last Name	First Name	Title	Average hours per week	Invdividual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from organization and related organizations
Henderson	Robin	President	5 00	X		Χ				0	0	0
Ripley	Mike	Vice President	5 00	Х		Х				0	0	0
Creason	Marsha	Secretary	5 00	Х		Х				0	0	0
Alva	Trudy	Treasurer	10 00			Х				0	0	0
Alford, Jr	AL	Director	0 50	Х						0	0	0
Arndt	Gary	Director	0 25	Χ						0	0	0
Baggett	Green	Director	0 25	Х						0	0	0
Cannon	Brad	Director	0 25	Х						0	0	0
Chavez	Elizabeth	Director	0 25	Х						0	0	0
Doyle	Donna	Director	0 25	Χ						0	0	0
Hall	Joe	Director	0 25	Χ						0	0	0
Hayes	Howard	Director	0 25	Х						0	0	0
Kane	Julie	Director	0 25	Х						0	0	0
Koenen	Carl	Director	0 50	Х						0	0	0
Mahoney	Colleen	Director	0 50	Х						0	0	0
Mannschreck	William	Director	0 50	Х						0	0	0
McNichols	Katıe	Director	0 25	Х						0	0	0
Poe	Don	Director	0 25	Х						0	0	0
Pope	Janet	Director	0 25	Х						0	0	0
Romesburg	Dave	Director	0 25	X						0	0	0
Saxton	Eadle	Director	0 50	Х						0	0	0
Schmidt	Brian	Director	0 50	Х						0	0	0
Seehafer	Bill	Director	0 25	Х						0	0	0
Spencer	Craig	Director	0 25	Χ						0	0	0
Stedman	Kırk	Director	0 25	Χ						0	0	0
Stegner	Joe	Director	0 25	Χ						0	0	0
Thomason	Mike	Director	0 25	Х						0	0	0

FO	R	М	90	n
				,,

Part III: Statement of Program Service Accomplishments

4a) (Code_____) (Expenses \$285678 including grants of \$285678) (Revenue \$766435)

Foundation Scholarship Programs consists of monies received from private donors and distributions from endowment funds restricted specifically for scholarships. These awards are to individuals who are attending Lewis-Clark State College, a public four-year college owned and operated by the State of Idaho. Students are selected from a diverse student population based upon specific scholarship criteria, of which one may be financial need.

The scholarship awards vary both in number and amount each year depending upon the availability of funds. 181 students benefited from the Foundation Scholarship Programs in the tax year 2009. Scholarship amounts varied, ranging from \$100 to \$3000 each. A total of \$285678 was awarded.

4b) (Code_____) (Expenses \$221855 including grants of \$221855 (Revenue \$69847) **Donations and Contributions to Benefit LCSC:**

In the process of raising funds for the Lewis-Clark State College Foundation, donors sometimes specify usages for the contributions that fall outside the aegis of the Foundation. For example, an alumnus solicited for the Annual Fund makes a \$100 gift and requests that it be used for Nursing. In such a case, the Foundation receives and acknowledges the gift, and passes the funds on to the Nursing Division of Lewis-Clark State College.