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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

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

		nue Service	▶ The organization may have to use a copy of this return to satisfy state reporting r	requirements.	Inspection			
A	For the	2011 cale	endar year, or tax year beginning July 1 , 2011, and ending	June 30	, 20 12			
В	Check if applicable C Name of organization Lewis-Clark State College Foundation, Inc. D Employer identification number 1. D Employer identification number 2. D Employer identification number 2. D Employer identification number 3. D Employer iden							
		change	Doing Business As		82-0396878			
$\overline{\sqcap}$	Name c		Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho	ne number			
$\overline{\Box}$	Initial re	•	500 8th Ave.		208-792-2458			
\Box	Termina		City or town, state or country, and ZIP + 4					
$\overline{\Box}$		ed return	Lewiston, ID 83501	G Gross r	eceipts \$ 591361			
$\overline{\Box}$				Is this a group return	for affiliates? Yes V No			
	, ,ppca.				ncluded? Yes No			
	Tay-eye	mpt status	√ 501(c)(3)		a list (see instructions)			
<u> </u>	Website			Group exemption	n number 🕨			
<u>K</u>		·			of legal domicite ID			
_	art I	Summ		1				
_	1		escribe the organization's mission or most significant activities: The Lewis-Cla	rk State Colle	ge Foundation, Inc.			
	ļ '	•	financial support and administers and manages gifts and investments for the bene					
S		-2	four-year college owned and operated by the State of Idaho.					
nan	1		our year conege owned and operated by the state of radio.					
Governance		Chook th	is box ▶☐ If the organization discontinued its operations or disposed of more	than 25% of	ite not accote			
õ	2			3	27			
જ	3		of voting members of the governing body (Part VI, line 1a)	4	27			
ties	4		of independent voting members of the governing body (Part VI, line 1b)	5	0			
Activities &	5		mber of individuals employed in calendar year 2011 (Part V, line 2a)	6	0			
AC	6		mber of volunteers (estimate if necessary)	7a	0			
	7a		related business revenue from Part VIII, column (C), line 12	7a	0			
	<u>b</u>	Net unrei	lated business taxable income from Form 990-T, line 34	rior Year	Current Year			
		0 . "	tions and grants (Part VIII, lihegh)		ļ			
e	8	Contribu	tions and grants (Part VIII, linegin)	57470	45177			
Revenue	9		service revenue (Part VIII, line 2g)	448515				
Ŗ	10		ent income (Part VIII) column (A), lines 3, 4, and 7d)	1136	1186			
	11		/enue (Part VIII, column (A), lines 5/6d, 8c, 9c, 10c, and 11e)	507404	504004			
	12		enue—add lines 8 through 11 (must-equal Part VIII, column (A), line 12)	507121	591361			
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)	483115	432113			
	14		paid to or for members (Part IX, column (A), line 4)	0	0			
es	15	•	other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0			
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	0	U COMPANY CONTRACTOR C			
χ	b		draising expenses (Part IX, column (D), line 25)					
-	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	52898				
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	536013	502457			
_	19	Revenue	less expenses. Subtract line 18 from line 12	-28892 of Current Year	88904			
Net Assets or Fund Balances			<u> </u>		End of Year			
sset	20		tets (Part X, line 16)	5894656	5974253			
ad A	21		ilities (Part X, line 26)	722354	721243			
_			ts or fund balances. Subtract line 21 from line 20	5172302	5253010			
	art II		ture Block					
Un	ider pena	alties of perju	iry, I declare that I have examined this return, including accompanying schedules and statements, an lete. Declaration of preparer (other that officer) is based on all information of which preparer has any i	na to the best of knowledge	my knowledge and belief, it is			
				1117	15.010			
ei.		Sign	ature of officer	Date	12012			
Sig He	_	, ,	V 1	Date				
ne	:1 E		chael R. Ripley, President					
		<u> </u>	pe preparer's name Preparer's signature Date		PTIN			
Pa			po proparor o signaturo	Check self-em	☐ if [
	epare	l — .		 	picyeu			
Us	e On			Firm's EiN ▶				
1.4-	v tha II		s this roturn with the propagar shown above? (see instructions)	Phone no	□Vac □N-			
ivia	y me II	no aiscus:	s this return with the preparer shown above? (see instructions)		🔲 Yes 🗌 No			

		ige Z
Part		
	Check if Schedule O contains a response to any question in this Part III	Ш
1	Briefly describe the organization's mission: We promote access, excellence and relevance in higher education through support of Lewis-Clark State College. We acquire,	
	gratefully acknowledge, and manage private support for the maximum benefit of Lewis-Clark State College.	
	graciumy destroutioned, und manage private support for the maximum benefit of being clark crack configuration.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Vo
	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?	\1 -
	If "Yes," describe these changes on Schedule O.	40
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	vd t
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 295074 including grants of \$ 295074) (Revenue \$ 371016)	
74	Foundation Scholarship Programs consists of monies received from private donors and distributions from endowment funds	
	restricted specifically for scholarships. These grants are to individuals who are attending Lewis-Clark State College, a public	
	four-year college owned and operated by the State of Idaho. Students are selected from a diverse student population based upon	
	specific scholarship criteria, of which one may be financial need.	
	The scholarship awards vary both in number and amount each year depending upon the availability of funds. 211 students	
	benefited from the Foundation Scholarship Programs in the tax year 2012. The total scholarship amount awarded was \$295074, with individual awards ranging from \$100 to \$3000.	
4b	(Code:) (Expenses \$ 137039 including grants of \$ 137039) (Revenue \$ 173982) Donations and contributions to benefit Lewis-Clark State College. In the process of raising funds for the Lewis-Clark State College.	_
	Foundation donors sometimes specify usages for the contributions that fall outside the aegis of the Foundation. For example,	
	an alumnus solicited for the Annual Fund makes a gift of \$100 and requests that it be used for the Nursing program. In such a cas	e,
	the Foundation receives and acknowledges the gift, and passes the funds on to the Nursing Division of Lewis-Clark State College.	
4¢	(Code:) (Expenses \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	—
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 432113	

. eu i	Officerist of nequired scriedules			1
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3.	·	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		1
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	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
þ	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	✓	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
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		1
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		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19_		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part I	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	✓	
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	✓	
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		1
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		√
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
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		✓
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		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		✓
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		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
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	√	
		Ea.	. 000	(2011)

Form **990** (2011)

Part				_
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	<u> </u>	103	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 '		
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	H-		
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
c	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			
-	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
°а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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	ן ']
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:			
a	Gross income from members or shareholders	↓		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	<u> </u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
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		<u> </u>
l.	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	and the second s		١.	1
_	the organization is licensed to issue qualified health plans	∤		
C 140		140		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		*

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI			✓
Secti	on A. Governing Body and Management		Vas	Na
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6 7a		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	√	
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 ue Co	ode.)	✓
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 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		\
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13 14 15	Did the organization have a written whistleblower policy?	13 14		✓
a b	The organization's CEO, Executive Director, or top management official	15a 15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation 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		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Mary Hasenoehrl, Lewis-Clark State College, 500 8th Ave., Lewiston, ID 83501 (208) 792-2458	of the	•	

Form 990 (2011) Lewis-Clark State Colle	ge Foun	dati	on	,]	[nc	<u></u>	_EI	N 82-03968	378 <u> </u>	Page 7
Part VII Compensation of Officers, Dir	ectors, Ti	ruste	es,	Ke	y E	mpl	oye	es, Highest	Compensated	Employees, and
Independent Contractors			~		. n	a thia	Da	-4 \ /II		
Check if Schedule O contains a re Section A. Officers, Directors, Trustees, Key										<u> U</u>
1a Complete this table for all persons required										g with or within the
organization's tax year.										
 List all of the organization's current office compensation. Enter -0- in columns (D), (E), and 					•			ividuals or orga	anizations), rega	rdless of amount of
 List all of the organization's current key en 		-								
• List the organization's five current highes who received reportable compensation (Box 5 organization and any related organizations.										
 List all of the organization's former office \$100,000 of reportable compensation from the organization. 	-					-		-	mployees who	received more than
• List all of the organization's former direc organization, more than \$10,000 of reportable or	ompensatio	on fro	m th	ne d	rga	nizati	on a	and any related	d organizations.	
List persons in the following order: individu		s or	dır	ecto	ors;	ınstı	tuti	onal trustees;	officers; key	employees; highest
compensated employees; and former such pers Check this box if neither the organization no		ط محم	0017	otio		omno	nac	atod ony ourron	t officer directo	r or tructoo
Check this box is relater the organization no	any relate	u org	amz		C)	ompe	1150	Tied any curren	it officer, directo	r, or trustee.
(A)	(B)	l		Pos	ition			(D)	(E)	(F)
Name and Title	Average					than one sout		Reportable	Reportable	Estimated
	hours per week	officer and a director/trus			·	compensation from	compensation from related	amount of other		
	(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key e	tighe mplo	Former	the , organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	dual	tion	*	employee	st co	4	(W-2/1099-MISC)		organization and related
	ın Schedule	rust	al tru		уее	mpe				organizations
	O)	8	stee	}		Highest compensated employee				
(1) See Attached										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)					-					
(8)									<u>.</u> .	
(9)										
(10)					ļ.—					
(11)					-					
(12)										<u> </u>

(13)

(14)

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (con	tinued,	<u>) </u>		
	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box, office individual	unles	Pos neck ss pe	rson	than the both structure of the both structure of the stru	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation froi related organizations (W-2/1099-MISC)		Estin amo of compo from organ and i	(F) mated ount of ther ensation m the nization related	1
(15)							<u> </u>							
(16)								-						
(17)								<u> </u>			+			
(18)]		_							+			
(19)						ļ							 -	
(20)											-			
(21)						_		-			+			
(22)											+-			
		<u> </u>					_				+			
(24)					_						+			
(25)											+-			
						<u> </u>				-				
1b c	Sub-total							>	0		0			0
d	Total (add lines 1b and 1c)							<u>►</u> e) w	ho received m	L	0 000 of	:		0
	reportable compensation from the organi	zation ► 0											Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s									est compensa		3		
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ole (con	nper	nsatio	n a	nd other comp	ensation from	the	3		√
_	individual	·									. [4		√
5	Did any person listed on line 1a receive of for services rendered to the organization?											5		√
Section	on B. Independent Contractors									·				
1	Complete this table for your five highest of compensation from the organization. Replyear.													ЭX
	(A) Name and business add	ress							(B) Description of s	ervices	Cor	(C)	ation	
None														
								L						
2	Total number of independent contractor	•	_) th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a					
ran	b	Membership dues 1b					
בֿ מַ מ	c	Fundraising events 1c					
ifts r A	ď	Related organizations 1d					ļ
2 5							
Sin	e	Government grants (contributions) 1e					ı
iğ je	•	All other contributions, gifts, grants, and similar amounts not included above					ļ
들			45177				İ
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$	o				'
	h	Total. Add lines 1a-1f	▶	45177			
Ę			Business Code				;
Ver	2a	Scholarship Revenue	611710	371016	371016		
2	b	Donations to Benefit LCSC	611710	173982	173982		
ig.	С						
و	d						
Ε	e						
gra	f	All other program service revenue .					
Program Service Revenue	g g	Total. Add lines 2a–2f		544998	·		·
- -	3	Investment income (including divide		314000			
				1186			1186
j	4	Income from investment of tax-exempt bo		1100			1100
		•	nia proceeds				
	5	Royalties	(ii) Personal				
			(ii) i ersonar				;
	6a	Gross rents					,
ĺ	b	Less: rental expenses			[
	С	Rental income or (loss)					<u></u>
	d	Net rental income or (loss)	<u> ▶</u>	<u>-</u>			
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					1
	b	Less: cost or other basis			1		
		and sales expenses .					l
	С	Gain or (loss)					
	d	Net gain or (loss)					
		32		7/			
Ĭ.	8a	Gross income from fundraising					
ē		events (not including \$					
Other Revenue		of contributions reported on line 1c).					
7		See Part IV, line 18 a					1
ᆴ	b	Less: direct expenses b					1
0		Net income or (loss) from fundraising	events . ►		l		~~~ <u>~</u>
		Gross income from gaming activities.	events .				
ĺ	30	See Part IV, line 19 a		i			
		1					
		Less: direct expenses b	,iai ==				i
		Net income or (loss) from gaming activ	villes				
ł	10a	Gross sales of inventory, less	ł	1			
		returns and allowances a					
		Less: cost of goods sold b					
ļ	C	Net income or (loss) from sales of inve					
Į.		Miscellaneous Revenue	Business Code				
ļ	11a						
	b						
1	С						
	d	All other revenue					
		Total. Add lines 11a-11d	▶ [0			
- 1	12	Total revenue. See instructions	▶ [591361	544998	0	1186

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).	

	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	137039	137039		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	295074	295074		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				1
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	-			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
-					
7 8	Other salaries and wages				
U	section 401(k) and 403(b) employer contributions)		!		
9	Other employee benefits				
10	Payroll taxes	 			
11	Fees for services (non-employees):				
''a	Management				
b	Legal				
C	Accounting		<u>, , , , , , , , , , , , , , , , , , , </u>		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				 _
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	- '			
23	Insurance	1227		1227	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				i
	(A) amount, list line 24e expenses on Schedule O.)				
a	Gift Annuities Expense	68535		68535	
b	Banking Fees	582		582	
q					
d e	All other expenses	-			
25	All other expenses Total functional expenses. Add lines 1 through 24e	502457	432113	70344	
26	Joint costs. Complete this line only if the	302407	702110	,,,,,,,	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here		ĺ		
	following SOP 98-2 (ASC 958-720)		<u> </u>		

	arın	Dalance Street	/A\		(B)
			(A) Beginning of year		End of year
	1	Cash—non-interest-bearing		1	<u></u>
	2	Savings and temporary cash investments	549404	2	687904
	3	Pledges and grants receivable, net	4680	3	10310
	4	Accounts receivable, net	25010	4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	0	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ŀ		employers and sponsoring organizations of section 501(c)(9) voluntary			I I
w		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
ASS	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
	IVa	other basis. Complete Part VI of Schedule D			1
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	5314926	-	5275403
	12	Investments—other securities. See Part IV, line 11	0014020	12	0270400
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	636	-	636
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5894656		5974253
	17	Accounts payable and accrued expenses	3004000	17	0074200
	18	Grants payable	1.4.40	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	···
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	·
رم.	22	Payables to current and former officers, directors, trustees, key			
ţį	22	employees, highest compensated employees, and disqualified persons.			l
Ē		Complete Part II of Schedule L		22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X	722354		721243
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	722354		721243
		Organizations that follow SFAS 117, check here ▶ □ and complete			
es		lines 27 through 29, and lines 33 and 34.			,
5	27	Unrestricted net assets		27	
ğ	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
ڃ		Organizations that do not follow SFAS 117, check here ▶ ☑ and			
Net Assets or Fund Balances		complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund	. 	31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
<u>f</u> et	33	Total net assets or fund balances	5172302	33	5253010
~	34	Total liabilities and net assets/fund balances	5894656	34	5974253

Form*9	90 (2011) Lewis-Clark State College Foundation, Inc EIN 82-0396878			Pa	age 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1			91361
2	Total expenses (must equal Part IX, column (A), line 25)	2			02457
3	Revenue less expenses. Subtract line 2 from line 1	3			88904
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			72302
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-8196
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		52	53010
Pari	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				. 🗸
	Office it Schedule O contains a response to any question in this rate xii		<u> </u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	√
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account	-	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye issued on a separate basis, consolidated basis, or both:	ar were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a		forth in	За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3h		

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

2011

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.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization Employer identification number Lewis-Clark State College Foundation, Inc. 82-0396878 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II **c** Type III–Functionally integrated d Type III-Other e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes 11g(ı) 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of (vi) Is the (described on lines 1-9 in col (i) listed in your the organization in organization in col organization support col (i) of your governing document? (i) organized in the above or IRC section. support? US? (see instructions)) Yes No Yes Yes (A) (B) (C) (D) (E)

Total

Dar II	Support Schodula for	Organizatione Decor	ihad in Sactione 176	1 hac (vi)/A)/11/(d)(フロ(ト)/1\/A\/\/i\
raitii	Support Schedule for	Organizations Descr	ibed iii Sections 170	י מווע ניאון און וואלוו אלמוט	

(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.)

Secti	on A. Public Support						
Calen	dar 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.")	679944	490129	836282	448515	544998	2999868
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	679944	490129	836282	448515	544998	2999868
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1539663
6	Public support. Subtract line 5 from line 4.						1460205
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	679944	490129	836282	448515	544998	2999868
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21080	9781	7133	1136	1186	40316
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				1000		
11	Total support. Add lines 7 through 10						3040184
12	Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for the	•			-		
<u> </u>	organization, check this box and stop her			· · · · ·	· · · · ·		· · <u></u>
	on C. Computation of Public Suppor			4 (5)		44	40.0/
14 15	Public support percentage for 2011 (line 6 Public support percentage from 2010 Sch		<u>-</u>			15	48 %
16a	331/3% support test—2011. If the organization						
	box and stop here. The organization qual						. ▶ 🔽
b	33 ¹ / ₃ % support test—2010. If the organ check this box and stop here. The organi	nization did no	t check a box	on line 13 or		15 is 33 ¹ / ₃ % (
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "factoring organization".	ets the "facts-a	ınd-circumstar	nces" test, che	ck this box an	d stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	on meets the eets the	"facts-and-cir	cumstances" fances" fances" f	test, check th	is box and sto	p here.
18	Private foundation. If the organization die				or 17h check	this have and a	[
10	instructions						. ▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar 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.")]			
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		1				
	unrelated trade or business under section 513						
4	Tax revenues levied for the	*					
4	organization's benefit and either paid						
	to or expended on its behalf						
_	•		-			-	
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		1 .				
_	•		ļ <u>`</u>				-
6	Total. Add lines 1 through 5		-	-			
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			ļ		ļ	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b		ļ				
8	Public support (Subtract line 7c from						
	line 6.)			<u> </u>	<u> </u>	<u>. </u>	
	on B. Total Support		T		1		
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		-	1			
	(Explain in Part IV.)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			<u></u>			
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a sec	tion 501(c)(3)
	organization, check this box and stop he	re					▶ 🗀
Secti	on C. Computation of Public Suppor	rt Percentag	ge				
15	Public support percentage for 2011 (line	B, column (f) c	livided by line 1	13, column (f))		15	%_
16	Public support percentage from 2010 Sch	nedule A, Part	III, line 15 .	<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2011 (line 10c, colu	mn (f) divided b	y line 13, colu	mn (f))	17	%
18 ,	Investment income percentage from 2010						%
19a	331/3% support tests-2011. If the organ						
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organiz	ation . >
b	331/3% support tests—2010. If the organiz						
	line 18 is not more than 331/3%, check this	_	-	-			
20	Private foundation If the organization di	d not check a	hov on line 14	10a or 10h	check this hox	and see inst	tructions -

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Employer identification number Name of the organization Lewis-Clark State College Foundation, Inc. 82-0396878 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 2 Aggregate contributions to (during year). 3 Aggregate grants from (during year) . . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II 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 ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ 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 Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear ▶ Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 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) 8 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. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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: 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: Assets included in Form 990, Part X

	,	. b. 0.11 E		Taa ETN O	2 0206979	
Schedu Par	le D (Form 990) 2011 Lewis-Clark Sta					Page 2
3	Using the organization's acquisition, a					
	collection items (check all that apply):					
a	Public exhibition		_	or exchange prog		
b	Scholarly researchPreservation for future generations		e 🗌 Other			,
С 4	Provide a description of the organizations		nd explain how t	nev further the ord	nanization's exemi	ot purpose in Part
7	XIV.					
5	During the year, did the organization					
-	assets to be sold to raise funds rather					☐ Yes ☐ No
Pari	line 9, or reported an amount	_	-	anization answe	red "Yes" to For	m 990, Part IV,
1a				or contributions of	r other assets not	
	included on Form 990, Part X?		-			☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV and complet	e the following to	able:		
					Am	nount
C	Beginning balance			10	;	
d	Additions during the year			<u>10</u>	1	
е	Distributions during the year			<u>1</u> 6)	
f	Ending balance			<u>1</u> 1	<u> </u>	
2a	Did the organization include an amoun		t X, line 21? .			☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa	art XIV.				
Par	t V Endowment Funds. Comple					
	<u> </u>	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	
1a	Beginning of year balance	3979456	3161721	2581068	2909252	
b	Contributions	97510	306351	420334	172683	
С	Net investment earnings, gains, and losses	4040	C4 4000	400000	445006	
	-	-4242 -106037	-103539	198666 -38347	-415996 -84871	
d	Grants or scholarships Other expenditures for facilities and	-106037	- 103539	-30347	-04071	
е	programs					
f	Administrative expenses					
g	End of year balance	3966687	3979456	3161721	2581068	
2	Provide the estimated percentage of the		balance (line 1g		l	
a	Board designated or quasi-endowmen			,		
b	Permanent endowment ► 1	00 %				
C	Temporarily restricted endowment ▶					
-	The percentages in lines 2a, 2b, and 2		1%.			
3a	Are there endowment funds not in the			at are held and ac	Iministered for the	<u></u>
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓

Par	Describe in Part XIV the intended uses of t Land, Buildings, and Equipment				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
ь	Buildings				
С	Leasehold improvements				
d	Equipment				
е	Other				

3a(ii)

3b

chedule D (Form 99	0) 2011 Lewis-Clark State	College Foundation	n, Inc EIN 82-03968	78 Pag
	vestments - Other Securities	T	T	
	cription of security or category cluding name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
Financial deri	vatives			
Closely-held	equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
	t equal Form 990, Part X, col. (B) line 12.)	1 0 F 000 D 1 V	1	
	estments—Program Related			_
(a) De	scription of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
			Cost of the stryon	That to talue
<u> </u>				······································
<u>) </u>		<u></u>		
<u>) </u>				· - ,,
<u>) </u>				
<u>) </u>			<u> </u>	
<u>) </u>				
") 3)				
		<u> </u>	 	
))))				
	t equal Form 990, Part X, col (B) line 13.)			
	her Assets. See Form 990, Pa	art X. line 15.		
		a) Description	 _	(b) Book value
1)		· · · · · · · · · · · · · · · · · · ·		
2)				
3)				
1)	· · · · · · · · · · · · · · · · · · ·			
5)				
5)				
)				
3)				
9)				
0)				
	o) must equal Form 990, Part X, c		<u> </u>	
	her Liabilities. See Form 990,			
	a) Description of liability	(b) Book value		
) Federal incor			4	
Gift Annuities	s Payable	721243	31	
3)				
1)				
			_	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ► 721243

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

(8) (9) (10) (11)

Schedu	le D (Form 990) 2011 Lewis-Clark State College Foundation, Inc EIN 82-039	6878	Page 4
Parl	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	nents)
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Ret	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2€)
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ł	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV.)		_
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		leturn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
С	Other losses	_	
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2€	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
þ	Other (Describe in Part XIV.)	- -	-
c	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIV Supplemental Information	Dort I	N/ lines the and Ohi
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 7, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor		
	dditional information.	npica	c this part to provide
-	, Line 4 - Intended use of endowment funds is for scholarships for students attending Lewis-Clark State C	`olleg	e a nublic
- art	, Line 4 - Interface and of endowment famous is for sometimes for statement according to the order of	3009	
four-v	ear college owned and operated by the State of Idaho.		
	ear conege owned and operated by the State of Idaho.		
Part X	, Line 2 - Other liabilities are gift annuity liabilities of the corporation.		
-			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

2011

OMB No 1545-0047

Open to Public Inspection

%□ (h) Purpose of grant or assistance programs/operations **Employer identification number** Support of college to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 82-0396878 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 137039 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table Part II can be duplicated if additional space is needed (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501 (c)(3) 82-6000935 (p) EIN Lewis-Clark State College Foundation, Inc. 1 (a) Name and address of organization (1) Lewis-Clark State College 500 8th Ave., Lewiston, ID 83501 or government Name of the organization Part I Part II 2 0 2 12 <u></u> 4 3 5 Ξ 9 <u>®</u> 9 5

Schedule I (Form 990) (2011)

Cat No 50055P

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

Schedule (Form 990) (2011) Lewis-Clark State College Foundation, Inc. - 82-0396878

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.

	(f) Description of non-cash assistance							itional information.	res of LCSC. If the grant funds are Is.	s and distributed in accordance				Schedule I (Form 990) (2011)
	(e) Method of valuation (book, FMV, appraisal, other)							ovide the information required in Part I, line 2, and any other additional information.	ark State College (LCSC), the corporation relies on the policies and procedures the corporation receives annual reports from LCSC on the use of these funds.	to pay student tuition and fees				
	(d) Amount of non-cash assistance	0						n required in Part I,), the corporation relies s annual reports from	these funds are used licies.				
	(c) Amount of cash grant	295074						vide the informatio	k State College (LCSC he corporation receive	State College (LCSC), LCSC institutional po				
al space is needec	(b) Number of recipients	211						ete this part to pro	benefit of Lewis-Clar	attending Lewis-Clark				
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance	1 Scholarships to students attending LCSC	2	3	4	5	9	 Part IV Supplemental Information. Complete this part to pr	Part I. Line 2 · For grant funds that are provided for the benefit of Lewis-Clark State College (LCSC), the corporation relies on the policies and procedures of LCSC. If the grant funds are some continuation to reliance on LCSC policies and procedures, the corporation receives annual reports from LCSC on the use of these funds.	or grant funds provided as scholarships to students attending Lewis-Clark State College (LCSC), these funds are used to pay student tuition and fees and distributed in accordance vith 1) Foundation defined eligibility, 2) Federal financial aid policies, and 3) LCSC institutional policies.				,

SCHEDULE M (Form 990)

Noncash Contributions

2011

Employer identification number

OMB No 1545-0047

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

► Attach to Form 990.

Open To Public Inspection

Lewis-Clark State College Foundation, Inc. 82-0396878 Types of Property Part I (c) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art 2 Art-Historical treasures . . . 3 Art-Fractional interests . . . 4 Books and publications . . 5 Clothing and household goods 6 Cars and other vehicles . . . Boats and planes 7 8 Intellectual property 1 0 Avg of high/low stock 9 Securities - Publicly traded . . . 3 Securities-Closely held stock . value on date of gift 10 11 Securities - Partnership, LLC, or trust interests 12 Securities -- Miscellaneous . 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution-Other . . Real estate - Residential . . 15 Real estate-Commercial . . 16 17 Real estate—Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts . . . Other ► (____) 25 Other ► (26 27 Other► (28 Other ► (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that 30a it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes." describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M (age 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32	b,
	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, Line	e 9, Column B - Number of contributions: 3 stock gifts were given by 3 donors	
Line 32a -	Stock transactions are received and liquidated by an independently owned, full service investment firm hired by the Foundatio	n
ta massaca	sionally manage its investment portfolio.	
to profess	ionally manage its investment portiolio.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Employer identification number Name of the organization 82-0396878 Lewis-Clark State College Foundation, Inc Part VI, Line 11b - Form 990 is completed by the Treasurer and reviewed by the officers of the Board (President, Vice President, and Secretary) prior to signature and filing. The completed Form 990 and all schedules are available to all directors for their review. Part VI, Line 12c - The Secretary of the corporation reviews the annual conflict of interest disclosures to determine any potential issues. While the potential for conflicts of interest are extremely limited due to the activities and processes of the corporation, which are primarily granting scholarships to students attending Lewis-Clark State College, resolution is immediate with on-going monitoring provided by the Secretary, as needed. Part VI, Line 19 - Copies of the corporation's governing documents, conflict of interest policy, and financial statements are available to the public upon request. Part XI, Line 5 - The amount reported of -\$8196 is unrealized loss on investments carried at market value. Part XII, Line 2 - The corporation's financial statements are discreetly presented in the financial statements of Lewis-Clark State College as per Governmental Accounting Standards Board (GASB) Statement No. 39, Determining Whether Certain Organizations Are Component Units, an amendment of GASB 14. As a component unit of Lewis-Clark State College, the corporation's financial statements are audited by an independent auditing firm. The corporation does not prepare or receive separate audited financial statements

LEWIS-CLARK STATE COLLEGE FOUNDATION INC. EIN # 82 - 0396878

FORM 990, Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a List all of the organization's current officers, directors, trustees and key employees

	(A)			(B)			((C)			(D)	(E)	(F)
					Po	osition	(checl	k all th	at apply)			
	Last Name	First Name	Title	Average hours per week	invdividual trustee or director	Institutional trustee	Officer	Key Employee	Highest compensated employee	Former	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from organization and related organizations
	Ripley	Mike	President	5 00	Х		Х				0	0	0
	Creason	Marsha	Vice President	5 00	Х		Х				0	0	0
	Cannon	Brad	Secretary	5 00	Х		Х				0	0	0
-	Alva	Trudy	Treasurer	10 00			Х				0	0	0
	Alford, Jr	AL	Director	0 25	Х						0	0	0
	Ausman	Lynn	Director	0 25	Х						0	0	0
	Baggett	Green	Director	0 25	Х						0	0	0
_	Chavez	Lız	Director	0 25	Х						0	0	0
	Coleman	Justin	Director	0 25	Х						0	0	0
10	Hayes	Howard	Director	0 25	Х						0	0	0
11	Henderson	Robin	Director	0 25	Χ						0	0	0
	Kane	Julie	Director	0 25	Х						0	0	0
13	Koenen	Carl	Director	0 25	Χ						0	0	0
14	Mahoney	Colleen	Director	0 25	Χ						0	0	0
15	Mannschreck	William	Director	0 25	Χ						0	0	0
16	Mitchell	Mıke	Director	0 25	Х						0	0	0
17	Neal	Larry	Director	0 25	Х						0	0	0
	Poe	Don	Director	0 25	Χ						0	0	0
19	Pope	Janet	Director	0 25	Χ						0	0	0
20	Romesburg	Dave	Director	0 25	Χ						0	0	0
21	Saxton	Eadle	Director	0 25	Χ						0	0	0
22	Sayler	Tım	Director	0 25	Χ						0	0	0
23	Schmidt	Brian	Director	0 25	Χ						0	0	0
24	Seehafer	Bill	Director	0 25	Χ						0	0	0
25	Skinner	Garry	Director	0 25	Х						0	0	0
26	Spencer	Craig	Director	0 25	Х						0	0	0
	Stedman	Kırk	Director	0 25	Х						0	0	0
	Tatko	Mike	Director	0 25	Χ						0	0	0

LEWIS-CLARK STATE COLLEGE FOUNDATION INC. EIN # 82 - 0396878

FORM 990, Schedule B Part I: Contributors

(a) No.	(a) No. (b) Name	(b) Address	(c) Total contributions	(d) Type of Contributions
			90024	Noncash
			76343	Person
			53050	Person
			20000	Person
			30000	
			25009	Person
			21500	
			20000	Person
				Noncash/Person
_			15000	Person
_			15000	Person
_			14100	Person
_			10800	Person
-			10000	
_			0006	
_			7500	Person
_			7000	
_			2000	
_			2000	Person
7			2000	
77			2000	Person

LEWIS-CLARK STATE COLLEGE FOUNDATION INC. EIN # 82 - 0396878

FORM 990, Schedule B Part II: Noncash Property

		Date
	(၁)	FMV
		_
		oerty giver
		noncash prop
		on of
		Descripti
<u>.</u>	٤	t (b)
(a)	fron	Par

1/19/2012 12/12/2011 received 89974 11390

Ð