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# Form **990**

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A</u>	For the	2013 calendar year, or tax year beginning $$	ending J	<u>UN 30, 2014</u>				
В	Check if	C Name of organization		D Employer identific	cation number			
	applicable	LINCOLN LAND COMMUNITY COLLEGE						
	Address change	FOUNDATION						
Ē	Name change	Doing Business As		37-1360597				
F	Ilnitial		Room/suite					
늗	retum Termin-	5250 SHEPHERD ROAD	i tootti/ suite		)786-278 <u>4</u>			
F	lated Amende			G Gross receipts \$	2,388,202.			
F	return Applica	City of town, state or province, country, and ZiP or foreign postar code						
L	tion pending	SPRINGFIEDD, ID 02/34-3230		H(a) Is this a group re				
		F Name and address of principal officer KAREN SANDERS		for subordinates	· — —			
_		SAME AS C ABOVE		H(b) Are all subordinates in				
		npt status X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list (see instructions)			
		:▶ WWW.LLCCFOUNDATION.ORG		H(c) Group exemption				
		rganization: X Corporation Trust Association Other	L Year	of formation: 1994 N	1 State of legal domicile: IL			
_F		Summary						
•	, 1 E	riefly describe the organization's mission or most significant activities. PROVI	IDE ST	UDENT SCHOL	ARSHIPS			
Governance	<u> </u>							
ָ . נ	2	check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.			
, §	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	16			
		lumber of independent voting members of the governing body (Part VI, line 1b)		4	16			
, o	<b>,</b>	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0			
Activities	5	otal number of volunteers (estimate if necessary)		6	83			
· 🖫	6	•	•		0.			
્રે ઠ્રે	7a	otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	0.			
ار ال	<u> br</u>	let unrelated business taxable income from Form 990-T, line 34		7b				
27 77				Prior Year	Current Year			
<u> </u>	ع ا <mark>8 (</mark>	Contributions and grants (Part VIII, line 1h)		602,427.	842,733.			
	9 F	Program service revenue (Part VIII, line 2g)		0.	0.			
2	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		277,332.	200,812.			
ш	<sup>-</sup>   11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40,807.	98,291.			
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		920,566.	1,141,836.			
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		346,877.	<u>365,164.</u>			
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
0		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
T V	16a F	Professional fundraising fees (Part IX, column (A), line 11e)RECEIVED		0.	0.			
ġ	5   ····		201		, ,			
ù	ر مر ا ز		88-08 	374,164.	453,672.			
		other expenses (Part IX, column (A), lines 11a-11d, part 24e), 17 201( otal expenses Add lines 13-17 (must equal Part IX, Sciumn (A), line 25)	tăi 🗀	721,041.	818,836.			
		Revenue less expenses, Subtract line 18 from line 12		199,525.	323,000.			
_	<u>၂19</u> ၂			ginning of Current Year				
tso	ğ	OGDEN, UT			End of Year			
t Assets or	[ 20	fotal assets (Part X, line 16)	<b>—</b>	6,315,603.	9,076,592.			
et A	일 21 ]	otal liabilities (Part X, line 26)		2,091,128.	1,887,869.			
] Net		let assets or fund balances Subtract line 21 from line 20		4,224,475.	7,188,723.			
	Part II	Signature Block			<del> </del>			
		ies of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
tru	ie, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer					
		Karin A Sandys		11-12-	14			
Si	gn	Signature of officer	•	Date				
Н	ere	Name A Sanders Secretary/Executi	iuc Di	irector				
		Type or print name and title						
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pa		DEBORAH J. RINGER	1	1/10/14 of self-employ	P00732336			
	T T	Firm's name KERBER, ECK & BRAECKEL LLP		Firm's EIN	43-0352985			
	e Only	Firm's address 1000 MYERS BUILDING	<u> </u>	7.1.1.1.0 2.111				
5	,	SPRINGFIELD, IL 62701		Phone no 21	7-789-0960			
_				F HORE HU. 4.1				
M	ay the IF	S discuss this return with the preparer shown above? (see instructions)		••	X Yes No			

	, , , , , , , , , , , , , , , , , , , ,	
	LINCOLN LAND COMMUNITY COLLEGE	'
	990 (2013) FOUNDATION	37-1360597 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission	
	TO RAISE AND RECEIVE CHARITABLE GIFTS, BE RESPONSIBLE	
	DONORS' GIFTS, AND PROVIDE FINANCIAL SUPPORT TO STUDE	
	OF LINCOLN LAND COMMUNITY COLLEGE, IN ORDER TO HELP E	ORTHER THE
	COLLEGE'S MISSION AND VISION.	
2	Did the organization undertake any significant program services during the year which were not listed on	☐Yes X No
	the prior Form 990 or 990-EZ?	Tes La_No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices? Yes X No
3	If "Yes," describe these changes on Schedule O	ces.
4	Describe the organization's program service accomplishments for each of its three largest program service	es as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	revenue, if any, for each program service reported.	y canoro, and total expenses, and
 4а	(Code ) (Expenses \$ 490,728 · including grants of \$ 365,164 · )	(Revenue \$
	THE LINCOLN LAND COMMUNITY COLLEGE FOUNDATION WAS ORG	
	OPERATES TO EXCLUSIVELY RAISE AND RECEIVE CHARITABLE	
	FINANCIAL SUPPORT TO THE EDUCATIONAL PROGRAMS AND SEF	_
	LAND COMMUNITY COLLEGE; TO ASSIST IN INCREASING AND E	ENHANCING THE
	PHYSICAL AND CULTURAL ENVIRONMENT OF THE COLLEGE; TO	BROADEN THE
	EDUCATIONAL OPPORTUNITIES AND SERVICES FOR ITS STUDEN	
	CITIZENS OF THE DISTRICT; AND TO PROVIDE FUNDS TO IMP	LEMENT
	SCHOLARSHIPS AND VARIOUS AWARDS.	
		·
4b	(Code) (Expenses \$	(Revenue \$)
		•
4c	(Code) (Expenses \$ including grants of \$)	(Revenue \$

4d	Other program services (Describe in Schedule O.)	

) (Revenue \$

4e Total program service expenses

including grants of \$ 490,728.

Form 990 (2013) 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	Х	
_2_	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	Ī		
	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			
	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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		_X_
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		X
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_	<u> </u>	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	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	40	x	
44	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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	x	
ь	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f_	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		21
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	

Form 990 (2013) FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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	ı	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (	2013)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 11								
ь-	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?								
2a	a 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								
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		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X_					
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 Accounts								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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 organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
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).	7.	v						
	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	X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>                                     </del>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x					
a	If "Yes," indicate the number of Forms 8282 filed during the year . 7d	70		-A-					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X						
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								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against			<u> </u>					
	amounts due or received from them)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ł							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		-					
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.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the		'	]					
_	organization is licensed to issue qualified health plans								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	<del> </del>	<del>  **</del>					
		, TV							

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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 or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
		_			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16							
	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										
2										
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	••		3_		_X				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X				
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 a	ppoint	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,	stockh	olders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ne following:							
а	The governing body?			8a	X					
b	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 re	ached	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 F	Revenu	e Code )							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	b 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	Х					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	iflicts?	12b	Х	<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe							
	ın Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approve	al by ı	ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?								
а	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization .			15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			+				
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its į	participation			ĺ				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	n's							
	exempt status with respect to such arrangements?			16b						
<u>Sec</u>	tion C. Disclosure		<u>.</u>							
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	tion 501(c)(3)s only) a	ivailab	le					
	for public inspection. Indicate how you made these available Check all that apply.									
	Own website Another's website X Upon request Other (explain		•							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy, an	d finar	ncıal					
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organiza	tion. 🕨						
	KAREN SANDERS - (217)786-2784									
	5250 SHEPHERD ROAD, SPRINGFIELD, IL 62794-9256									

Form 990 (2013) FOUNDATION

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

Check if Schedule O contains a response or note to any !	ine in this Part VII
--	----------------------

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

Check this box if neither the organization	n nor any related	orga	anıza	ation	COL	mpe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average	(do			nore	1 than	one	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an ficer and a director/trustee)				h an	compensation	compensation	amount of
	week	_	1		T	T	,	from the	from related	other
	(list any hours for	direct				-		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		a se	Highest compensated employee		`		and related
	below	vidua	tatio	55	Key employee	loyee	ner			organizations
	line)	皇	list	Officer	Æ	E	Former			
(1) RYAN MURPHY	2.00									
CHAIR		Х		X				0.	0.	0.
(2) PAM MCCLELLAND	2.00									
VICE-CHAIR		X		X	<u>L</u>	<u> </u>		0.	0.	0.
(3) KEN ELMORE	2.00									
TREASURER		X		X				0.	0.	0.
(4) DAN AUSTIN	1.00	]								
MEMBER		X						0.	0.	0.
(5) JASON BARTH	1.00	]								
MEMBER		X			<u> </u>		_	0.	0.	0.
(6) RACHEL BROUGHTON	1.00	]								
MEMBER		X						0.	0.	0.
(7) CHRIS CARTER	1.00									
MEMBER		X			<u> </u>			0.	0.	0.
(8) CHUCK DAVIS	1.00									
MEMBER		X						0.	0.	0.
(9) FORREST G. HESTER, III	1.00									
MEMBER		X						0.	0.	0.
(10) KYLE KILLEBREW	1.00									
MEMBER		X			_	ļ		0.	0.	0.
(11) GREG LUTCHKA	1.00									
MEMBER		X	ļ		<u> </u>			0.	0.	0.
(12) DAN MCCAIN	1.00									
MEMBER		X			<u> </u>			0.	0.	0.
(13) LEE MILNER	1.00									
MEMBER		X	<u> </u>		<u> </u>			0.	0.	0.
(14) JACKIE RICHIE	1.00									
MEMBER		X	L		L			0.	0.	0.
(15) TIM SCHROEDER	1.00	ļ								
MEMBER		X	ļ	L.	<u> </u>	ļ		0.	0.	0.
(16) TODD WISE	1.00	l								
MEMBER		X	<u> </u>	_	<u> </u>			0.	0.	0.
(17) KAREN SANDERS	40.00	1			ļ					
EXECUTIVE DIRECTOR				X				0.	101,872.	0.

Fai	Section A. Officers, Directors, Tru		ploy	/ees			ghe	st C			—			
	(A)	(B)				C) ition			(D)	(E)			(F)	
	Name and title	Average hours per			heck	more	than		Reportable	Reportable	_		stimate	
		week					is bot or/trus		compensation	compensation from related		ап	nount other	Oĭ
		(list any	į			-	Г		the	organizations		com	pensa	ition
		hours for	r director	l			<u>8</u>	ŀ	organization	(W-2/1099-MIS			om th	
		related	Individual trustee or	trustee			Highest compensated employee		(W-2/1099-MISC)			org	anizat	ion
		organizations	at ta	nal tr		loyee	0 e				ŀ		d relat	
		below line)	Mag	Institutional	Officer	Key employee	plest	Former				orga	anizatı	ons
		11116)	를	Ĭ	횽	ē.	₹5	ਣ			$\longrightarrow$		_	
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			<u> </u>					<u> </u>	_	404 05				
	Sub-total .								0.	101,87				0.
	Total from continuation sheets to Part V	II, Section A							0.	101 0	0.			0.
	Total (add lines 1b and 1c)	<u> </u>						<u> </u>	0.	101,87				0.
2	Total number of individuals (including but	not limited to th	nose	liste	ed a	bove	e) wl	ho r	eceived more than \$100	,000 of reportable	е			
	compensation from the organization												<b>V</b>	(
				_		_				_	r		Yes	No
3	Did the organization list any former officer	-		e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	l			
	line 1a? If "Yes," complete Schedule J for		-								}	3_		X
4	For any individual listed on line 1a, is the s									the organization				
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	dual for services		_		77
	rendered to the organization? If "Yes," con	nplete Schedul	e J i	or s	uch	pers	son					5		X
	tion B. Independent Contractors									<b>#</b> 100.000 · f				
1	Complete this table for your five highest or	-									pensa	ation t	rom	
	the organization Report compensation for	the calendar y	ear	enai	ng v	vitn	or w	ritmir		year.				
	(A) Name and busines:	s address	NT/	INC	<b></b>				( <b>B)</b> Description of s	ervices	C	Ompe		n
			TA	)IAI	ن									
		<del></del>							<u></u>				-	
	· · · · · · · · · · · · · · · · · · ·												_	
								-						
		·			-									
2	Total number of independent contractors	includina but r	not li	mite	d to	tho	se le	sted	d above) who received n	ore than				
-	\$100,000 of compensation from the organ	-					0							
		·												

Form 990 (2013)

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Form 990 (2013) FOUNDAT
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
			<del></del>			revenue	revenue	sections 512 - 514
at st	1 a	Federated campaigns .	1a					•
S 50	b	Membership dues .	1b					
Arr.	С	Fundraising events	1c	46,732,				
直	d	Related organizations .	1d					
ž.	е	Government grants (contribut	ions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran	ts, and					
ള		sımılar amounts not ıncluded abo	ve 1f	796,001.				
d d	g	Noncash contributions included in lines	1a-1f \$	36,437.				
<u>3 E</u>	h	Total. Add lines 1a-1f		<b>•</b>	842,733.		. <u>.                                   </u>	
				Business Code				
9	2 a							
ه کّ								
SE	С							
Program Service Revenue	d	l						
	е							
	f	All other program service reve	enue					
$\Box$	g	Total. Add lines 2a-2f		<b>•</b>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>▶</b>	171,485,			171,485.
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		<b></b>				
			(ı) Real	(II) Personal				
	6 a	Gross rents	43,141.					
	b	Less: rental expenses	0.					
	С	Rental income or (loss)	43 141.					
	d	Net rental income or (loss)		<b>&gt;</b>	43,141,			43,141.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1,219,699.					
	b	Less: cost or other basis						
		and sales expenses .	1,190,372					
	С	Gain or (loss)	29,327,					
	d	Net gain or (loss)			29,327.			29,327,
a	8 a	Gross income from fundraising	g events (not		·			
anue		including \$46	<u>.732</u> of					
eve		contributions reported on line	1c) See					
ᇤ		Part IV, line 18	а	55,994.				
Other Reve	b	Less: direct expenses	b	55,994.				
	C	Net income or (loss) from fund	draising events	<b></b>	0.			
	9 a	Gross income from gaming ac	ctivities See					
1		Part IV, line 19	а					
	b	Less: direct expenses	b					
l	С	Net income or (loss) from gam	ning activities	<b></b>			<u> </u>	
	10 a	Gross sales of inventory, less	returns					
1		and allowances	а					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sale	s of inventory	<b>•</b>				
{		Miscellaneous Revenu	ıe	Business Code				
	11 a	SCHOLARSHIPS FORGIVEN		900099	55,150,			55,150,
ĺ	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-11d		<b></b>	55,150,			
	12	Total revenue. See instructions.		<b>_</b>	1,141,836,			299,103,
33200 10-29	9 -13							Form <b>990</b> (2013)

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Form 990 (2013) FOUNDATION
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A).	
Do I	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	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	183,639.	183,639.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	181,525.	181,525.		
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				
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	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees)				
а	Management				<del></del>
b	Legal	•			
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses		<u>-</u> .		
14	Information technology				
15	Royalties				
16	Occupancy	35.		35.	
17	Travel .	33.		33.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	2,365.		2,365.	
19 20	Interest	95,944.		95,944.	· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	73,744.		73,744.	
22	Depreciation, depletion, and amortization				· · · · · · · · · · · · · · · · · · ·
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	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 O.)				
а	DIRECTOR AND ASSISTANT	125,354.	70,606.	0.	54,748.
ь	ENDOWMENT CAMPAIGN	74,989.			74,989.
c	TRUTTER MUSEUM	54,958.	54,958.		
d	INVESTMENT EXPENSE	37,287.		37,287.	
e	All other expenses	62,740.		41,756.	20,984.
25	Total functional expenses. Add lines 1 through 24e	818,836.	490,728.	177,387.	150,721.
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	j.			

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 271,609. 566,297 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 52,511 284,159. Pledges and grants receivable, net 3 3 35,325 30,699. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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 instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other 10<u>a</u> 2,791,723. basis. Complete Part VI of Schedule D 18,723. 2,773,000. 458,533. b Less: accumulated depreciation 10b 10c 3,534,185. 4,229,766. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 1,668,752. 1,487,359. 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,315,603. 16 9,076,592. 395,464. 381,830. 17 Accounts payable and accrued expenses 17 26,929. 18,680. 18 Grants payable 18 19 Deferred revenue 19 1,668,735. 1,487,359. 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities 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 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 2,091,128. 1,887,869. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances <296,087.>27 Unrestricted net assets 2,018,232. 27 1,665,226. 1,904,486. Temporarily restricted net assets 28 3,266,005. 2,855,336. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 4,224,475 7,188,723. Total net assets or fund balances 33 33

> 9,076,592. Form **990** (2013)

6,315,603.

34

34

Total liabilities and net assets/fund balances

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

	DINCODN DAND COMMONITI CODDEGE				
Form	990 (2013) FOUNDATION	<u> 37-130</u>	<u> 50597</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,14	1,8	36.
-2	Total expenses (must equal Part IX, column (A), line 25)	_2	81	8,8	36.
3	Revenue less expenses Subtract line 2 from line 1	3			00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,22		
5	Net unrealized gains (losses) on investments	5			36.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8	2,28	7.0	12.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,18	8.7	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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.			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a		х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	 I on a	20		
	separate basis, consolidated basis, or both:	ona			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e hasis			<u> </u>
	consolidated basis, or both.	e basis,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	o audit			
C		e addit,	0-	х	
	review, or compilation of its financial statements and selection of an independent accountant?	odulo O	2c		<del></del> -
ο-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	igie Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			

Form **990** (2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

◆ Attach to Form 990 or Form 990-EZ.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number LINCOLN LAND COMMUNITY COLLEGE FOUNDATION 37-1360597 Part I 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). 3 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: X 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). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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). 10 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 d Type III - Non-functionally integrated c Type III - Functionally integrated \_\_ Type II 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 I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (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). h (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (iii) Type of organization (ii) EIN (vii) Amount of monetary organizátion in col. in col. (i) listed in your organization in col. organization (described on lines 1-9 support (i) organized in the aovernina document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Yes No No

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

Schedule A (Form 990 or 990-EZ) 2013

**Total** 

(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

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION 37-1360

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

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fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 960,025. 452,993. 602,427. 842,733. 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 253,479. 260,005. 267,741 the organization without charge 248,466. 1270802. 4796066. 1208491. 706,472. 862,432. 1110474. 908,197. 4 Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 4796066. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 908,197. 1208491 706,472. 862,432. 1110474. 4796066. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 220,749. 244,455. 225,563. 214,626. 1125927. 220,534. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 5921993. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 80.99 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 78.96 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2013, If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ▶ X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2013

# Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support				· · · ·		
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
c Add lines 7a and 7b	• •					
8 Public support (Subtract line 7c from line 6)					-	
Section B. Total Support			<u> </u>		l	
Calendar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	(a) 2000	(6) 2010	(6) 2011	(0)2012	(6) 2010	(i) iotai
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources					·	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						<del></del>
c Add lines 10a and 10b .  11 Net income from unrelated business		<del></del>				<u> </u>
11 Net income from unrelated business activities not included in line 10b.						
whether or not the business is	1					
regularly carried on						
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part IV)						· ·· <u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organız	ation,
check this box and stop here						
Section C. Computation of Publi	c Support Pe	rcentage				<u>.</u>
15 Public support percentage for 2013 (li	ne 8, column (f) d	ıvıded by lıne 13, d	column (f)) .		15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves	tment Incom	<u>e Percentage</u>			<del></del>	·
17 Investment income percentage for 20	13 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))	<del></del>	17	%
18 Investment income percentage from 2	012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	=				•	▶□
b 33 1/3% support tests - 2012. If the		=		-		
line 18 is not more than 33 1/3%, che	=			•	•	▶ □
20 Private foundation. If the organization		-	· ·		•	

Schedule A	(Form 990 or 990-EZ) 2013 <b>FOUNDATION</b>	37-1360597 Page 4
Part IV	Supplemental Information. Provide the explanations required b	y Part II, line 10, Part II, line 17a or 17b; and Part III, line 12.
<u> </u>	Also complete this part for any additional information. (See instructions)	, . ,, . ,
	Also complete this part for any additional information. (See instructions)	
		· · · · · · · · · · · · · · · · · · ·
		<del>.</del>
<del></del>	<del></del>	
	<del>*************************************</del>	·
		· · · · · · · · · · · · · · · · · · ·
	- <del>-</del>	
		<del></del>

#### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LINCOLN LAND COMMUNITY COLLEGE

**Employer identification number** 37-1360597

FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 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 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 a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 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 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 XIII, 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 Part III 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 XIII. 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: Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2013 FOUNDAT						60597 Page 2
Par	t III   Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Simil	ar Asse	ts(continued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection items
	(check all that apply)						
а	X Public exhibition	d	Loan or exc	hange programs			
b	Scholarly research	e	Other			<del></del>	
С	Preservation for future generations						
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.						
5	<u> </u>						
r	to be sold to raise funds rather than to be ma						Yes X No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes" to	Form 990	, Part IV, I	ine 9, or
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	s or other assets no	t included		
	on Form 990, Part X?		•				Yes No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	•			
		·	•				Amount
С	Beginning balance				1c		
d	Additions during the year				1d		<del>-</del>
е	Distributions during the year		•		1e		
f	Ending balance				1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	provided in Part XII	١.		
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four years back
1a	Beginning of year balance	3,094,273.	2,848,133.	2,785,776,	2,3	96,622.	2,132,854,
b	Contributions	409,748.	184,917.	34,780,	. 3	78,440.	290,510,
С	Net investment earnings, gains, and losses	387,132,	101,895,	42,975.	,	37,185,	8,858,
d	Grants or scholarships	·33,720.	40,672.	15,400.		26,471,	35,600,
е	Other expenditures for facilities						
	and programs	6,112.					
f	Administrative expenses						
g	End of year balance	3,851,321.	3,094,273.	2,848,133,	2,7	85,776.	2,396,622,
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as.			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment ► 84.80	%					
C	Temporarily restricted endowment ▶ <u>1</u>	<u>5.20</u> %					
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%					
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organiz	ation	
	by <sup>.</sup>						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations	•				•	3b
4							
Par	t VI Land, Buildings, and Equipm						
	Complete if the organization answere			1			
	Description of property	(a) Cost or o	1 ''	, , , , , , , , , , , , , , , , , , ,	Accumulate epreciation	ed	(d) Book value
1a	Land	2,773,					2,773,000.
	Buildings			<u> </u>			
	Leasehold improvements						
	Equipment	18,	723.		18,7	23.	0.
	Other						
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10(c))			2,773,000.

Schedule D (Form 990) 2013 FOUNDATION	D COMMUNIT	Y COLLEGE	, 37.	· -1360597 Page <b>3</b>
Schedule D (Form 990) 2013 FOUNDATION Part VII Investments - Other Securities.	<del></del>		31	-1300391 Page 3
Complete if the organization answered "Yes"	to Form 990 Part IV	line 11b. See Form 990.	Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value		aluation. Cost or end	of-year market value
(1) Financial derivatives	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del></del>
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	of-year market value
(1)				
(2)				
(3)			·	
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	4- F 000 D-+ IV	l 44 -l. O F 000	David V. June 45	
Complete if the organization answered "Yes"	Description	, line 11d. See Form 990,	Part X, line 15.	(b) Book value
	<del></del>	· · · · · · · · · · · · · · · · · · ·		1,487,359.
(1) NET INVESTMENT IN CAPITAL	TENSE			1,407,339.
(2)				
(3)				
	<del></del>	· · · ·		
(6)				
(7)				
(8)				
(9)				
Total, (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>•</b>	1,487,359.
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990. Part IV.	, line 11e or 11f See Forn	n 990, Part X. line 25.	
1. (a) Description of liability		(b) Book value	T,,,,	<del></del>
(1) Federal income taxes			1	

(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

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

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

chedule D (Form 990) 2013	FOUNDATTON	

<u>Sche</u>	dule D (Form 990) 2013 FOUNDATION		<u> 37</u>	<u> 1360597</u>	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements	s With Revenue per R	eturr	1.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		_1	1,782,	<u>520.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a 354,236.			
b	Donated services and use of facilities	267,741.			
С	Recovenes of pnor year grants	2c			
d	Other (Describe in Part XIII ) .	2d 55,994.			
е	Add lines 2a through 2d		2e	<u>677,</u>	<u>971.</u>
3	Subtract line 2e from line 1		_3	1,104,	<u>549.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b 37,287.	İ		
С	Add lines 4a and 4b		4c		287.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,141,	836.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement	ts With Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	1,105,	284.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a 267,741.			
b	Pnor year adjustments	2b			
С	Other losses	2c	ľ		
d	Other (Describe in Part XIII.)	2d 55,994.			
е	Add lines 2a through 2d		2e	323,	735.
3	Subtract line 2e from line 1		3	781,	549.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b 37,287.			
С	Add lines 4a and 4b		4c	37,	287.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	818,	836.
Pa	rt XIII Supplemental Information.				
Prov	ide 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	I, Part	X, line 2, Part X	(I,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal information.			

#### PART III, LINE 1A:

EXPLANATION: FROM THE LATE 1940S THROUGH THE MID 1970S, SPRINGFIELD NATIVES PHILIP AND MARY KATHRYN TRUTTER TRAVELED EXTENSIVELY. FROM THE MANY COUNTRIES AND PRINCIPALITIES THEY VISITED OVER THE YEARS, THEY 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 GENEROUS STIPEND TO ESTABLISH THE PHILIP AND MARY KATHRYN TRUTTER MUSEUM ON THE COLLEGE'S MAIN SPRINGFIELD CAMPUS. THE THREE-FOLD MISSION FOR THE

Part XIII Supplemental Information (continued)

FOUNDATION

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:

EXPLANATION: 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 X, LINE 2:

EXPLANATION: THE FOUNDATION FOLLOWS U.S. GAAP RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH SETS A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFIT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AT JUNE 30, 2014, BY STATUTE, THE FOUNDATION'S INFORMATION RETURNS (FORMS 990) FOR YEARS SUBSEQUENT TO JUNE 30, 2010, WERE OPEN FOR REVIEW BY AUTHORITIES. MANAGEMENT EVALUATED TAX POSITIONS FOR THE OPEN TAX YEARS AT THAT DATE AND DETERMINED NO PROVISION FOR UNCERTAIN TAX POSITION WAS REQUIRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

55,994. FUNDRAISING EVENT

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSE 37,287.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2013 FOUNDATION	37-1360597 Page 5
Part XIII   Supplemental Information (continued)	
	55 004
FUNDRAISING EVENT	55,994.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSE	37,287.
DADM VII AND VIII ITNE 2D	
PART XII AND XIII, LINE 2D	
EXPLANATION: PART XII AND XIII, LINE 2D: OTHER DIRECT FUND	RAISING EVENT
EXPENSES IN THE AMOUNT OF \$55,994 ARE AS A DIRECT REDUCTION	TO FUNDRAISING
INCOME.	
	- <del>-</del>
	-

#### **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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No 1545-0047

Open To Public Inspection

TINCOLN	HAND COMMUNITY CO	ظللا	GE:_			ntification number
FOUNDAT					37-1360	
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answet.</li> </ul>	red "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the following	g acti	vities	Check all that apply	•	
a Mail solicitations	e Solicitat	ion of	non-g	overnment grants		
b Internet and email solicitations	s f Solicitat	ion of	gover	nment grants		
c Phone solicitations	g Special	fundra	using	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(ınclud	ding o	fficers, directors, trus	stees or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	ional f	undraising services?	Yes	☐ No
<b>b</b> If "Yes," list the ten highest paid ind	ıvıduals or entities (fundraisers) pursi	uant to	agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	Did aiser ustody trol 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			
· · · · · · · · · · · · · · · · · · ·						
		1				
						_
otal 3 List all states in which the organization or licensing	ın ıs registered or licensed to solicit o	ontrib	utions	or has been notified	t it is exempt from re	egistration
<del>_</del>						
<del></del>						
			_	<del></del>		
· · · · · · · · · · · · · · · · · · ·						
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Schedule G (Form 990 or 990-EZ) 2013 FOUNDATION 37-1360597 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

37-1360597 Page 2

		of fundraising event contributions and gre	oss income on Form 990	EZ, lines 1 and 6b List	events with gross recei	ots greater than \$5,000
			(a) Event #1 FOUNDATION GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts .	102,726.	(Crain syps)	(Color Manager)	102,726.
	2	Less: Contributions	46,732.			46,732.
	3	Gross income (line 1 minus line 2)	55,994.		· · · · · · · · · · · · · · · · · · ·	55,994.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	55,994.			55,994.
	10	. ,	• •		<b>&gt;</b>	55,994.
П		Net income summary Subtract line 10 from li		000 5 1 11/1 40		0.
Pá	ırt l		answered "Yes" to Form	1990, Part IV, line 19, or r	reported more than	
	1	\$15,000 on Form 990-EZ, line 6a		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
æ		Gross revenue				
_	1	Gloss revenue				
Ses	2	Cash prizes				<u> </u>
Direct Expenses	3	Noncash prizes				<u>                                     </u>
Direct	4	Rent/facility costs			·	
	5	Other direct expenses				
			Yes%	☐ Yes %	Yes%	
	6	Volunteer labor	No	☐ No	☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	
		Net gaming income summary Subtract line 7	from line 1 column (d)			
	- 8	Net gaming income summary. Subtract line 7	mont line 1, column (a)		<u></u>	<u> </u>
а	ls t	ter the state(s) in which the organization opera he organization licensed to operate gaming ac No," explain:	tivities in each of these			. Yes No
		ere any of the organization's gaming licenses re Yes, " explain:			year?	Yes No
	_	· · · · · · · · · · · · · · · · · · ·				

Sch	edule G (Form 990 or 990-EZ) 2013 FOUNDATION	<u> 37-1:</u>	<u> 360</u>	<u>597</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	☐ No
	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	☐ No
13	Indicate the percentage of gaming activity operated in:				
	The evapolization's facility		_13a_		%
	An outside facility		13b		<del></del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	L de	100		
14	cinter the name and address of the person who prepares the organization's gaining/special events books and recon	12			
	Name				
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	unt			
	of gaming revenue retained by the third party > \$				
c	e If "Yes," enter name and address of the third party:				
	Name				
	Address ▶				
					_
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the			
	organization's own exempt activities during the tax year ▶ \$				
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F	art III, lın	es 9,	9b, 10	Ob, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction				
		_			

**2** Schedule | (Form 990) (2013) Employer identification number 37-1360597 Open to Public Inspection (h) Purpose of grant or assistance Xes GENERAL SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance SCHEDULE M Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. PAIR MARKET VALUE 36,437, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 147,202 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LINCOLN LAND COMMUNITY COLLEGE (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table LLCC 37-0900960 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? FOUNDATION 1 (a) Name and address of organization LINCOLN LAND COMMUNITY COLLEGE (LLCC) - 5250 SHEPHERD ROAD -SPRINGFIELD, IL 62794-9256 or government Name of the organization Department of the Treasury Internal Revenue Service Part Part II

332101 10-29-13

OMB No 1545-0047

Governments, and Individuals in the United States

Grants and Other Assistance to Organizations,

SCHEDULE I (Form 990)

COLLEGE	
COMMUNITY	
NCOLN LAND	DATION
LINC	FOUN

Schedule I (Form 990) (2013)

Part III

Page 2

37-1360597

Schedule | (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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 can be duplicated if additional space is needed. RECEIVED FROM LINCOLN LAND COMMUNITY COLLEGE AND THE CHECK IS PAID DIRECTLY Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. EXPLANATION: NO GRANTS OR SCHOLARSHIPS ARE EXPENDED UNTIL AN INVOICE IS O.CASH (d) Amount of non-cash assistance 181, 525, (c) Amount of cash grant (b) Number of recipients 243 TO LINCOLN LAND COMMUNITY COLLEGE. SCHOLARSHIPS TO LINCOLN LAND COMMUNITY COLLEGE (a) Type of grant or assistance 2 LINE 332102 10-29-13 PART I, STUDENTS

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

**Noncash Contributions** 

LINCOLN LAND COMMUNITY-COLLEGE

OMB No 1545-0047

Open to Public

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.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

37-1360597 FOUNDATION Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art Art · Historical treasures 2 X 1,450. OPINION OF EXPERTS Art · Fractional interests X FAIR MARKET VALUE 500. Books and publications 5 Clothing and household goods 21.085. FAIR MARKET VALUE Cars and other vehicles X 6 Boats and planes Intellectual property 8 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 12,500. FAIR MARKET VALUE 25 Other > (FURNACES X BEST ESTIMATE OF VAL ( MISCELLANEOUS ) X 26 Other > 27 Other Other 28 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 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 30a Х the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 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 Part II	Supplemental Information. 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.
	this part for any additional information.
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_	
<del> </del>	
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332142 09-03	-13 Schedule M (Form 990) (20

332142 09-03-13

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public

OMB No 1545-0047

Inspection

Name of the organization

LINCOLN LAND COMMUNITY COLLEGE FOUNDATION

Employer identification number 37-1360597

FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: A COPY OF FORM 990 IS PRESENTED TO EACH BOARD MEMBER FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: 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: EXPLANATION: ACCORDING TO THE BYLAWS, 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13

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Schedule O (Form 990 or 9		TAND COM	GDITMY O	NI FOR		Page 2
Name of the organization	FOUNDAT:		MONITY CC	DDEGE		Employer identification number 37-1360597
LLCC POSITIONS	S ARE DET	TERMINED I	BASED ON	THE INDI	VIDUAL'S E	DUCATION AND
EXPERIENCE, CO	OUPLED WI	TH AN AN	ALYSIS OF	F INTERNA	L EQUITY.	
FORM 990, PART	r VI, SEC	CTION C,	LINE 19:			
EXPLANATION: A	ALL GOVE	RNING DOC	UMENTS AN	ND FINANC	IAL STATEM	ENTS ARE AVAILABLE
TO THE PUBLIC	AT THE I	LINCOLN L	AND COMMU	JNITY COL	LEGE FOUND	ATION, UPON
REQUEST. IN A	ADDITION	THE FOL	LOWING DO	CUMENTS	ARE AVAILA	BLE ON THE LLCC
FOUNDATION WEI	BSITE: I	LCC FOUN	DATION BY	LAWS, CO	NFLICTS OF	INTEREST POLICY,
CODE OF ETHICA	AL PRINC	PALS AND	STANDARI	OS OF PRO	FESSIONAL	PRACTICE, AND
DONOR BILL OF	RIGHTS.					
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SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.

2013

ehtity

End-of-year assets

Total income

Legal domicile (state or

Primary activity

Name, address, and EIN (if applicable) of disregarded entity

Part

foreign country)

Pinformation about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 37–1360597 Open to Public Inspection (f) Direct controlling e) Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. LINCOLN LAND COMMUNITY COLLEGE FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service

Part II organization of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	ntions Complete if the organization a	inswered "Yes" on Form 990,	Part IV, line 34 be	scause it had one or	more related tax-exe	mpt	
(a)	(q)	(c)	(p)	(e)	Θ	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(D)(13)
טן ופימנסט טושמי ווצמווטן		roreign country)	IOIDAG	501(c)(3))	einity	entity	.   :
				((0)(0)100		Yes	٩ ا
LINCOLN LAND COMMUNITY COLLEGE - 37-0900960							
5250 SHEPHERD ROAD							
SPRINGFIELD IL 62794-9256	PUBLIC COMMUNITY COLLEGE	ILLINOIS	501(C)(3)	LINE 2			×
					_		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2013	(Form 990)	2013

Schedule R (Form 990) 2013 FOUNDATION

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

Page 2

37-1360597

General or Percentage managing ownership Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Percentage ownership Yes  $\widehat{oldsymbol{arepsilon}}$ Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) Share of end-of-year assets  $\equiv$ <u>(g</u> Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) Share of total income (d)
(d)
(l Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicile (state or foreign country) <u>ق</u> Direct controlling entity T Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2013

332162 09-12-13

# LINCOLN LAND COMMUNITY COLLEGE FOUNDATION

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Page 3

37-1360597

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				_	Yes	ž
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?	is with one or more re	lated organizations listed	In Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				10	×	
c Gift, grant, or capital contribution from related organization(s)				1		×
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				16		×
f Dividends from related organization(s)				11		×
q Sale of assets to related organization(s)		:		19		X
		:		<b>4</b>		×
i Exchange of assets with related organization(s)				Ę		×
j Lease of facilities, equipment, or other assets to related organization(s)				1	X	
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1		X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m	×	
	(s)uoı			1n	X	
o Sharing of paid employees with related organization(s)				10	X	
<ul> <li>B Reimbursement paid to related organization(s) for expenses</li> </ul>				10		X
				Ş		×
4 neilliouiselliell paid by related vigalization(s) for expenses				2		4
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				1s	j	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	is line, including covered	relationships and transaction thresholds	_		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) LINCOLN LAND COMMUNITY COLLEGE	Д	298,744.	744.FAIR MARKET VALUE			
(2) LINCOLN LAND COMMUNITY COLLEGE	þ	281,019.	FAIR MARKET VALUE			
(3) LINCOLN LAND COMMUNITY COLLEGE	0	209,373.	373.FAIR MARKET VALUE			
(4)						
(5)						
(6)						
332163 09-12-13			Schedule R (Form 990) 2013	R (Forn	u 990)	2013

Schedule R (Form 990) 2013 FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Page 4

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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 grdss revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(g)				Sobodial D (Form 000) 2042
(f) Share of total income				
(d) Are all Predominant income paties sec (related, unrelated, excluded from tax under section 512-514) Yes No	-			
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule F	R (Form 990) 2013	FOUNDATION			37-1360	597 Page 5
Part VII	R (Form 990) 2013  Supplemental Info	rmation				
		nation for responses to que	stions on Schedule R	(see instructions).		
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