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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)

2010

OMB No 1545-0047

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

Open to Public Inspection

C Name of organization			
B Check if applicable LINDENWOOD COLLEGE	D Empl	oyer i	identification number
Address change	43-0	652	649
Name change LINDENWOOD UNIVERSITY	E Telep	hone	number
Initial return  Number and street (or P O box if mail is not delivered to street address)  Room 209 SOUTH KINGSHIGHWAY			9-4970
Amended return  City or town, state or country, and ZIP + 4  ST CHARLES, MO 633011693	<b>G</b> Gross	receip	ots \$ 162,594,681
· · · · · · · · · · · · · · · · · · ·			
F Name and address of principal officer  JAMES D EVANS PRESIDENT  H(a)	Is this a group return	for affil	iates? Yes No
209 SOUTH KINGSHIGHWAY	) Are all affiliates ind If "No," attach		Yes No
I Tax-exempt status	Group exempt		
J Website: ► http://www.lindenwood.edu			
K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Ye	ear of formation 18	53	<b>M</b> State of legal domicile
Daw T. Sumana au			МО
Part I Summary			
GLOBAL SOCIETY  Check this box   If the organization discontinued its operations or disposed of more	than 25% of its	net a	assets
3 Number of voting members of the governing body (Part VI, line 1a)	ļ	3	37
3 Number of voting members of the governing body (Part VI, line 1a)		4	33
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	. [	5	2,405
6 Total number of volunteers (estimate if necessary)		6	209
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		7a	618,960
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		7b	-368,541
	Prior Year		Current Year
8 Contributions and grants (Part VIII, line 1h)	4,674,0	027	3,950,659
9 Program service revenue (Part VIII, line 2g)	142,124,5	516	154,606,242
9 Program service revenue (Part VIII, line 2g)	3,453,2	276	3,933,432
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and IIe)	112,5	591	104,348
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	150,364,4	410	162,594,681
12)	32,196,7	-	35,467,091
14 Benefits paid to or for members (Part IX, column (A), line 4)	32,130,	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines	36,789,2	Ť	42,998,998
5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25) ▶ 702,415		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ►702,415			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	52,612,9	903	61,113,094
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	121,598,9	940	139,579,183
19 Revenue less expenses Subtract line 18 from line 12	28,765,4	470	23,015,498
Be 20 Total assets (Part X, line 16)	eginning of Curre Year	nt	End of Year
20 Total assets (Part X, line 16)	391,311,0	069	436,907,980
21 Total liabilities (Part X, line 26)	16,581,3	-	16,780,179
The deposits of faile parameter bushing 21 from fine 25	374,729,7	768	420,127,801
Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedule knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is backnowledge.  Sign Here  James D Evans President			
Type or print name and title			
Print/Type Preparer's signature Preparer's signature Preparer's signature Preparer's signature NPMG LLP	Check if sell employed		PTIN
Paid Firm's name KPMG LLP	етірюуец і	1	Firm's EIN
Preparer Firm's address 191 West Nationwide Blvd Ste 500			Phone no • (614) 249-

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

FORM	-orm 990 (2010)	Page 2
Par		_
Part III Statement of Program Service Accomplishments		
EDU INTE FOC UNR ETH LEAL RELA	EDUCATED, RESPONSIBLE CITIZEN OF A GLOBAL COMMUNITY LINTEGRATIVE LIBERAL ARTS CURRICULUM, 2 OFFERING PROFESS FOCUSING ON THE TALENTS, INTERESTS, AND FUTURE OF THE ST JNRESTRICTED SEARCH FOR TRUTH, 5 AFFORDING CULTURAL EN ETHICAL LIFESTYLES, 7 DEVELOPING ADAPTIVE THINKING AND LEARNING LINDENWOOD IS AN INDEPENDENT, PUBLIC-SERVING RELATIONSHIP WITH THE PRESBYTERIAN CHURCH AND IS FIRML'INCLUDE BELIEF IN AN ORDERED, PURPOSEFUL UNIVERSE, THE D	NDENWOOD IS COMMITTED TO 1 PROVIDING AN IONAL AND PRE-PROFESSIONAL DEGREE PROGRAMS, 3 UDENT, 4 SUPPORTING ACADEMIC FREEDOM AND THE RICHMENT TO THE SURROUNDING COMMUNITY, 6 PROMOTING PROBLEM-SOLVING SKILLS, 8 FURTHERING LIFELONG , LIBERAL ARTS UNIVERSITY THAT HAS A HISTORICAL / ROOTED IN JUDEO-CHRISTIAN VALUES THESE VALUES IGNITY OF WORK, THE WORTH AND INTEGRITY OF THE
2		
	If "Yes," describe these new services on Schedule O	
3		es in how it conducts, any program
	If "Yes," describe these changes on Schedule O	
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947	(a)(1) trusts are required to report the amount of grants and
4a	<b>4a</b> (Code ) (Expenses \$ 43,356,218 including	grants of \$ 35,467,091 ) (Revenue \$ 121,659,190 )
	SPECIALISTS AND DOCTORAL DEGREES AND AS OF FISCAL YEAR ENDING 6/30/	
4b		
	THAT SERVES AS A COORDINATING CENTER ON CAMPUS AND WORKS WITH AF	PROXIMATELY 74 STUDENT CLUBS AND ORGANIZATIONS TO FACILITATE THEIR
<b>4</b> c	7	
4d	· - · · · · · · · · · · · · · · · · · ·	-
4e	<b>4e</b> Total program service expenses►\$ 125,228,131	
	F9	

Part TV	Checklis	st 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part V</i>	10	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 $\textcircled{\textbf{5}}$	21		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
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		No
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		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable .			
Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
Ia 17,35	56		
Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0		
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	' <sub>••</sub> ا		
gaming (gambling) winnings to prize winners?	1c		
Statements filed for the calendar year ending with or within the year covered by this			
return	) 5		
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Did the organization have unrelated business gross income of \$1,000 or more during the		.,	
year?	3a 3b	Yes Yes	
At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	165	
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
If "Yes," enter the name of the foreign country 🕨			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		'''
If les to fine 3a of 3b, did the organization me Form 8886-17	5c		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	<b>6b</b>		
Organizations that may receive deductible contributions under section 170(c).			
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to <b>7c</b>		l No
If "Yes," indicate the number of Forms 8282 filed during the year			
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
required?	7g		
Form 1098-C?	7h		
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		
Sponsoring organizations maintaining donor advised funds.			
Did the organization make any taxable distributions under section 4966?	9a		
Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
Section 501(c)(7) organizations. Enter			
Initiation fees and capital contributions included on Part VIII, line 12 10a			
Cross receipts uncluded on Form 000 Dawl VIII line 12 form while were at the least I	_		
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
facilities			
facilities  Section 501(c)(12) organizations. Enter			
facilities  Section 501(c)(12) organizations. Enter			
facilities  Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			l
facilities  Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			<u></u>
Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	12a		
Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	12a		
Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	12a		
Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	12a		
Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			No

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

_Se	ection A. Governing Body and Management					
					Yes	No
			I			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	37			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	33			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	siness •	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Does the organization have members or stockholders?			6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		or more members of the	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockhold		r other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written acti					
	year by the following					
а	The governing body?			8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Sched	ule O		9		Νo
	ection B. Policies (This Section B requests information about policies not evenue Code.)	requ	ired by the Internal			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o			10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governi	ng boo	dy before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	Form 9	990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?	ıntere	ests that could give rise	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance will describe in Schedule O how this is done	th the	policy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?			13	Yes	
14	Does the organization have a written document retention and destruction policy? .			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O $$ (See instructions )					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?			16a		No
h	If "Yes," has the organization adopted a written policy or procedure requiring the org			04		
_	participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	en ste	ps to safeguard the	16b		
Se	ection C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Cl. 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 interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization DAVID KANDEL

209 SOUTH KINGSHIGHWAY ST CHARLES, MO 633011693 (636) 949-4970

# <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ	nization nor any r	sate	d any current office	er, director, or trust	ee							
(A) Name and Title	(A) Name and Title Average hours per			(C) Position (check all that apply)				( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	ighest compensated microyee Key employee Officer Institutional Trustee		Officer Institutional Trustee Individual trustee or director		Highest compensated employee  Key employee		Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table												

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

	<b>(A)</b> Name and Title	(B) Average hours per		tion that a			ıll		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related		(F) Estima amount o compens	ted f other
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t rganızatı relate organıza	he on and ed
See A	Additional Data Table												
								<del>                                     </del>					
								$\vdash$			+		
								$\vdash$			+		
											_		
								-					
1b	Sub-Total			<del></del>	<u> </u>	<u> </u>	٠	<b> </b>			+		
С	Total from continuation sheets						Þ						
d	Total (add lines 1b and 1c) .							<b>*</b>	2,234,077	ı	0	2	215,987
2	Total number of individuals (incl \$100,000 in reportable compen						above	) who	received more tha	n			
										_		Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sci					ey e			r highest compens	ated employee	3		No
4	For any individual listed on line organization and related organiz										4	Yes	
5	Did any person listed on line 1a services rendered to the organiz										5		N o

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PFOODMAN HOLDINGS LLC 15480 CLAYTON ROAD STE 301 BALLWIN, MO 63011	FOOD SERVICE	3,773,164
COVENTRY HEALTH CARE OF MO INC PO BOX 6473 CAROL STREAM, IL 601976473	HEALTH INSURANCE	1,989,610
BLANTON CONSTRUCTION INC 550 TURNER BOULEVARD ST PETERS, MO 63376	CONSTRUCTION LABOR	1,836,009
BIRKEL ELECTRIC 652 TRADE CENTER BOULEVARD CHESTERFIELD, MO 63005	ELECTRICAL SERVICES	1,552,582
QUALITY HEATING AIR CONDITIONING PO BOX 11968 ST LOUIS, MO 63112	HVAC SUPPLIER	1,590,240
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►108	who received more than	

rt V		Statement of Reven	ue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
								513, o
ا ون	la	Federated campaigns	1a					514
and other similar amounts		Membership dues						
Ĕ		•						
ਲ		Fundraising events						
<u></u>		Related organizations						
<b>≅</b>	е	Government grants (contributions)	1e	957,025				
2	f	All other contributions, gifts, grants similar amounts not included above		2,993,634				
ᅙ	g			122,981				
ᇎ	h	Total. Add lines 1a-1f	<b>▶</b>		3,950,659			
-	<u></u>	. Stan Add Intes Id-II i		Business Code	_,_00,000			
	2a			Dusiness Code				
		TUITION AND FEES		900099		121,659,190		<u> </u>
	b	AUXILIARY - ROOM AND BOARD		900099		29,807,149		
	Q C	SPIRIT SHOPPE		900099	863,685		FAE 77-	
		ICE ARENA ATHLETICS		713990	525,773 302,178		525,773 93,187	
		All other program service re	venue	900099	302,178	208,991 1,448,267	93,187	
					1,448,267			
-	<u> </u>	Total. Add lines 2a-2f			154,606,242			
3	3	Investment income (including	·	_	3,599,533			3,599,
		and other similar amounts) Income from investment of tax-ex		-	3,399,333 			3,399,
		Royalties		-				
1	,	Royalties	(ı) Real	(II) Personal				
١,	5a	Gross Rents	(I) Real	(II) I ersonar				
		Less rental						
	_	expenses Rental income						
		or (loss)						
-	<u>d</u>	Net rental income or (loss)		(v) O H				
-	7a	Gross amount	(i) Securities 999,848	(II) O ther				
1	·u	from sales of assets other						
		than inventory	555.040					
	Ь	Less cost or other basis and	665,949					
	_	sales expenses Gaın or (loss)	333,899					
		Net gain or (loss)	·		333,899			333,8
-		Gross income from fundraisi			,			<u> </u>
	-	(not including	<b>J</b>					
		\$ of contributions reported on	line 1c)					
		See Part IV, line 18						
			а	113,602				
		Less direct expenses .		46,721				
		Net income or (loss) from fu			66,881			66,8
9			ctivities See Part IV, line 19 .					
			ming petivities	b	n			
<u> </u>		Net income or (loss) from ga		<del></del>				<u> </u>
	⊾∪d	Gross sales of Inventory, les returns and allowances	a a					
	b	Less cost of goods sold .	. b					
	С	Net income or (loss) from sa	les of inventory 🕨					
		Miscellaneous Revenue		Business Code				
[	11a	OTHER REVENUE		900099	37,467	37,467		<u></u>
	b	·						
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d	<sub>.</sub>		37,467			
			▶	Ĺ	37,467			<u> </u>
:	12	Total revenue. See Instructi	ons		162 594 681		619.060	4 000 3

### Part IX Statement of Functional Expenses

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

A	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			D).	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	·		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	35,467,091	35,467,091		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,592,096	757,475	549,550	285,071
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	35,612,272	32,871,710	2,499,834	240,728
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	779,964	667,516	99,169	13,279
9	Other employee benefits	2,270,237	2,060,531	183,942	25,764
10	Payroll taxes	2,744,429	2,478,944	225,261	40,224
а	Fees for services (non-employees) Management	0			
b	Legal	76,125		76,125	
c	Accounting	124,483		124,483	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			_
f	Investment management fees	0			
g	Other	1,173,514	609,089	564,425	
12	Advertising and promotion	839,787	602,535	237,252	
13	Office expenses	4,128,588	2,574,316	1,476,601	77,671
14	Information technology	3,805,310	3,115,044	690,266	
15	Royalties	0			
16	Occupancy	691,333	691,333		
17	Travel	663,816	543,485	108,781	11,550
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			· · ·
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,350,684	8,598,200	744,969	7,515
23	Insurance	829,328		829,328	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	FOOD SERVICE	3,844,758	3,844,758		
b	REPAIRS & MAINTENANCE	8,697,779	6,024,908	2,672,871	
c	UTILITIES	3,684,427	3,441,491	242,323	613
d	ATHLETICS	4,075,185	4,075,185		
e	STUDENT WORK & LEARN	13,175,459	12,343,704	831,755	
f	All other expenses	5,952,518	4,460,816	1,491,702	
25	Total functional expenses. Add lines 1 through 24f	139,579,183	125,228,131	13,648,637	702,415
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				m <b>990</b> (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			13,405,051	2	11,328,747
	3	Pledges and grants receivable, net			3,846,174	3	4,443,095
	4	Accounts receivable, net			3,823,167	4	4,412,201
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
S S		Schedule L				6	
Assets	7	Notes and loans receivable, net		690,269	7	634,470	
⋖	8	Inventories for sale or use			395,252	8	450,107
	9	Prepaid expenses and deferred charges			620,354	9	843,442
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	348,195,172			
	b	Less accumulated depreciation	10b	74,794,898	253,668,732	10c	273,400,274
	11	Investments—publicly traded securities			111,082,697	11	137,087,784
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14	_	
	15	Other assets See Part IV, line 11		3,779,373	15	4,307,860	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .		391,311,069	16	436,907,980	
	17	Accounts payable and accrued expenses .	9,800,429	17	9,235,003		
	18	Grants payable			18		
	19	Deferred revenue			5,171,597	19	5,570,806
	20	Tax-exempt bond liabilities			20		
Sə	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
bilities	22	Payables to current and former officers, directors, trustees, keepnloyees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s.			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			1,609,275	25	1,974,370
	26	Total liabilities. Add lines 17 through 25			16,581,301	26	16,780,179
S		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete	lines 27			_
e)		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			360,829,218	27	403,426,416
Ва	28	Temporarily restricted net assets			3,678,185	28	5,715,944
Fund	29	Permanently restricted net assets			10,222,365	29	10,985,441
Fu		Organizations that do not follow SFAS 117, check here ▶   a	nd cor	nplete			
ě		lines 30 through 34.				_	
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances			374,729,768		420,127,801
	34	Total liabilities and net assets/fund balances			391,311,069	34	436,907,980

Par	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		162.5	594,68
2	Total expenses (must equal Part IX, column (A), line 25)	2			579,183
3	Revenue less expenses Subtract line 2 from line 1	3		23,0	15,498
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		374,7	729,768
5	Other changes in net assets or fund balances (explain in Schedule O)	5		22,3	382,53!
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		420,1	127,801
Par	The Financial Statements and Reporting  Check of Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	▼ 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?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

LINDENWOOD COLLEGE

Name of the organization

# **Public Charity Status and Public Support**

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

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

Inspection

**Employer identification number** 

									43-06526		
	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box.)										
The	rganiz						-				
1	Г	A chur	ch, conventı	on of churches, or as	ssociation of	churches de	escribed in <b>se</b>	ction 170(b)	)(1)(A)(i).		
2	굣	A scho	ol described	in <b>section 170(b)(1</b>	.)( <b>A</b> )(ii). (At	tach Schedu	le E )				
3	Γ	A hosp	ıtal or a coo	perative hospital sei	rvice organiz	atıon descrıl	bed in <b>sectio</b> i	170(b)(1)(	A)(iii).		
4	Γ			n organization operat ty, and state	ed in conjun	ction with a l	hospital desc	rıbed ın <b>sect</b>	ion 170(b)(1	l <b>)(A)(iii).</b> En	ter the
5	Γ	An orga	anızatıon op	erated for the benefit	t of a college	or universit	y owned or op	perated by a	governmenta	al unit descri	bed in
		sect ion	170(b)(1)(	A)(iv). (Complete P	art II )						
6	Γ	A feder	al, state, or	local government or	government	al unıt descr	nbed in <b>sectio</b>	on 170(b)(1)	(A)(v).		
7	Γ	describ	ed in	at normally receives  A)(vi) (Complete P		l part of its s	support from	a governmer	ntal unit or fro	om the gener	al public
8	Г	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )									
9		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross									
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of									
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
		acquired by the organization after June 30, 1975 See section $509(a)(2)$ . (Complete Part III )									
10	Γ	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).									
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of									
				y supported organiza						e <b>section 50</b>	<b>9(a)(3).</b> Check
			that descri Type I	bes the type of supp  b Type II		_	omplete lines - Functionall	_		Type	III - Other
•	_		* *	ox, I certify that the							
е	,		_	on managers and oth	_				•		•
		section	1509(a)(2)	-		•		•			
f				received a written de	etermination	from the IRS	Sthat it is a T	ype I, Type	II or Type I	II supporting	g organizatio <u>n,</u>
			this box	2006, has the organı	zation accon	tod any gift	or contributio	n from any o	of the		ı
g			ng persons?	2000, has the organi	zation accep	ted any gnt	or contributio	in noniany c	or the		
				rectly or indirectly c	ontrols, eithe	er alone or to	gether with p	ersons desc	rıbed ın (ıı)		Yes No
		and (111	) below, the	governing body of th	e the suppor	ted organıza	tıon?			<b>11g(</b> i	j)
		(ii) a fa	mily membe	er of a person descril	bed ın (ı) abo	ve?				11g(i	i)
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?									
h		Provide	e the followir	ng information about	the supporte	d organizati	on(s)				
				, <u>, .</u>			1				
				(iii) Type of	(iv)		(v)		(vi)		
	(i)			organization	Is the		Did you not	ıfy the	Is the		
	Name	of	(ii)	(described on	organızatı col (ı) lıst		organizati		organızatı		<b>(vii)</b> A mount of
	uppor		EIN	lines 1 - 9 above	your gove		col (ı) of	•	col (ı) orga		support
10	ganıza	ation		or IRC section	docume	nt?	suppor	l'	ın the U	5 (	
				(see inst ruct ions))	Yes	No	Yes	No	Yes	No	
				,,							

Total

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

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

S	ection A. Public Support		and to quanty t			out complete				
	endar year (or fiscal year beginning									
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	ınclude any "unusual									
	grants ")									
2	Tax revenues levied for the									
	organization's benefit and either									
	paid to or expended on its									
_	behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
_	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included on line 1 that exceeds 2% of the									
	amount shown on line 11, column									
	(f)									
6	Public Support. Subtract line 5 from									
Ū	line 4									
S	ection B. Total Support		<u> </u>	<b>I</b> I.						
	endar year (or fiscal year beginning									
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total			
7	A mounts from line 4									
8	Gross income from interest,									
Ū	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar									
	sources									
9	Net income from unrelated									
	business activities, whether or									
	not the business is regularly									
	carried on									
10	Other income Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV )									
11	Total support (Add lines 7									
	through 10)					<u> </u>				
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12				
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı				
	check this box and <b>stop here</b>						<b>►</b>			
	-tiC Ct-tiC D-l	L'a Carana at B								
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))						
	· ·		•	II Column (1))		14				
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15				
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check				
_	and <b>stop here.</b> The organization qualifies as a publicly supported organization									
b	b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this									
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>a 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14									
1/a										
	is 10% or more, and if the organization made						rt a d			
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo				
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □			
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ									
							v			
	Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.									
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1			
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	<b>▶</b> □			

organization

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

**▶**□

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

# Software ID: Software Version:

**EIN:** 43-0652649

Name: LINDENWOOD COLLEGE

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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per	Posi t	tion (	che	′)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
JAMES D EVANS PRESIDENT	400	Х		Х				336,983	0	22,698	
THOMAS R HUGHES BOARD MEMBER	1 0	Х						0	0	0	
BEN F BLANTON VICE CHAIRMAN	1 0	Х		х				0	0	0	
JIM J SHOEMAKE CHAIRMAN	1 0	Х		х				0	0	0	
RUAMJERD PONGCHAROENKIAT BOARD MEMBER	1 0	Х						0	0	0	
JANE CALVERT ROGERS BOARD MEMBER	1 0	Х						0	0	0	
PATRICK S SULLIVAN BOARD MEMBER	1 0	Х						0	0	0	
NANCY CALVERT BOARD MEMBER	1 0	Х						0	0	0	
JO SEPH G MATTHEWS BO ARD MEMBERS	1 0	Х						0	0	0	
RANDALL SIMONS BOARD MEMBER	1 0	X						0	0	0	
DUANE FLOWERS BOARD MEMBER	1 0	Х						0	0	0	
ROBERT LOWERY SR BOARD MEMBER	1 0	Х						0	0	0	
JACKIE BROCK BOARD MEMBER	1 0	Х						0	0	0	
J MICHAEL CONOYER BOARD MEMBER	1 0	Х						0	0	0	
DAVID G COSBY BOARD MEMBER	1 0	Х						0	0	0	
JOHN W HAMMOND TREASURER	1 0	Х		х				0	0	0	
KEVIN BRAY BOARD MEMBER	1 0	Х						0	0	0	
ELIZABETH HUSS BOARD MEMBER	1 0	Х						0	0	0	
MARK KERN BOARD MEMBER	1 0	Х						0	0	0	
DOUG MUELLER BOARD MEMBER	1 0	Х						0	0	0	
RONALD WOHMES BOARD MEMBER	1 0	Х						0	0	0	
DONALD PAULE BOARD MEMBER	1 0	Х						0	0	0	
HERB ROACH BOARD MEMBER	1 0	Х						0	0	0	
DALE ROLLINGS BOARD MEMBER	1 0	Х						0	0	0	
JERRY SCHEIDEGGER BOARD MEMBER	1 0	Х						О	0	0	

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

Compensated Employees, and	Independ	lent C	ontr	act	ors	3				
(A) Name and Title	(B) Average hours per		tion ( that a	che	(D) (E) ck all Reportable Reporta compensation compensa		<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
GARY N SHAW BOARD MEMBER	10	X						0	0	0
RICK SULLIVAN BOARD MEMBER	1 0	Х						0	0	0
JONATHAN FORD BOARD MEMBER	1 0	Х						0	0	0
GRACE HARMON BOARD MEMBER/SECRETARY	1 0	Х		х				0	0	0
MAURICE D NEWBERRY BOARD MEMBER	1 0	Х						0	0	0
RONNIE D OSBORN BOARD MEMBER	1 0	Х						0	0	0
GASPARE CALVARUSO BOARD MEMBER	1 0	Х						0	0	0
JAMES E ISSLER BOARD MEMBER	1 0	Х						0	0	0
PATRICIA AHRENS BOARD MEMBER	1 0	Х						0	0	0
TOM DUNNE JR BOARD MEMBER	1 0	Х						0	0	0
JAN LEWIEN BOARD MEMBER	1 0	Х						0	0	0
LUCY D RAUCH BOARD MEMBER	1 0	Х						0	0	0
HENRY J ELMENDORF BOARD MEMBER	1 0	Х						0	0	0
LARRY G KELLEY BOARD MEMBER	1 0	Х						0	0	0
RICHARD BOYLE VICE PRESIDENT	40 0			х				198,345	0	14,946
LUCY S MORROS VICE PRESIDENT	40 0			х				119,004	0	11,032
JULIE M MUELLER VICE PRESIDENT	40 0			х				251,539	0	17,202
JOHN R OLDANI VICE PRESIDENT	40 0			х				176,781	0	8,810
JANN WEITZEL VICE PRESIDENT	40 0			х				136,532	0	17,448
DAVID KANDEL CHIEF FINANCIAL OFFICER	40 0			х				124,893	0	16,866
JERRY M BLADDICK VICE PRESIDENT	40 0			х				141,320	0	9,202
ERIC O STUHLER LEGAL COUNSEL	40 0				х			111,365	0	16,251
PETER BEZEMES Director of Fine & Perf Arts	40 0					х		153,965	0	12,690
EMILIE JOHNSON PROFESSOR	40 0					х		125,490	0	19,860
BRADLEY SODERBERG HEAD MEN'S BASKETBALL	40 0					х		122,406	0	17,007

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

	•									
(A) Name and Title	(B) Average hours per week	1	tion that a	•	/)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		Individual trustee or director	stitutional Trustee	Officei	) emplojee	Highest compensated employee	Former		MISC)	related organizations
MARILYN ABBOTT DEAN OF SCIENCES	40 0					Х		117,899	0	15,476
DANIEL KEMPER DEAN OF LCIE	40 0					х		117,555	0	16,499

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

roilli 990, Pait III -	- 4 Program Service	ce Accompi	sililients (See the Histi u	ctions)	
4d. Other program servi	ces				
(Code OTHER REVENUE	) (Expenses \$	39,865,985	including grants of \$	) (Revenue \$	2,311,952 )

DLN: 93493135062232

OMB No 1545-0047

Department of the Treasury

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ema	al Revenue Service ► Attach to Form 990. ► See separate ins	tructions.			nspect	10h
	me of the organization IDENWOOD COLLEGE		Employer	dentificatio	n numbe	er
	DELITIOOD COLLEGE		43-06526	49		
Pa	art I Organizations Maintaining Donor Advised Funds or Other	r Similar Fur	nds or Ad	counts.	omple	te if the
	organization answered "Yes" to Form 990, Part IV, line 6.	£d.a	(h) F			
	Total number at end of year	Tunds	( <b>b)</b> Fu	nds and othe	eraccou	nts
,	Aggregate contributions to (during year)					
- 1	Aggregate grants from (during year)					
,  -	Aggregate value at end of year					
;	Did the organization inform all donors and donor advisors in writing that the asse funds are the organization's property, subject to the organization's exclusive leg		advised		Yes	┌ No
i	Did the organization inform all grantees, donors, and donor advisors in writing the used only for charitable purposes and not for the benefit of the donor or donor ad conferring impermissible private benefit	at grant funds m			Yes	┌ No
Pa	rt II Conservation Easements. Complete if the organization answ	ered "Yes" to	Form 990	<u>, Part IV, l</u>	ıne 7.	
<u>•</u>		servation of an h	rtified histo	oric structur ation	e	
				ld at the En	d of the	Year
а	Total number of conservation easements	-	2a			
Ь	Total acreage restricted by conservation easements	<u> </u>	2b			
<b>C</b>	Number of conservation easements on a certified historic structure included in (	` '	2c			
d	Number of conservation easements included in (c) acquired after 8/17/06	<u> </u>	2d			
3	Number of conservation easements modified, transferred, released, extinguished the taxable year -	d, or terminated	by the orga	anızatıon duı	ring	
ŀ	Number of states where property subject to conservation easement is located $lacktriangle$		_			
;	Does the organization have a written policy regarding the periodic monitoring, in enforcement of the conservation easements it holds?	spection, handli	ng of violat	ions, and	Yes	┌ No
i	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conse					
•	Amount of expenses incurred in monitoring, inspecting, and enforcing conservati	ion easements o	luring the y	rear 🟲 \$		
ŀ	Does each conservation easement reported on line 2(d) above satisfy the requir $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	rements of secti	on		Yes	┌ No
)	In Part XIV, describe how the organization reports conservation easements in it balance sheet, and include, if applicable, the text of the footnote to the organizat the organization's accounting for conservation easements		•	•		
ar	Organizations Maintaining Collections of Art, Historical T Complete if the organization answered "Yes" to Form 990, Part 1		r Other S	imilar As	sets.	
la	If the organization elected, as permitted under SFAS 116, not to report in its revart, historical treasures, or other similar assets held for public exhibition, educator provide, in Part XIV, the text of the footnote to its financial statements that described in the control of the control of the footnote to its financial statements.	tion or research cribes these itei	ın furthera ns	nce of public	service	₽,
b	If the organization elected, as permitted under SFAS 116, to report in its revenu historical treasures, or other similar assets held for public exhibition, education, provide the following amounts relating to these items					
	(i) Revenues included in Form 990, Part VIII, line 1		ı	<b>-</b> \$	2	79,794
	(ii) Assets included in Form 990, Part X		•	-\$	4,2	27,119
<u> </u>	If the organization received or held works of art, historical treasures, or other sir following amounts required to be reported under SFAS 116 relating to these item					
а	Revenues included in Form 990, Part VIII, line 1		•	<b>-</b> \$		

Assets included in Form 990, Part X

'ar	<b>Title</b> Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	toric	<u>cal Tre</u>	<u>easur</u>	es, or O	the	<u>r Similai</u>	r Asse	ets (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	owing th	at are	a significa	nt u	se of its co	ollectio	n	
а	Public exhibition		d	$\vdash$	Loan or	rexch	ange progr	ams				
b	Scholarly research		e	Γ	Other							
С	✓ Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v they	further	the or	ganızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								ıılar	Г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang	•					answered	Y" b	es" to Fo	rm 990	0,	
	Part IV, line 9, or reported an ar											
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ions o	r other ass	ets r	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	ble		_					
_							F	_		Amo	unt	
C	Beginning balance						<b>⊢</b>	1c				
d	Additions during the year							1d				
e	Distributions during the year						<u> </u>	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ	Yes	∏ No
	If "Yes," explain the arrangement in Part XI\											
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		were Prior			orm 990, vo Years Back		t IV, line )Three Years		a <b>\</b> Eour V	ears Back
La	Beginning of year balance	86,486,542	(D		3,591,943		71,753,9	_	Jilliee feats	S DACK (	e)roui ii	ears back
ь	Contributions	5,800,042			,725,373		13,486,68	_				
c	Investment earnings or losses	21,368,184			,654,442		-16,418,5	_				
d	Grants or scholarships											
e	Other expenditures for facilities							$\dagger$				
	and programs							_				
f	Administrative expenses	322,936			485,216		230,10	_				
g	End of year balance	113,331,832		86	,486,542		68,591,9	43				
2	Provide the estimated percentage of the year	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	88 730 %										
b	Permanent endowment ► 9690 %											
c	Term endowment ► 1 580 %											
3a	Are there endowment funds not in the posse	ssion of the organiza	ation 1	that a	re held a	and ac	dministered	l for	the			
	organization by  (i) unrelated organizations									3a(i)	Yes Yes	No
	(ii) related organizations		•	•				•		3a(ii)	_	No.
b	If "Yes" to 3a(II), are the related organization							٠. '	· · · · ·	3b		
1	Describe in Part XIV the intended uses of th	•										
Pai	t VI Investments—Land, Building	s, and Equipme	nt. S	ee F	orm 99	0, Pa	rt X, line	10.				
	Description of investment				Cost or otl (Investme		( <b>b)</b> Cost or otl basıs (other		(c) Accumu depreciat		( <b>d</b> ) Boo	ok value
la	Land						50,709,	125			50	),709,125
b	Buildings				4,268,	,865	213,538,	,772	56,80	09,445	160	0,998,192
c	Leasehold improvements						7,943,	,320	4(	08,888	7	7,534,432
d	Equipment						21,712,	.043	17,57	76,565	4	1,135,478
e	Other						50,023,	.051			50	),023,047

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

273,400,274

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)	(2)200K varae	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990 Part X line	13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		,
		<u> </u>
<del>-</del>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
FUNDS HELD IN CUSTODY FOR OTHERS	635,269	
OBLIGATIONS UNDER SPLIT-INTEREST		
AGREEMENTS	60,982	
REFUNDABLE U.S. GOVERNMENT STUDENT LOANS	697,767	
PAYABLE TO LIFE ESTATE ANNUITANTS	580,352	
	, -	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	1,974,370	

j Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	162,594,681
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	139,579,183
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	23,015,498
4	Net unrealized gains (losses) on investments	4	22,289,595
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	92,940
9	Total adjustments (net) Add lines 4 - 8	9	22,382,535
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	45,398,033
Par	<b>XIII</b> Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	149,510,125
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-13,084,556
3	Subtract line <b>2e</b> from line <b>1</b>	3	162,594,681
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	162,594,681
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	
1	Total expenses and losses per audited financial statements	1	104,112,092
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	104,112,092
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	35,467,091
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	139,579,183
	TVIV Supplemental Information		

### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Identifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	Return Reference	SCHEDULE D, PART XI LINE 8 CHANGE IN SPLIT-INTEREST AGREEMENT - 92,940 RECONCILIATION OF REVENUE SCHEDULE D, PART XII LINE 2D SCHOLARSHIPS - (35,467,091) CHANGE IN SPLIT INTEREST AGREEMENT - 92,940 RECONCILIATION OF EXPENSES SCHEDULE D, PART XIII LINE 4B SCHOLARSHIPS - 35,467,091 PURPOSE FOR LINDENWOOD UNIVERSITY'S COLLECTIONS PART III LINE 4 THE UNIVERSITY HAS OBTAINED OVER THE YEARS BY PURCHASE OR DONATION VARIOUS COLLECTIONS FOR THE HISTORIC DANIEL BOONE HOME AND BOONEFIELD VILLAGE THE MISSION OF THIS HISTORIC SITE IS TO PRESERVE AND PROTECT THE HISTORIC STRUCTURES, COLLECTIONS AND NATURAL RESOURCES THAT COMPRISE THE FACILITY, TO INTERPRET THE EARLY AMERICAN FRONTIER EXPERIENCE IN MISSOURI AS EXEMPLIFIED BY THE BOONE FAMILY AND THEIR CONTEMPORARIES, AND TO PROVIDE A CENTER FOR FULLY INTEGRATED LEARNING ON ALL EDUCATIONAL LEVELS FROM ELEMENTARY THROUGH THE UNIVERSITY LEVEL THE COLLECTIONS OF THE BOONE FAMILY AND ITS PLACE IN AMERICAN HISTORY (SPECIFICALLY WITH REGARD TO WESTWARD EXPANSION) AND TO EDUCATE THE PUBLIC AND UNIVERSITY STUDENTS ABOUT THE BOONE FAMILY'S STORY AND THE CHARACTER TRAITS OF THE "AMERICAN PIONEER" THE SECONDARY GOAL OF THE COLLECTIONS IS TO PRESERVE AND EDUCATE PUBLIC AND UNIVERSITY STUDENTS ABOUT THE CRAFTS AND TRADES EMPLOYED BY THE PEOPLE OF MISSOURI IN THE 1800S THE SITE HAS TWO DISTINCT COLLECTIONS, THE BOONE COLLECTION AND THE STUDY AND EDUCATION COLLECTION PURPOSE FOR LINDENWOOD UNIVERSITY'S ENDOWMENT FUND PART V, LINE 4 THE
		PERMANENT ENDOWMENT CONSISTS OF DONOR PRINCIPAL RESTRICTED GIFTS THAT THE ANNUAL INCOME MUST BE USED FOR THE FOLLOWING UNIVERSITY
		EXPENSES TYPE OF RESTRICTION % PURPOSE GENERAL 2 71 GENERAL OPERATING EXPENSES SCHOLARSHIPS 4 81 DESERVING LINDENWOOD STUDENTS BUILDING AND MAINTENANCE 0 90 BUILDING AND MAINTENANCE
		EXPENSES OTHER 2 85 DESIGNATED OPERATING EXPENSES (1) QUASI ENDOWMENTS 88 73 TOTAL 100 00
		(1) THE QUASI ENDOWMENTS ARE EXTRA FUNDS THAT THE UNIVERSITY HAS SET A SIDE OVER THE LAST 183 YEARS TO PROTECT THE PRINCIPAL AND INCOME
		DISTRIBUTIONS OF THE PERMANENTLY RESTRICTED ENDOWMENT FUND ANY REMAINING INCOME IS USED FOR FUNDING INSTITUTIONAL STUDENT AID

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135062232

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schools

**Employer identification number** 

LINDENWOOD COLLEGE 43-0652649 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? **4c** Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

h Other extracurricular activities?

5h

6a

6b

Yes

Yes

Νo

Νo

#### Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
PUBLICIZED POLICIES	SCHEDULE E - LINE 3	ALL ADVERTISEMENTS (I.E. CATALOGS) INCLUDE STATEMENTS RECOMMENDED FOR IRS EXEMPT ORGANIZATIONS
FINANCIAL AID OR ASSISTANCE FROM GOVERNMENTAL AGENCY	SCHEDLE E - LINE 6A	GOVERNMENTAL AID HAS BEEN RECEIVED THIS YEAR AS FOLLOWS STUDENT FINANCIAL AID FROM THE U.S. DEPARTMENT OF EDUCATION, FEDERAL WORK-STUDY AND FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT PROGRAMS, A TAX INCREMENTAL FINANCE PAYMENT FROM THE CITY OF BELLEVILLE, ILLINOIS

Schedule E (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493135062232

OMB No 1545-0047

2010

Open to Public Inspection

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions.

Name of the organization LINDENWOOD COLLEGE

Employer identification number

-1110	LIVWOOD COLLEGE				43-0652649	
Par	t I General Informatio "Yes" to Form 990, Pa			he United States. C	complete if the organiz	ation answered
1	For grantmakers. Does the	organızatıon r	naıntaın record	ls to substantiate the	amount of the grants	or
	assistance, the grantees' elig	gibility for the	grants or assi	stance, and the select	tion criteria used to awa	ard
	the grants or assistance?					│ Yes │ No
	<b>For grantmakers.</b> Describe in Pa United States	art V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region
	Europe (Including Iceland and Greenland)			1 -	STUDY ABROAD TUITION	29,375
	Central America and the Caribbean		2	Program Services	RECRUITING	48,864
	Sub-total		2			78,239
	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

Par	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000									
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
	_									
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . •		
3	Enter total number of other organizations or entities									

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			1				
			i				
			1				
			 I		,		
					,		
,			·		,		
,			 I		1		
-			 I		,		
			ı		,		

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ত	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	굣	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	্	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
STATEMENT OF ACTIVITIES OUTSIDE UNITED STATES	SCHEDULE F, PART I, LINE 3	LINDENWOOD PAID THE UNIVERSITY OF CAEN (LOCATED IN FRANCE) \$29,375 IN FOREIGN STUDIES TUITION FOR SIX STUDENTS THAT STUDIED ABROAD DURING THE YEAR LINDENWOOD HAS CONTRACTED WITH TWO ALUMNI IN PANAMA TO BE PART-TIME INDEPENDENT CONTRACTORS TO HELP THE UNIVERSITY RECRUIT STUDENTS IN THE CENTRAL AMERICA REGION TOTAL FEES AND ALLOTMENT FOR OFFICE EXPENSES FOR THE 2010-2011 FISCAL YEAR WAS ALUMNI ONE \$28,000 ALUMNI TWO \$20,864 TOTAL \$48,864

Schedule F (Form 990) 2010

DLN: 93493135062232

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Name of the organization **Employer identification number** LINDENWOOD COLLEGE 43-0652649 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form						
			(a) Event #1  GOLF OUTING (event type)	(b) Event #2  (event type)	(c) Other Events  0 (total number)	(d) Total Events (Add col (a) through col (c))		
Reveilue	1 2	Gross receipts Less Charitable	113,602	2		113,602		
<u>₩</u>	3	contributions  Gross income (line 1 minus line 2)	113,602	2		113,602		
	4	Cash prizes						
Expenses	5	Non-cash prizes	9,296	5		9,296		
ynse	6	Rent/facility costs	15,380			15,380		
ă	7	Food and beverages	17,984	1		17,984		
Direct D	8	Entertainment						
ā	9	Other direct expenses .	4,061	L		4,061		
	10	Direct expense summary Add line	es 4 through 9 in column	(d)		46,721		
	11	Net income summary Combine li	nes 3 and 10 in column (	d)		66,881		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo			
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))		
	1	Gross revenue						
မှ	2	Cash prizes						
Expenses	3	Non-cash prizes						
ă	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%%	Г Yes	Г Yes			
		Direct expense summary Add lines						
9 a b	8 Net gaming income summary Combine lines 1 and 7 in column (d)							
10a b		re any of the organization's gaming l	icenses revoked, susper	nded or terminated during	; the tax year?	· · 「Yes 「No		

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{\text{Yes}}$ $\Gamma_{\text{No}}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable o	gaming?		. Г <sub>Yes</sub> Г <sub>No</sub>
13	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	revenue?			. Г <sub>Yes</sub> Г <sub>No</sub>
b			tion 🏲 \$ and the	, , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ed by the third party 🟲 \$		
С	If "Yes," enter name and address	S		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	<b>*</b> \$		
	Description of services provided	<b>-</b>		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes Tho
b		·	o other exempt organizations or spent	
Par		activities during the tax year * \$	responses to question on Schedule G (	See
	instructions.)	STOTIAC Additional Information for	responses to question on seneutile of	
	Identifier	ReturnReference	Explanation	

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493135062232 OMB No 1545-0047

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

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

Inspection

Name of the organization						Employer identification	on number
LINDENWOOD COLLEGE						43-0652649	
Part I General Information	n on Grants and	d Assistance					
Does the organization maintain the selection criteria used to av Describe in Part IV the organization	vard the grants or as ation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite				Γ Yes Γ I
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
		13					
2 Enter total number of section 5 ( 3 Enter total number of other organical number organical number of other organical number of other organical num						<u>*</u>	
For Privacy Act and Panerwork Reduction				Cat No. 50055P			le I (Form 990) 2010

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	7868	35,467,091			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MONITORING POLICY FOR GRANTS AWARDED		PART III ALL STUDENT AID AWARD LETTERS ARE PREPARED BY LINDENWOOD COLLEGE'S FINANCIAL AID OFFICE EACH AWARD LETTER HAS A STATEMENT OF CONDITIONS AND IS SIGNED BY THE STUDENT. THE BUSINESS
TOR GRANTS AWARDED		OFFICE POSTS ALL AID TO THE STUDENT'S ACCOUNT FOR ACADEMIC USAGE BOTH THE BUSINESS OFFICE AND
		THE FINANCIAL AID OFFICE MONITOR THESE FUNDS

DLN: 93493135062232

OMB No 1545-0047

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# **Compensation Information**

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Name of the organization LINDENWOOD COLLEGE

**Employer identification number** 43-0652649

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the	nat apply	,			
	Compensation committee		, ,			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization $% \left( 1\right) =\left( 1\right) \left( 1\right$			
а	Receive a severance payment or change-of-control	paymen	t from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in in Part III	n Regs s	section 53 4958-4(a)(3)? If "Yes," describe			
				8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns		
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) RICHARD BOYLE	(ı) (ıı)	198,345 0	0 0	0	9,994 0	5,490 0	213,829 0	(	
(2) JAMES D EVANS	(ı) (ıı)	336,983 0	0	0	12,250 0	19,100 0	368,333 0	(	
(3) JULIE M MUELLER	(ı) (ıı)	251,539 0	0 0	0	12,250	5,655 0	269,444 0	(	
(4) JOHN R OLDANI	(ı) (ıı)	176,781 0	0 0	0	8,810 0	491 0	186,082 0	(	
(5) JANN WEITZEL	(ı) (ıı)	136,532 0	0 0	0	7,000 0	10,837 0	154,369 0	(	
(6) PETER BEZEMES	(ı) (ıı)	153,965 0	0 0	0	7,738 0	5,367 0	167,070 0	(	
(7) JERRY M BLADDICK	(ı) (ıı)	141,320 0	0 0	0	4,250 0	5,332 0	150,902 0	(	
(8)									
(9)									
(10)									
( 11 )									
(12)									
( 13 )									
( 14 )									
( 15 )									
( 16 )									

Schedule J (Form 990) 2010 Page **3** 

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

|--|

Schedule J (Form 990) 2010

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DLN: 93493135062232

## Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2010

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Name of the organization LINDENWOOD COLLEGE							E	mployer i	dent if ica	tion numbe	er
Part I Excess Benefit Tran		<b>ana</b> (a	action FO1	(0)(2) :	and costion FO1	(0)(4)		3-06526			
Part I Excess Benefit Tran Complete if the organizat										ine 40b	
											(c)
1 (a) Name of disqu	Jalified	person			<b>(b)</b> Desc	ription	of trans	action		Yes	rected?
										res	HO
2 Enter the amount of tax impose	ed on tl	he orgai	nızatıon man	agers or			-	ear unde	r		
section 4958	on line		· · ·	· ·				<b>.</b> <b>.</b>	'\$—— ·\$		
5 Enter the amount of tax, if any	, on mi	2, 400	ve, reilliburs	ed by th	e organization.		• •		* <u> </u>		
Part II Loans to and/or F					) Deat IV lane 36		000 5				
Complete if the organiz			d Yes on F	orm 990	, Part IV, line 26	, or Fori	п 990-е	(f)		<u>a</u>	
(a) Name of interested person and		oan to om the	(c)0 rig	unal		(e) i		Approv	/ed	(g)Writt	
purpose	organı	zatıon?	principal a		(d)Balance due	defau	ilt?	by board or committee?		agreement?	
	То	From				Yes	No	Yes	No	Yes	No
		<u> </u>					-				
								+			
								1			
Total				<b>▶</b> \$					•		
Part III Grants or Assistan			_								
Complete if the orga	nizatio				<u>rm 990, Part IV</u> een interested per		27.				
(a) Name of interested pers	on				ganization	5011	<b>(c)</b> A m	nount of g	rant or ty	pe of assis	tance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	aring of zation's nues?	
	organization			Yes	No	
(1) BLANTON CONSTRUCTION	OWNER IS A DIRECTOR	1,836,009	CONSTRUCTION LABOR		No	
(2) KIRCHNER BLOCK BRICK	OWNER IS A DIRECTOR		MASONERY/LANDSCAPING SUPPLIES		No	
(3) HUGHES CUSTOM HOME LLC	OWNER IS A DIRECTOR	'	CONSTRUCTION CONTRACTOR		No	

### Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493135062232

**Employer identification number** 

OMB No 1545-0047

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### **SCHEDULE M** (Form 990)

Department of the Treasury

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

**NonCash Contributions** 

► Attach to Form 990. Internal Revenue Service Name of the organization LINDENWOOD COLLEGE

					43-0652649			
Pa	Tit I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of determining of amounts		ontribut	ion
1	Art—Works of art	Х	1		FAIR MARKET VAL	UE		
2	Art—Historical treasures			,				
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good								
6	Cars and other vehicles .							
7	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded							
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial	Х	1	40,000	FAIR MARKET VAL	UE		
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
	LOUNGE		_		L			
	Other ► ( FURNITURE )	X	1	10,800	FAIR MARKET VAL	UE		
	O ther ▶()							
27	Other ▶()							
28	Other • ()	. + h a a r a		 				
29	Number of Forms 8283 received by for which the organization complete				29			0
					<u> </u>		Yes	No
30a	During the year, did the organization	n receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three years f							
	for exempt purposes for the entire			·		30a		No
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a	cceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t contributions?		_	to solicit, process, or sell	non-cash	32a		No
h	If "Yes," describe in Part II					JZa		110
33	If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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DLN: 93493135062232

OMB No 1545-0047

2010

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**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization LINDENWOOD COLLEGE

**Employer identification number** 

43-0652649

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	PART VI, QUESTION 12c	LINDENWOOD UNIVERSITY'S CONFLICT OF INTEREST PROCEDURES ARE AS FOLLOWS PRIOR TO A BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST A DIRECTOR OR COMMITTEE MEMBER WHO PLANS NOT TO ATTEND A MEETING AT WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD OR COMMITTEE WILL ACT ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, LINE 11b	INFORMATION NEEDED TO COMPLETE THE FORM 990 IS COMPILED BY THE ACCOUNTING DEPARTMENT AND THE RETURN IS PREPARED AND SIGNED BY KPMG LLP THE COMPLETED 990, INCLUDING REQUIRED SCHEDULES IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS	FORM 990, PART VI, LINE 15A	Compensation for the President is fixed by a three year written contract containing an annual percentage increase over the three year term. No additional bonuses, incentive payments, or other compensation is paid in additional to the contractual sum. The amount of compensation is determined by a Compensation. Committee, appointed by the Chairman of the Board. This committee consisted of board members with various professional, legal, and business backgrounds. The Compensation Committee determines the salary parameters based on an extensive review of salaries and compensation paid presidents of other similarly sized universities, including data from the Carnegie Classifications published in the Chronicle of Higher Education. Negotiations between the committee and the President lead to a draft contract that is submitted to the Lindenwood University Board of Directors Executive Committee for review, comment, and oversight instruction. Changes, modifications, and recommendations from the Executive Committee lead to further negotiations with the President in order to implement their recommendations. The final contract draft is then submitted to the full Lindenwood University Board of Directors for approval.

ldentifier	Return Reference	Explanation
ORGANIZATION POLICIES	FORM 990, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC AT THIS TIME

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS		UNREALIZED GAIN ON INVESTMENTS \$22,289,595 CHANGE IN SPLIT-INTEREST AGREEMENT 92,940 OTHER CHANGES IN NET ASSETS 22,382,535