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

OMB No 1545-0047 Open to Public Inspection

<b>B</b> c	or the 2011 calendar year, or tax year beginning JUL 1, 2011 and endi	<u>ng JUN 30, 2</u>	012
ar	heck if C Name of organization	D Employer id	dentification number
	I LINCOLN LAND COMMUNITY COLLEGE		
<u> </u>	Address FOUNDATION		
<u> </u>			7-1360597
<u> </u>	Ireturn Number and street (or P.U. Dox it mail is not delivered to street address)	n/suite E Telephone n	
<u> </u>	Termin- ated 5250 SHEPHERD ROAD		<u>217)786-2784</u>
<u></u>	Lifeturn City of town, state or country, and ZIP + 4	G Gross receipts \$	
L	Application SPRINGFIELD, IL 62794-9256 pending	H(a) Is this a gr	·
	F Name and address of principal officer KAREN SANDERS	for affiliate	_ = - =
	SAME AS C ABOVE	<del></del>	ates included? Yes
	ax-exempt status $X$ 501(c)(3) $\boxed{}$ 501(c) ( ) $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1) or $\boxed{}$		tach a list (see instruction
	Vebsite: ► WWW.LLCCFOUNDATION.ORG		emption number
		Year of formation: 19	94 M State of legal domici
Pa	rt I Summary		
9	1 Briefly describe the organization's mission or most significant activities PROVIDE	STUDENT SC	HOLARSHIPS
Activities & Governance	<del></del>		
ē	2 Check this box  if the organization discontinued its operations or disposed o	f more than 25% of its	net assets
8	3 Number of voting members of the governing body (Part VI, line 1a)		3
8	4 Number of independent voting members of the governing body (Part VI, line 1b)		4
les	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5
Ĭ.	6 Total number of volunteers (estimate if necessary)		6
Act	7 a Total unrelated business revenue from Part VIII, column (C), line 12		7a
$\perp$	b Net unrelated business taxable income from Form 990-T, line 34	<del></del>	
	kn. lea	Prior Year	Current Year
<u>.</u>	8 Contributions and grants (Part VIII, line 1h)	960,0	<u>25.</u> <u>452,9</u>
2	9 Program service revenue (Part VIII, line 2g)		0.
Revenue	10 Investment income (Part VIII, column (A), lines 3,4 and 7d)	144,1	13. 178,9
E	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and fre? 012	34,6	75. 40,8
	12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)2!	1,138,8	13. 672,7
	13 Grants and similar amounts paid (Part IX, column (A), lines 13)	297,6	02. 328,0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
က္	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.
þe	b Total fundraising expenses (Part IX, column (D), line 25) > 70,229.		
ŭ	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	316,3	43. 319,4
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	613,9	
}	19 Revenue less expenses Subtract line 18 from line 12	524,8	<del> </del>
88	10 11010100 000 01,001100 000 01,001110 10 11011110 10	Beginning of Current	
Assets or Balances	20 Total assets (Part X, line 16)	6,251,9	
Ass	21 Total liabilities (Part X, line 26)	2,390,1	
E E	22 Net assets or fund balances Subtract line 21 from line 20	3,861,7	
	rt II Signature Block	3,001,1	71.
		ctatements, and to the hea	st of my knowledge and belie
Pa	er negatives of periury. I declare that I have examined this return, including accompanying schedules and		or or my knomougo and bone
<b>Pa</b> Unde	er penalties of perjury, I declare that I have examined this return, including accompanying schedules and		_ _
<b>Pa</b> Unde	correct, and complete. Declaration of preparer (other than officer) is based on all information of which pr		
Pa Unde true,	correct, and complete. Declaration of preparer (other than officer) is based on all information of which produced the second of	reparer has any knowledge	e. · 29 · 12
Pa Unde true, Sign	correct, and complete. Declaration of preparer (other than officer) is based on all information of which provided the support of the support	reparer has any knowledge ( ) Date	.29.12
Pa Unde true,	correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of whit	reparer has any knowledge ( ) Date	.29.12
Pa Unde true, Sign	correct, and complete. Declaration of preparer (other than officer) is based on all information of which provided a signature of officer  Signature of officer  Nacen A. Sanders, Secretary Executive or print name and title	reparer has any knowledge    (     Date   Live Directo	r . 29.13
Pa Unde true, Sign	correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer of officer is signature.    A condition of preparer (other than officer) is based on all information of which preparer of which preparer (other than officer) is based on all information of which prepare of which preparer of which preparer (other than officer) is based on all information of which preparer of other than officer) is based on all information of which preparer of which preparer of other of the preparer of the prepar	reparer has any knowledge Date  Live Directo Date	. ⇒9.1 ≥ heck
Pa Unde true, Sign Here	correct, and complete. Declaration of preparer (other than officer) is based on all information of which provided the support of officer    Aren A. Sanders, Secretary Executive or print name and title	reparer has any knowledge	・ シ 9 - 1 ス MC PTIN eff-employed P 0 0 7 3 2 3 3
Pa Unde true, Sign Here Paid	correct, and complete. Declaration of preparer (other than officer) is based on all information of which provided a signature of officer  Signature of officer  Frint/Type or print name and title  Print/Type preparer's name  DEBORAH J. RINGER  Firm's name  KERBER, ECK & BRAECKEL LLP	reparer has any knowledge Date  Live Directo Date	. ⇒9 - 1 ⊋  Mc  heck
Pa Unde true, Sign	correct, and complete. Declaration of preparer (other than officer) is based on all information of which provided a signature of officer    Signature of officer	Date Date Date Date Date Date Date Firm's E	. ⇒9 - 1 ⊋  heck
Pard Under true, Sign Here Pard Prep Use	correct, and complete. Declaration of preparer (other than officer) is based on all information of which proceed to the signature of officer.  Signature of officer.  A. Somotifus  Signature of officer.  Print/Type or print name and title  Print/Type preparer's name  DEBORAH J. RINGER  Firm's name  KERBER, ECK & BRAECKEL LLP  Firm's address  1000 MYERS BUILDING  SPRINGFIELD, IL 62701	reparer has any knowledge	- > 9 - 1 > 1  heck  PTIN  eff-employed  P0073233  IN ► 43 - 035298  no. 217 - 789 - 096
Pard Pard Prep Use	correct, and complete. Declaration of preparer (other than officer) is based on all information of which provided a signature of officer    Signature of officer	Date Date Date Date Date Date Date Firm's E	. ⇒9 - 1 ⊋  heck

Form 990 (2011)2

### LINCOLN LAND COMMUNITY COLLEGE FOUNDATION

	t III   Statement of Brogram Service Assemblishments
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission.
	TO RAISE AND RECEIVE CHARITABLE GIFTS, BE RESPONSIBLE STEWARDS OF
	DONORS' GIFTS, AND PROVIDE FINANCIAL SUPPORT TO STUDENTS AND PROGRAMS
	OF LINCOLN LAND COMMUNITY COLLEGE, IN ORDER TO HELP FURTHER THE
	COLLEGE'S MISSION AND VISION.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$369,547. including grants of \$) (Revenue \$
	THE LINCOLN LAND COMMUNITY COLLEGE FOUNDATION WAS ORGANIZED AND
	OPERATES TO EXCLUSIVELY RAISE AND RECEIVE CHARITABLE GIFTS AND PROVIDE
	FINANCIAL SUPPORT TO THE EDUCATIONAL PROGRAMS AND SERVICES AT LINCOLN
	LAND COMMUNITY COLLEGE; TO ASSIST IN INCREASING AND ENHANCING THE
	PHYSICAL AND CULTURAL ENVIRONMENT OF THE COLLEGE; TO BROADEN THE
	EDUCATIONAL OPPORTUNITIES AND SERVICES FOR ITS STUDENTS, ALUMNI, AND
	CITIZENS OF THE DISTRICT; AND TO PROVIDE FUNDS TO IMPLEMENT
	SCHOLARSHIPS AND VARIOUS AWARDS.
	Denotation and Validood Analogs.
- Ah	(a
4b	(Code) (Expenses \$) (Revenue \$)
	·
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
	,
4d	Other program services (Describe in Schedule O)
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )
46	Total program service expenses 369, 547.

Form **990** (2011)

Form 990 (2011) FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		7,
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<b>.</b>
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		^
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
-	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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 167 If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ı		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<b></b> -
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Α_	<del></del>
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	'''-		-43
120	Schedule D, Parts XI, XII, and XIII	12a	х	
h	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	_16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	Α.	
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		- <del></del> -
			990 (	2011)

Form 990 (2011) FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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	ļ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ļ		
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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)			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		X
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	21	_
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
<b>U</b> L	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		<u> </u>
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	X 000 (	
		Form	<b>990</b> (	2011)

#### 011) FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	8			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b_	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gamıng			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				ľ	
	filed for the calendar year ending with or within the year covered by this return	2a_	0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined federal employment tax returned federal employm	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a_		_X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		<u> X</u>
b	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 A	Accou	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		_X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anızatıon solicit			
	any contributions that were not tax deductible?			6a	-	<u> X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b_		
7	Organizations that may receive deductible contributions under section 170(c).			_ 1	ĺ	7.
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uirea	7.		X
_	to file Form 8282?	7d		7c_		
	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 of	$\overline{}$	++2	7e		Х
_	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.		,,,,	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.		•			
	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	,				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	?	12a	i	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	<u> </u>	-		77
	Did the organization receive any payments for indoor tanning services during the tax year?	- 0		14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e U		<u>14b</u>	000	<u> </u>

Form 990 (2011)

FOUNDATION

37-1360597

Page 6

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

	Check if Schedule O contains a response to any question in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year 17											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent											
2												
	officer, director, trustee, or key employee?											
3												
	of officers, directors, or trustees, or key employees to a management company or other person?											
4												
5												
6	Did the organization have members or stockholders?	6		X								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?	7a		X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
_	persons other than the governing body?	7ь		X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	х									
	Each committee with authority to act on behalf of the governing body?	8b	X									
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
	The section and se		Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	7.14										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
·	In Schedule O how this was done	12c	Х									
13	Did the organization have a written whistleblower policy?	13	X									
14	Did the organization have a written document retention and destruction policy?	14	X									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1										
_	The organization's CEO, Executive Director, or top management official	15a	х									
a	Other officers or key employees of the organization	15b	X									
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100										
16.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		. !									
iva	taxable entity during the year?	16a		х								
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100										
ь	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure	100										
	List the states with which a copy of this Form 990 is required to be filed ▶IL											
17 1Ω	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	 le									
18	for public inspection. Indicate how you made these available. Check all that apply	. vanau										
	Own website Another's website X Upon request											
40	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	ıcıal									
19		u iii ali	icial									
00	statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨										
20	KAREN SANDERS - (217)786-2784	uon 📂										
	5250 SHEPHERD ROAD, SPRINGFIELD, IL 62794-9256											
	2220 DIELHEUD KOUD' BLKINGLIEDD' ID 67124-2720											

Form 990 (2011)	FOUNDATION	<u>3</u> 7-1360597	Page 7
Part VII Compensation	n of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
Employees, a	nd Independent Contractors		

<ul> <li>Check if Schedule O contains a response to any question in this Part VII</li> </ul>	
	_

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See 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

(A)	(B)			_ (0	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	(de	not c	Pos	rtion	than	nne	Reportable	Reportable	Estimated
	hours per	box	i, unle	ss pe	rson	is bot	han	compensation	compensation	amount of
	week	$\vdash$	cer ar	d a d	recto	r/trus	tee)	from	from related	other
	(describe	trustee or director					ļ	the	organizations	compensation
	hours for	5	   25		}	캶		organization	(W-2/1099-MISC)	from the
	related	ustee	fust		8	ig i		(W-2/1099-MISC)		organization
	organizations in Schedule	la t	Dona		gle	i i				and related organizations
	O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARSHA NARMONT										_
CHAIR	2.00	X	<u> </u>	X		<del> </del>		0.	0.	0.
(2) DAN AUSTIN										
MEMBER	1.00	X	<u> </u>			<u> </u>	_	0.	0.	0.
(3) JASON BARTH										
MEMBER	1.00	X	L					0.	0.	0.
(4) JIM BLASKO										
MEMBER	1.00	X						0.	0.	0.
(5) CHUCK DAVIS										
MEMBER	1.00	X	_			<u> </u>		0.	0.	0.
(6) JANE DENES	j							ľ		
MEMBER	1.00	X				<u> </u>		0.	0.	0.
(7) LEE MILNER								_	_	_
MEMBER	1.00	X	<u> </u>		<u></u>	<u> </u>		0.	0.	0.
(8) RYAN MURPHY										
MEMBER	1.00	X	<u> </u>	_	ļ	<u> </u>	ļ	0.	0.	0.
(9) BOB CUSICK	1							1		
MEMBER	1.00	X	ļ			ļ.		0.	0.	0.
(10) FORREST G. HESTER, III					ĺ	ĺ	Ì	1	_	
MEMBER	1.00	X	<u> </u>		<u> </u>	<u> </u>	<u> </u>	0.	0.	0,
(11) JACKIE RICHIE		ļ			]					
MEMBER	1.00	X	<u> </u>					0.	0.	0.
(12) MIKE FLEMING										
TREASURER	2.00	X		X			L	0.	0.	0.
(13) MICHELLE TJELMELAND	İ				İ					
MEMBER	1.00	X	ļ			<u> </u>	<u> </u>	0.	0.	0.
(14) GREG LUTCHKA					ŀ	ļ				
VICE CHAIR	2.00	X	<u> </u>	X		<u> </u>	L_	0.	0.	0.
(15) BRAD WARE					1			1		
MEMBER	1.00	X	<u> </u>	$oxed{oxed}$	<u> </u>	<u> </u>		0.	0.	0.
(16) DAN MCCAIN		1		}	ł			}		
MEMBER	1.00	X	<u> </u>	_	<u> </u>	<del> </del>	<u> </u>	0.	0.	0,
(17) PAM MCCLELLAND						]			_	_
MEMBER	1.00	v	1	1		1	1	0.	0.	0

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Part VII Section A. Officers, Director		mplo	yee			High	est			Д			
(A)	(B)			Pos	C)			(D)	(E)			(F)	
Name and title	Average		not c	heck	more	than		Reportable	Reportab		L	tımate	
	hours per week					ıs bot or/trus		compensation	compensation		ı	ount	of
	(describe				Ī		Ė	from the	from relate organization			other	.t.o.n
	hours for	ee or director			İ	-		organization	(W-2/1099-M			pensa om th	
	related	9	itee		l	Ste		(W-2/1099-MISC)	(***271099*10	130)	J	anizat	
	organizations		al trus	'	<b>3</b>	ag m		(11 2) 1000 111100)		l		d relat	
	ın Schedule	dual	Institutional trustee	<u>.</u>	Key employee	est co	5					ınizatı	
	O)	Individ	Instit	Officer	Key	Highest compensated employee	Former						
(18) KAREN SANDERS	40.00								0.2				
EXECUTIVE DIRECTOR	40.00	+-+		X				0.	93,8	327.			0
								·					
		$\Box$											
		$\dashv$				-							
		+		_		-	$\vdash$						
		} }					ļ						
		╁┼								-			
								!		1			
1b Sub-total				<u>l</u>				0.	93,8	327			0
c Total from continuation sheets to P	art VII. Section A							0.		0.			0
d Total (add lines 1b and 1c)	art vii, Geotion /t							0.	93,8				0.
2 Total number of individuals (including	but not limited to the	nose	liste	ed at	oove	e) wh	no re	<del></del>					<u></u>
compensation from the organization									· · · · · · · · · · · · · · · · · · ·		<del></del>		(
	<b></b>						1	hhh.a		ı		Yes	No
3 Did the organization list any former o			э, ке	y en	npio	yee,	, or i	nignest compensated e	mpioyee on				X
line 1a? If "Yes," complete Schedule							J _4L		4h.a	_	3		
4 For any individual listed on line 1a, is	•							•	tne organizatioi	'	1		X
<ul><li>and related organizations greater than</li><li>Did any person listed on line 1a received</li></ul>									idual for segue		4		
5 Did any person listed on line 1a received rendered to the organization? If "Yes,							Ciali	ed organization of indiv	iddai foi Service	3	5	1	Х
Section B. Independent Contractors		<del></del>											
1 Complete this table for your five higher	•									mpens	ation fr	юm	
the organization. Report compensation		<u>ear e</u>	endi	ng w	vrth	or w	ithin		year.	T-	(C		
(A Name and bus		NC	NI	<b>Ξ</b>			1	<b>(B)</b> Description of s	services	c	omper		n
						_	$\dashv$			<del> </del>			
							$\dashv$			<del> </del>			
			_										
Total number of independent contract	tors (including but	not lir	nite	d to	tho	se li	 heta	l above) who received m	nore than	+			—
\$100,000 of compensation from the co				0		0							
											Form \$	<del>)</del> 90 (2	2011

Form 990 (2011)

<u>37-1360597</u>

FOUNDATION

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 65,021. c Fundraising events 10 d Related organizations 1d 13,212. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 374,760. 71,427. g Noncash contributions included in lines 1a-1f \$ 452,993 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and <u>178,983.</u> <u>178,983.</u> other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 40,806. 6 a Gross rents b Less rental expenses 0. 40,806. c Rental income or (loss) 40,806. 40,806. d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (II) Other 200,980. assets other than inventory b Less cost or other basis 201,020. and sales expenses -40. c Gain or (loss) -40-40. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 65,021. of including \$ contributions reported on line 1c) See 47,627. Part IV. line 18 47,627 b Less direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 672,742. 0. 219,749. Total revenue. See instructions.

FOUNDATION

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

COMP	Observation Common (B), (C), and (D)		- Dod IV		<del> </del>
	Check if Schedule O contains a respon	(A)	s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	210,826.	210,826.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	117,200.	117,200.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,				
	trustees, and key employees				<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				<del></del>
е	Professional fundraising services. See Part IV, line 17	*			
f	Investment management fees				
g	Other				
12	Advertising and promotion	<del></del> ,			
13	Office expenses				
14	Information technology				<del></del>
15	Royalties				
16	Occupancy	1,500.	<del>-</del> -		1,500.
17	Travel	1,300.			1,500.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	· · · · · · · · · · · · · · · · · · ·	1,457.			1,457.
19 20	Conferences, conventions, and meetings Interest	116,996.		116,996.	±1±31•
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	309.		309.	<del></del>
23	Insurance				
24	Other expenses. Itemize expenses not covered				<del></del> _
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECTOR AND ASSISTANT	104,768.	7,461.	52,538.	44,769.
b	PURCHASED SERVICES	36,752.		27,988.	8,764.
C	TRUTTER MUSEUM	34,060.	34,060.		
d	SUPPLIES	10,366.		1,831.	8,535.
	All other expenses	13,221.		8,017.	5,204.
25	Total functional expenses Add lines 1 through 24e	647,455.	369,547.	207,679.	70,229.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
					- 000

**Balance Sheet** Part X (A) Beginning of year End of year 190,178 354,117. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 76,46954,847. 3 Pledges and grants receivable, net 3 40,595. 4 37,637. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 477,256. basis. Complete Part VI of Schedule D 10a 10b 18,644. 458,921. 10c 458,612. b Less: accumulated depreciation 3,485,452. 3,328,002. Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 2,000,302. 1,839,504. Other assets. See Part IV, line 11 15 15 6,251,917. 6,072,719. 16 <u> 16</u> Total assets. Add lines 1 through 15 (must equal line 34) 338,290. 304,867. 17 Accounts payable and accrued expenses 17 19,916. 10,680. Grants payable 18 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 -iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 2,041,176. 1,876,727. Schedule D 25 2,390,146. 26 2,201,510. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -240,472. -267,454. 27 Unrestricted net assets 1,466,604. 1,468,244. Temporarily restricted net assets 28 2,635,639. 29 2,670,419. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 3,861,771. 3,871,209. 33 Total net assets or fund balances 33 6,251,917. 6,072,719. 34 Total liabilities and net assets/fund balances

Form **990** (2011)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form	1990 (2011) FOUNDATION	<u> 37-</u> 1	<u>360597</u>	Pa	ıge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	67	2,7	42.
2	Total expenses (must equal Part IX, column (A), line 25)	2	64	7,4	<u> 155.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	2	5,2	87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>3,86</u>	1,7	71.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		5,8	49.
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	3,87	1,2	109.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		_2b	_ <u>X</u> _	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		X_
b	if "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

201

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

LINCOLN LAND COMMUNITY COLLEGE

Employer identification number

		FOUNDAT							37	<u>-13605</u>	97
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t ) See ins	tructions			
The organ	zation is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	oox)				
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	).			
2 🗀	A school des	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)							
з 🗔	A hospital or	a cooperative hospi	tal service organization (	described	ın section	170(b)(1)	(A)(iii).				
4 🔲	A medical res	search organization (	operated in conjunction	with a hos	pıtal desci	ribed in se	ection 170	(b)(1)(A)(ii	ii). Enter th	ne hospital's	name,
	city, and stat	e:									
5 X	section 170	(b)(1)(A)(iv). (Comple		•	·		. •	mental uni	t describe	d in	
6		=	ent or governmental uni								
<i>'</i> —			eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic describ	peg in
• —		b)(1)(A)(vi). (Comple		(Ol-4-	D4 II \						
8			ection 170(b)(1)(A)(vi).						- <b>f</b>	d	
9			eives (1) more than 33								
			nctions - subject to certa								
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızation a	rter June 30,	1975
40		509(a)(2). (Complete	•	_4	a anfatu G	`aa*i-	- 500/-)//				
10	-	•	perated exclusively to te perated exclusively for the	•	-			•	u aut tha r		
11 🗀	_	-	itions described in secti								
			organization and compl				2) 366 560	euc nons	a)(3). One	CK IIIO DOX II	iai
	a Type I		¬ -		e III - Func		tenrated		ط 🗆	Type III - Otl	her
e 🗔	• .		t the organization is not				_	more dis			
e (	-	•	han one or more publicly								
f		=	ten determination from						J(u)(1) 01 0	0011011 000/4	/( <b>-</b> /·
•	_				at it is a Ty	pe i, Type	ii, oi iype	. III			
		rganization, check th	rganization accepted ar	av aift or c	ontribution	from any	of the follo	awing per	eone2		
g			rectly controls, either al							Ī,	res No
			upported organization?	one or tog	QUIOI WILL	pordono	200011200	() aa (	, 20.011,	11g(i)	140
	_	• •	n described in (i) above?	)						11g(ii)	~ <del>- </del> -
	• •	•	person described in (i)		-7					11g(iii)	
h		•	about the supported or					•		<u> </u>	
••		onoming anomication	about the supportion of	gameanon	(0).						
• •	of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lu	organization sted in your document?	organizat	u notify the tion in col. r support?	(vi) Is organizati (i) organiz U.S	on in col.   ed in the	(vii) Amor suppo	
			(see instructions))	Yes	No	Yes	No	Yes	No		
							_				
7	<del></del>									<del></del> -	
Total							Į		1		

Schedule A (Form 990 or 990 EZ) 2011 FOUNDATION

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

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

Section A. Public Support

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	:					
	include any "unusual grants ")	278,584.	426,151.	667,086.	960,025.	452,993.	2784839.
2	Tax revenues levied for the organ-			_			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	·					
	the organization without charge	224,139.	225,619.	241,111.	248,466.	253,479.	1192814.
4	Total. Add lines 1 through 3	502,723.	651,770.		1208491.	706,472.	3977653.
5	The portion of total contributions						
	by each person (other than a		[				
	governmental unit or publicly	:					ı.
	supported organization) included						"
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	į l	ĺ				
	column (f)		ļ				
6	Public support. Subtract line 5 from line 4						3977653.
Sed	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	502,723.	651,770.	908,197.	1208491.	706,472.	3977653.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		ĺ				
	and income from similar sources	273,082.	244,212.	220,534.	220,749.	244,455.	1203032.
9	Net income from unrelated business						
	activities, whether or not the	İ					
	business is regularly carried on		İ				
10	Other income Do not include gain						
	or loss from the sale of capital	1		,			
	assets (Explain in Part IV)	ļ					l
11	Total support. Add lines 7 through 10	-					5180685.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
-	organization, check this box and stor	-	,				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	76.78 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	75.75 %
16a	33 1/3% support test - 2011. If the 0	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	_					►X
b	33 1/3% support test - 2010. If the		-		line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	•			e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					<b>5</b>	ightharpoons
h	10% -facts-and-circumstances tes					7a, and line 15 is	10% or
~	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization		-				s $ ightharpoonup$
_ <del></del>						dule A (Form 990	

## Schedule A (Form 990 or 990-EZ) 2011 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

Se	ction A. Public Support	elow, please com	Diete Part II )				
Cale	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")					<u> </u>	
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in					1	
	any activity that is related to the						
	organization's tax-exempt purpose					ļ	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				}		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to		,				
	or expended on its behalf						
5	The value of services or facilities				1		
	furnished by a governmental unit to						
	the organization without charge				ļ	<u> </u>	
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and					1	
	3 received from disqualified persons					<u> </u>	<u> </u>
t	) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						 <del></del>
(	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				<u> </u>		<u> </u>
	ction B. Total Support		<del></del>		T	7	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
-	Amounts from line 6			<del></del>	<del> </del>	<del></del>	
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties			]			
	and income from similar sources			<u> </u>	<del> </del>		<del></del>
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975	<del></del>			<del> </del>	<del> </del>	
	Add lines 10a and 10b				<del> </del>	<del>                                     </del>	
1.1	Net income from unrelated business activities not included in line 10b,	!					
	whether or not the business is						
10	regularly carried on Other income Do not include gain	<del></del>	<del></del>		<del>                                     </del>		
12	or loss from the sale of capital						
40	assets (Explain in Part IV)					<del> </del>	
	Total support (Add lines 9, 10c, 11, and 12)	Abo annonce		d 60		on 501/o\/2\	
14	First five years. If the Form 990 is for	the organization's	s tirst, secona, tnir	a, tourth, or tirth to	ax year as a secti	on 50 I(c)(3) organiz	ation,
Sa	check this box and stop here ction C. Computation of Publi	c Support Pe	rcentage			<del></del>	
	Public support percentage for 2011 (I			column (fl)	<del></del>	15	%
	Public support percentage from 2010		•	701011111 (1))		16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (f))	<del></del>	17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2011. If the			on line 14, and line	e 15 is more than		<del></del>
	more than 33 1/3%, check this box a	-					▶□
ŀ	33 1/3% support tests - 2010. If the		_		_		and
•	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization		•			=	
-							

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization

LINCOLN LAND COMMUNITY COLLEGE FOUNDATION

Employer identification number 37 ~ 1360597

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? \_\_ Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2011 FOUNDAT			<del></del>				7 Page <b>2</b>
Pai	t III   Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Otl	ner Simil	ar Asse	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant	use of its	collection	ı ıtems
	(check all that apply)							
а	X Public exhibition	đ		hange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further t	he organization's ex	empt purp	ose in Parl	t XIV	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simi	ar assets		_	
	to be sold to raise funds rather than to be ma						Yes	X No
Par	t IV Escrow and Custodial Arran		te if the organization	on answered "Yes" t	o Form 990	), Part IV, I	ıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custode	an or other intermed	ary for contribution	is or other assets n	ot included		_	<b></b>
	on Form 990, Part X?					L	Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table.					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				<u>1d</u>			
е	Distributions during the year				<u>1e</u>			
f	Ending balance				1f	<u> </u>		
	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Yes	L No
	If "Yes," explain the arrangement in Part XIV	. <u> </u>						
Par	t V Endowment Funds. Complete r	f the organization ans					<del></del>	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	2,785,776,	2,396,622.	2,132,854		086,075.		
b	Contributions	34.780.	378,440,	290,510		87,128.		
C	Net investment earnings, gains, and losses	42,975,	37,185.	8,858	·	53,417,		
ď	Grants or scholarships	15,400.	26,471.	35,600	<b>.</b>	93,766.		
е	Other expenditures for facilities							
	and programs				ļ			
f	Administrative expenses				<del></del>			
g	End of year balance	2,848,133.	2,785,776,	2,396,622		L32 <u>,</u> 854,		
2	Provide the estimated percentage of the curi	•	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	.00	_%					
b	Permanent endowment ► 100.00	<del></del> %						
C	Temporarily restricted endowment	.00%						
	The percentages in lines 2a, 2b, and 2c should	•						
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	ind administered for	the organi	zation	Г	
	by.							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	<u> </u>
	If "Yes" to 3a(ii), are the related organizations	·					3b	
4	Describe in Part XIV the intended uses of the			<del></del>				<del></del>
Par				<del>  </del>			400	<del></del>
	Description of property	(a) Cost or ot	1		Accumulat	l l	(d) Book	value
		basis (investin		(Onler)	epreciation	<del>' -  </del>		) F22
	Land	458,5					450	3,533.
	Buildings							
	Leasehold improvements				<del></del>			
	Equipment		<del></del>	8,723.	18,6	44	<del></del>	79.
	Other  Add lines 1a through 1e. (Column (d) must e	qual Form 990 Port			10,0	==-	459	3.612.

(5)(6) (7) (8) (9)(10)(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial state.

FIN 48 (ASC 740) 1,876,727.

Tents that reports the organization's liability for uncertain tax positions under

Sche	dule D (Form 990) 2011 FOUNDATION			37-13	360597 Page 4	4
	t XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Finance</b>	ial State	ments		_
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		672,742	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		647,455	•
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		25,287	•
4	Net unrealized gains (losses) on investments		4		-15,849	•
5	Donated services and use of facilities		5			_
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)	ļ	8			
9	Total adjustments (net) Add lines 4 through 8	1	9		-15,849	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10		9,438	•
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Reven	ue per R	eturn		
1	Total revenue, gains, and other support per audited financial statements			1	<u>957,999</u>	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains on investments	<del> </del>	5,849.			
b	Donated services and use of facilities	2b 25	<u>3,479.</u>	1		
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d 4'	7,627.			
е	Add lines 2a through 2d			2e	285,257	
3	Subtract line 2e from line 1			3	672,742	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	F 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		.	•	
С	Add lines 4a and 4b			4c	0	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	- A- Wal- E		5	672,742	•
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents with Exper	nses per	3		_
1	Total expenses and losses per audited financial statements			1	948,561	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1 05	450			
а	Donated services and use of facilities		3 <u>,479.</u>	-		
b	Prior year adjustments	2b				
С	Other losses	2c	7 607	<del> </del>		
d	Other (Describe in Part XIV.)	2d 4	<u>7,627.</u>	{ _	201 106	
е	Add lines 2a through 2d			2e	301,106	
3	Subtract line 2e from line 1			3	647,455	•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1		1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
þ	Other (Describe in Part XIV)	4b		_	^	
C	Add lines 4a and 4b			4c	0	•

Part XIV Supplemental Information

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

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, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information PART III, LINE 1A: FROM THE LATE 1940S THROUGH THE MID 1970S, SPRINGFIELD NATIVES PHILIP AND MARY KATHRYN TRUTTER TRAVELED EXTENSIVELY. FROM THE THEY MANY COUNTRIES AND PRINCIPALITIES THEY VISITED OVER THE YEARS, COLLECTED A VAST ARRAY OF ARTIFACTS, MEMENTOS AND OTHER CULTURAL ITEMS OF INTEREST. AFTER MRS. TRUTTER'S DEATH IN 1977, MR. TRUTTER PURCHASED ADDITIONAL OBJECTS FROM A NUMBER OF KNOWLEDGEABLE DEALERS IN THE UNITED UPON HIS DEATH IN 2000, MUCH OF THEIR EXTENSIVE COLLECTION WAS

BEQUEATHED TO THE LINCOLN LAND COMMUNITY COLLEGE FOUNDATION WITH A

LINCOLN LAND COMMUNITY COLLEGE FOUNDATION 37-1360597 Page 5 Schedule D (Form 990) 2011 Part XIV Supplemental Information (continued) GENEROUS STIPEND TO ESTABLISH THE PHILIP AND MARY KATHRYN TRUTTER MUSEUM ON THE COLLEGE'S MAIN SPRINGFIELD CAMPUS. THE THREE-FOLD MISSION FOR THE TRUTTER MUSEUM IS TO ESTABLISH AN EXHIBIT PROGRAM, OFFER EDUCATIONAL PROGRAMS AND TOURS, AND BE A RESPONSIBLE CURATOR OF THE COLLECTION. AS A COMMUNITY-FOCUSED EDUCATIONAL INSTITUTION, WE ARE PROUD TO BE THE HOME OF THE TRUTTER MUSEUM AND TO FURTHER SHARE THE TRUTTER'S LOVE OF CULTURAL DIVERSITY AND LIFELONG LEARNING WITH OUR STUDENTS, FACULTY, STAFF AND COMMUNITY. PART V, LINE 4: THE INCOME FROM ENDOWMENT FUNDS IS EXPENDABLE TO SUPPORT STUDENT SCHOLARSHIPS OR GRANTS TO COLLEGE DEPARTMENTS AND PROGRAMS OR FACULTY AT LINCOLN LAND COMMUNITY COLLEGE, AS STIPULATED BY THE DONOR. PART XII AND XIII, LINE 2D: OTHER DIRECT FUNDRAISING EVENT EXPENSES IN THE AMOUNT OF \$47,627 ARE AS A DIRECT REDUCTION TO FUNDRAISING INCOME.

Schedule D (Form 990) 2011

#### **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.

OMB No 1545-0047

Open To Public Inspection

Name of the organization LINCOLN LAND COMMUNITY COLLEGE FOUNDATION

**Employer identification number** 37-1360597

Part I Fundraising Activities required to complete this par	Complete if the organization answert.	ered "\	Yes" to	Form 990, Part IV,	ine 17 Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais a</li></ul>	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (inclu	non-g gover alsing ding o	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees or Yes	_
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		_				
Total  3 List all states in which the organization or licensing	n is registered or licensed to solicit of	contrib	outions	s or has been notified	d it is exempt from re	egistration
		_				····
	<del></del>					
					<del></del>	<del> </del>

Schedule G (Form 990 or 990-EZ) 2011 FOUNDATION

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other events (a) Event #1 (d) Total events NONE FOUNDATION (add col. (a) through GALA col (c)) (total number) (event type) (event type) 112,648. <u>112,648.</u> Gross receipts 65,021 65,021. 2 Less: Charitable contributions 47,627. 47,627. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 47,627. 47,627 Other direct expenses 47,627 10 Direct expense summary Add lines 4 through 9 in column (d) Net income summary Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses % Yes % Yes % Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: Yes a is the organization licensed to operate gaming activities in each of these states? b If "No," explain \_ Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

37-1360597 Page 2

<u>Sch</u>	ledule G (Form 990 or 990 EZ) 2011 FOUNDATION 3 /	<u>-136028</u>	/ Page 3
11	Does the organization operate gaming activities with nonmembers?	L Yes	L No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes Yes	L∐ No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records-		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	: If "Yes," enter name and address of the third party		
	Name		
	Address >		. <del></del>
16	Gaming manager information		
	Name		
	Name >		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
	is the organization required under state law to make charitable distributions from the gaming proceeds to		
а	retain the state gaming license?	☐ Yes	□ No
<b>.</b>	· ·		
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	<i></i>	
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		
	illes 9, 90, 100, 130, 130, 130, 170, as applicable Also complete this part to provide any additional mornia	tion (see instit	ictions)
		-	
			<del></del>
		·· <u>-</u>	
		<del></del>	
1320	83 01-23-12 Schedule G (F	orm 990 or 99	0-EZ) 2011

SCHEDULE I (Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Sta	, ses		OMB No 1545-0047
Department of the Treasury Internal Revenue Service		Сотріє	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	n answered "Yes" to Fo ➤ Attach to Form 990.	to Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection
Name of the organization	FOINDATION	AND COMMUNITY	NITY COLLEGE	ы			ji	Employer identification number 37-1360597
Part I General Info	General Information on Grants and Assistance	nd Assistance						
1 Does the organizat	tion maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	: •
	criteria used to award the grants or assistance?	tance?						. X Yes
Part II Grants and 0	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete	cedures for monit	Organizations in the	tunds in the United	omplete if the ord	"Y" danswered	ribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States  Grante and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 21, for any	line 21. for any
٦ .	t received more than \$4	5,000 Check this	box if no one recipien	t received more th	an \$5,000. Part II	can be duplicated if a	dditional space is neede	<b>→</b> P
1 (a) Name and address of organization or government	ress of organization rnment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	ime and address of organization (b) EIN (c) IRC section or government or	(h) Purpose of grant or assistance
LINCOLN LAND COMMUNITY COLLEGE 5250 SHEPHERD ROAD	NITY COLLEGE					FAIR MARKET		
SPRINGFIELD, IL 627	IL 62794-9256	37-0900960		139,399.	71,427.	VALUE		
2 Enter total number	Enter total number of section 501(c)(3) and government organizations	nd government org	ganizations listed in the	isted in the line 1 table				
1_	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2011)

Page 2

37-1360597

FOUNDATION

Schedule i (Form 990) (2011) FOUNDATION

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

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

Part III Grants and Other Assistance to Individuals in the United States.

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of non-cash assistance
	recipients	cash grant	cash assistance	(book, rMV, appraisal, other)	
SCHOLARSHIPS TO LINCOLN LAND COMMUNITY COLLEGE STUDENTS	172	117,200.	•0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: NO GRANTS	ANTS OR S	OR SCHOLARSHIPS ARE	S ARE EXPE	EXPENDED UNTIL AN	
INVOICE IS RECEIVED FROM LINCOLN LAND		COMMUNITY COLLEGE AND	EGE AND THE	E CHECK IS	
PAID DIRECTLY TO LINCOLN LAND COMMUNITY COLLEGE	MUNITY CO	LLEGE.			
			5		

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

Department of the Treasury

Internal Revenue Service

#### **Noncash Contributions**

OMB No 1545-0047

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

Attach to Form 990.

Open to Public Inspection

Name of the organization

LINCOLN LAND COMMUNITY COLLEGE FOUNDATION

Employer identification number

37-1360597

Types of Property Part I (d) (c) (a) (b) Check if Number of Noncash contribution Method of determining amounts reported on contributions or noncash contribution amounts applicable Form 990, Part VIII, line 1g items contributed Art - Works of art Art - Historical treasures 2 3,250. OPINION OF EXPERTS X Art · Fractional interests 3 Books and publications 600. BEST ESTIMATE VALUE X 5 Clothing and household goods 7,625. KELLY BLUE BOOK Х Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities · Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities · Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution · Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate · Other 17 Collectibles 18 586. COST OF FOOD X Food inventory 19 10,292. OPINIONS OF EXPERTS X Drugs and medical supplies 20 Taxidermy 21 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 21,300. OPINIONS OF EXPERTS X (BIG BAND SHEE) Other > 25 14,010. OPINIONS OF EXPERTS X ( BEVERAGE EQUI ) 26 7,938. OPINIONS OF ( AVIATION EQUI) X EXPERTS 27 Other > X 5,000. OPINIONS OF EXPERTS (BIODIESEL CON) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х 30a the entire holding period? b If "Yes," describe the arrangement in Part II X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2011)

32a

X

contributions?

describe in Part II.

b If "Yes," describe in Part II.

33

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both.  Also complete this part for any additional information
PART I, OTHER TYPES OF PROPERTY:
MISCELLANEOUS ITEMS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 2
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 825.
(D) METHOD OF DETERMINING REVENUE: BEST ESTIMATE OF VALUE

#### SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

LINCOLN LAND COMMUNITY COLLEGE FOUNDATION

Employer identification number 37-1360597

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS PRESENTED TO EACH BOARD MEMBER FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD MEMBERS UNDERSTAND THAT,

BASED ON THE CONFLICTS OF INTEREST POLICY, FULL DISCLOSURE AND ABSTAINING

FROM DEBATE AND VOTE ON ANY MATTER THAT PRESENTS A CONFLICT OF INTEREST IS

REQUIRED. ANY CONFLICT IS THEN DOCUMENTED IN MINUTES FROM THE MEETING.

BOARD MEMBERS ARE REMINDED PERIODICALLY AT REGULAR MEETINGS OF THEIR

RESPONSIBILITY ASSOCIATED WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE LLCC FOUNDATION EXECUTIVE

DIRECTOR IS REVIEWED BY THE COLLEGE PRESIDENT, AS WELL AS THE EXECUTIVE

COMMITTEE OF THE BOARD OF DIRECTORS ON ANNUAL BASIS. ANNUAL SALARY

INCREASES ARE NOT DETERMINED BY MERIT. INDIVIDUALS MAY RECEIVE ANNUAL

INCREASES, AS APPROVED BY THE LLCC BOARD OF TRUSTEES. ANNUAL INCREASES ARE

BASED ON COST OF LIVING AND LONGEVITY, AND ARE ACROSS THE BOARD PERCENTAGE

INCREASES.

POSITIONS ARE REVIEWED BY AN OUTSIDE ORGANIZATION, CARLSON, DETTMAN AND ASSOCIATES, FOR PLACEMENT WITHIN A SALARY GRADE SYSTEM. THE INDEPENDENT REVIEWER ANALYZES VARIOUS JOB FACTORS, DOES COMPARATIVE ANALYSIS USING INTERNAL AND EXTERNAL BENCHMARKS, AND DETERMINES MARKET VALUE BASED ON INDUSTRY RESEARCH AND SALARY SURVEYS. SALARIES FOR INDIVIDUALS PLACED INTO LLCC POSITIONS ARE DETERMINED BASED ON THE INDIVIDUAL'S EDUCATION AND EXPERIENCE, COUPLED WITH AN ANALYSIS OF INTERNAL EQUITY.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization LINCOLN LAND COMMUNITY COLLEGE FOUNDATION	Employer identification number 37-1360597
FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCU	MENTS AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE L	INCOLN LAND
COMMUNITY COLLEGE FOUNDATION, UPON REQUEST. IN ADDITION,	THE FOLLOWING
DOCUMENTS ARE AVAILABLE ON THE LLCC FOUNDATION WEBSITE:	LLCC FOUNDATION
BYLAWS, CONFLICTS OF INTEREST POLICY, CODE OF ETHICAL PRI	NCIPALS AND
STANDARDS OF PROFESSIONAL PRACTICE, AND DONOR BILL OF RIG	HTS.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-15,849.
	<del></del>
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(g) Section 512(b)(13) ŝ 20.11 Open to Public **Employer identification number** OMB No 1545-0047 × controlled entity? Inspection Direct controlling Yes 37-1360597 entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)  $\boldsymbol{\varepsilon}$ Direct controlling entity End-of-year assets status (if section <u>e</u> Public charity 501(c)(3)) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code Related Organizations and Unrelated Partnerships ਉ section ▼ See separate instructions. Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ILLINOIS PUBLIC COMMUNITY COLLEGE LINCOLN LAND COMMUNITY COLLEGE ► Attach to Form 990. Primary activity Primary activity ê LINCOLN LAND COMMUNITY COLLEGE - 37-0900960 FOUNDATION Name, address, and EIN of related organization Name, address, and EIN of disregarded entity SPRINGFIELD, IL 62794-9256 Name of the organization 5250 SHEPHERD ROAD Department of the Treasury Internal Revenue Service SCHEDULE R Form 990) Part II Part

Schedule R (Form 990) 2011

FOUNDATION

Schedule R (Form 990) 2011

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part

Page 2

37-1360597

990) 201	₹ (Form	Schedule R (Form 990) 2011								132162 01-23-12
									:	
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	<sub>v</sub>	asset		or trust)		foreign country)				
Percentage ownership		Share of end-of-year	Share of total income	Type of entity (C corp, S corp,	Direct controlling entity	Legal domicile (state or	Primary activity	<u></u>	Z	Name, address, and EIN of related organization
Ξ		(6)	Θ	(e)	(p)	(0)	(q)			(a)
e related	or mor	ise it had one	IV, line 34 becau	to Form 990, Part	on answered "Yes"	e if the organizati	ion or Trust (Complet .)	s a Corporat g the tax year	ganizations Taxable a	Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)
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				-						
	Yes No	Schedule Porm 1065) Y	Yes   No   K-1 (F	assets Y		led from tax under tions 512-514)		(state of foreign country)		
General or Percentage managing ownership	anaging	Code V-UBI	Disproportion- Coc		Share of total income	Predominant income (related, unrelated,	Direct controlling   Precentity   (rel	domicile Dir	Primary activity	Name, address, and EIN of related organization
3	9	<u> </u>	<u> </u>	(6)	<b>(</b> )	(e)	(p)		(q)	(a)

Page 3

# LINCOLN LAND COMMUNITY COLLEGE

FOUNDATION Schedule R (Form 990) 2011 Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Mich. Commission of the contraction in leader in Dorden II III as IV of this contraction				200	2
Note: Complete fille I fill of fillty is fisted fill falts fill, fill, of the soliedure	-			-	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more re	lated organizations listed	in Parts II-IV?		1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				19	×
is Gift group or country than to related organization(s)				¥	
			:	╀	+
<ul> <li>Gift, grant, or capital contribution from related organization(s)</li> </ul>				<del>2</del>	×
d Loans or loan guarantees to or for related organization(s)				4	×
e Loans or loan guarantees by related organization(s)				<b>1</b> e	×
f Sale of assets to related organization(s)		٠		<b>+</b>	×
g Purchase of assets from related organization(s)				19	×
h Exchange of assets with related organization(s)				4	×
i Lease of facilities, equipment, or other assets to related organization(s)			,	1i X	
j Lease of facilities, equipment, or other assets from related organization(s)				1;	×
k Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			¥	×
1 Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			=	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			Ť.	
n Sharing of paid employees with related organization(s)				t X	
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>	٠			10	4
D Reimbursement paid by related organization(s) for expenses				10	×
<b>q</b> Other transfer of cash or property to related organization(s)				1	×
r Other transfer of cash or property from related organization(s)				<b>-</b>	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete the	is line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds		
(a)	(9)	(2)	(D)		

(a) Name of other organization	(b) Transaction type (a-r)	(b) (c) (d) Transaction Amount involved amount involved amount involved	(d) Method of determining amount involved
(1) LINCOLN LAND COMMUNITY COLLEGE	В	234,519.	234,519. FAIR MARKET VALUE
(2) LINCOLN LAND COMMUNITY COLLEGE	Н	281,019.	281,019.FAIR MARKET VALUE
(3) LINCOLN LAND COMMUNITY COLLEGE	M	13,374.	13,374.FAIR MARKET VALUE
(4) LINCOLN LAND COMMUNITY COLLEGE	Z	240,105.	240,105.FAIR MARKET VALUE
(5) LINCOLN LAND COMMUNTIY COLLEGE	0	135,818.	135,818.FAIR MARKET VALUE
(9)			

37-1360597

Page 4

LINCOLN LAND COMMUNITY COLLEGE

FOUNDATION Schedule R (Form 990) 2011 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(K)	rcentage vnership					Schedule R (Form 990) 2011
	rai or Pe			 		orm 9
5	General or Comanaging Mariner?					le R (F
(9)	uspropulation (Form 1065) Yes No		_			Schedu
(h)	tionate allocations?			 		
-	- <del>                                     </del>	·		 		
(6)	snare of end-of-year assets					
<b>E</b>	Snare of total income					
(e) Are all	bartners sec 501(c)(3) orgs 7			 		
(b)	Predominatin informe parines sec (related, unrelated, excluded from tax under section 512-514) yes No					
(c)	(state or foreign country)					
(q)	Primary activity					
(a) (b) (c) (d)	Name, address, and EIN of entity					

Schedule R	(Form 990) 2011	FOUNDATION	37-1360597 Page 5
Part VII	(Form 990) 2011 Supplemental Info	rmation	
	Complete this part to pro	ovide additional information for responses to questions on Schedule R (see instr	ructions).
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132165 01-23-12			Schedule R (Form 990) 2011

#### Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 1-2012)

 $\triangleright \mathbf{X}$  If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions Employer identification number (EIN) or print LINCOLN LAND COMMUNITY COLLEGE 37-1360597 FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 5250 SHEPHERD ROAD return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SPRINGFIELD, IL 62794-9256 Enter the Return code for the return that this application is for (file a separate application for each return) Application **Application** Return Return Code Is For Code Is For Form 990 Form 990-T (corporation) 07 01 Form 1041-A Form 990-BL 02 N8 Form 990-EZ Form 4720 09 01 Form 5227 10 Form 990-PF 04 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 KAREN SANDERS The books are in the care of ► 5250 SHEPHERD ROAD - SPRINGFIELD, IL 62794-9256 Telephone No  $\triangleright$  (217)786-2784 FAX No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box I and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year ► X tax year beginning JUL 1, 2011 and ending JUN 30, 2012 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$ Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.